



Healthcare for Travelers! **3**



What's a Qualifying Event? **4**



Becoming Medicare Eligible **6**



# *your* Retirement

1ST QUARTER (2015)

## Director's Message BY PAUL MATSON



Welcome to the spring edition of *Your Retirement*.

This issue is primarily devoted to keep-

ing you informed about the variety of benefits available to you through our retiree group healthcare plans and programs. Health insurance is vital for our retired members, but in addition to that comes a host of services that go beyond the payment of medical and dental bills. Many of these benefits are provided at no additional cost to our retirees.

If you visit the *Healthcare* section of

our website or review the **2015 ASRS Retiree Group Insurance Enrollment Guide** you'll find a number of unique programs and benefits, including *SilverSneakers* and the *WellCard* savings program.

Inside, we highlight a new program for ASRS retirees – *HouseCalls*, available to qualified members in the UnitedHealthcare Group Medicare Advantage (HMO) plan.

We hope you find it and all the other ASRS healthcare program benefits helpful in keeping you healthy and active in your retirement.

More information: *Healthcare* in the **Retirees** section at **AzASRS.gov**. |

## *New!* HouseCalls

**H**ouseCalls is an in-home clinical visit program available to qualified members in the UnitedHealthcare (UHC) Group Medicare Advantage (HMO) plan. This health and wellness program is in addition to your UnitedHealthcare Medicare Advantage (HMO) plan covered benefits at no additional cost.

A HouseCalls visit consists of a 45 to 60 minute in-home clinical visit with a licensed health care practitioner. Like your annual wellness visit, a HouseCalls visit includes important health screenings. The visit includes a physical examination and a review of symptoms, past medical history, medications and diagnoses, flu vaccine (where available and accepted), member education and may include other services such as a lab draw. A House-

*HouseCalls, contined on page six*



# The Cost of the Changing Healthcare Landscape

You may have noticed health insurance premiums charged for ASRS-sponsored non-Medicare plans are higher than premiums charged for Medicare plans. Several reasons account for this disparity.

First, the federal CMS partially reimburses UnitedHealthcare for the cost of providing medical services, treatments and prescription drugs for Medicare plans, but does not make payments for non-Medicare plans.

Second, non-Medicare plans (Choice and Choice Plus) are considered “gold” plans, resulting in the level of deductibles, copayments and coinsurance amounts being less than lower tiered plans.

Lastly, our non-Medicare enrolled population is shrinking, leaving only those in the plan who may need and use a higher degree of medical care, which tends to drive up premiums.

The ASRS has kept non-Medicare plan premiums somewhat artificially lower by using Early Retiree Reinsurance Program (ERRP) funds made available by the Affordable Care Act (ACA). During 2014 and now in 2015, these funds have been and are being used to lower non-Medicare plan premiums.

As a result of the cost of non-Medicare plans, some enrolled members seek more affordable coverage through a spouse’s plan, if available; some enroll in the Arizona Health Insurance Mar-

ketplace and seek coverage through the exchange; some return to work and enroll in the employer’s plan; and some purchase a plan directly from a health insurance company.

Non-Medicare retirees are encouraged to research all their options in order to find an appropriate plan at an affordable premium.

For more information about ASRS Non-Medicare retiree group plans: ***Healthcare > Non-Medicare Plans*** under **Retirees** at **AzASRS.gov**.

For more information about ASRS Medicare retiree group plans: ***Healthcare > Medicare Plans*** under **Retirees** at **AzASRS.gov**. |

## Staying Healthy Starts With Your Annual Wellness Checkup

Your annual wellness visit with your primary care provider (PCP) is the perfect opportunity to discuss your health care needs and create a plan for prevention with your doctor. Your annual visit is covered at no additional cost to you when you see an in-network doctor.

During your visit, your doctor will check your blood pressure, height and weight (together your height and weight make up your body mass index, or BMI), as well as your physical and emotional well-being. Your PCP will check your vital signs and review your medical and prescription history.

The physician may also do the following exams: heart, lung, head/neck, abdominal, neurological, dermatological, and extremities. Appropriate gender-specific exams will also be conducted, as needed. Finally, your doctor will also discuss any recommended tests or screenings, functional ability, risk factors, along with any questions or concerns you may have.

To make the most of your visit, bring:

- A list of any prescriptions or over-the-counter drugs, vitamins and supplements you currently take;
- Notes about your medical history and your family health history;

- A list of questions or concerns, such as what types of physical activity are right for you, maintaining or improving your health, or what to do to prevent injuries.

Based on data from UnitedHealthcare, only 27% of eligible members in 2013 and only 30% in 2014 had an annual wellness visit. Talk to your doctor today about scheduling your annual wellness visit. It is a visit that doesn’t cost you anything but may contribute greatly to your overall well-being.

To find an in-network physician: ***Healthcare > Provider Directory*** under **Retirees** at **AzASRS.gov**. |



# Healthcare Coverage That Travels With You

UNDERSTANDING THE PASSPORT PROGRAM ASSOCIATED WITH THE MEDICARE ADVANTAGE (HMO) PLAN

The UnitedHealthcare Passport program offers coverage for Medicare Advantage (HMO) plan members who travel periodically or live away from home up to nine consecutive months during the year. Whether you plan a scenic road trip or extended stay, when you travel within the UnitedHealth Passport service area, you will have health care coverage in the event you need it.

This program is automatically included with your Medicare Advantage (HMO) plan. You pay no additional cost for coverage—simply pay the same copays as you would at home.

**Receive these benefits with Passport program coverage:**

**Access to Care.** Coverage for non-emergency care when traveling away from home, including preventative care, specialist care and hospitalizations. (Emergency care is covered worldwide.)

**Simplicity.** One phone call activates the UnitedHealth Passport program. UnitedHealthcare takes care of the details. You have health care coverage when you travel in the UnitedHealth Passport service area for up to nine consecutive months. It's that simple.

**No Additional Costs.** You pay no additional cost for health care coverage when you travel in the UnitedHealth Passport service area, except applicable copays and coinsurance associated with your Medicare Advantage (HMO) plan.

More information: UnitedHealthcare Medicare Advantage (HMO) *ServiceLine* at **866-208-3248** (8AM-8PM, MST). |

## After You Become A Member & Before You Travel:

### STEP 1 – Activate Your Coverage Before Your Trip.

Call UnitedHealthcare Medicare Advantage (HMO) Customer Service at 866-208-3248, 8AM-8PM MST. Make sure you have your travel dates and destination (including zip code) available. A customer service representative will confirm if you're traveling to a UnitedHealth Passport service area, and will provide details regarding your available health care benefits. You will also be provided with names and telephone numbers of contracted physicians in your travel destination area.

### STEP 2 – Get Ready For Your Trip!

As you're planning your trip, it's a good idea to schedule any routine services with your local doctor prior to leaving. It's also recommended you bring a print &/or digital copy of your medical records when traveling.

### STEP 3 – Back Home Again.

When you return home, call UHC Medicare Advantage (HMO) Customer Service at 866-208-3248, 8AM-8PM MST to have the UnitedHealth Passport program deactivated. **This is an important step.** Disenrollment from your HMO coverage may occur if you do not return to your home service area within nine months of activating the UnitedHealth Passport program or if you do not notify UnitedHealthcare of your return and the nine-month Passport period expires.

**Coverage for your next adventure!**





# What is a “Qualifying Event”?

A “qualifying event” permits members to make a specific mid-year change to their benefits coverage that is consistent with the qualifying event. If you have a qualifying event and want to enroll or are required to make a change in your coverage (i.e., add or delete dependents or are required to change your benefit plan), you must notify the ASRS in writing, within 31 days of the event to request a change. Following is a list of eligible qualifying events:

**1 Change in member’s marital status** – marriage, divorce, legal separation, annulment, death of spouse (e.g., enroll yourself &/or add or delete a spouse),

**2 Change in dependent status** – birth, adoption, placement for adoption, death, or dependent eligibility due to age (e.g., enroll yourself and/or add or delete eligible dependents),

**3 Change in member’s primary residence** causing a change in benefit plan availability (e.g., change medical and/or dental plans),

**4 Eligibility for Medicare** – member, spouse, dependent child (e.g., enroll yourself and add your eligible dependents in a medical and/or dental plan or, if enrolled, change medical plan of affected person),

**5 Significant change in spouse’s group benefits** plan cost or coverage (e.g., enroll yourself if you are enrolled in your spouse’s group benefit plan and add eligible dependents),

**6 Significant change in Participating Employer’s group benefits** plan cost or coverage (e.g., enroll yourself if you are enrolled in your employer’s group benefit plan and add eligible dependents), and

**7 Termination of COBRA coverage** – member, spouse, dependent child (e.g., enroll yourself and/or add eligible dependents).

***NOTE:** If you are enrolled in the Arizona Health Insurance Marketplace and terminate your coverage hoping to return to the ASRS group retiree program, that is NOT a qualifying event. You will not be eligible to enroll in the ASRS retiree health insurance program until the next open enrollment period which will take place annually in the fall. |*

## UnitedHealthcare’s Star Rating

The Centers for Medicare and Medicaid Services (CMS) measure how well Medicare Advantage (HMO) plans and their respective prescription drug plans perform. UHC’s current Star Rating for the ASRS Medicare Advantage (HMO) plan is 3.5 (3.0 being Good, 4.0 is Very Good).

Star Ratings are based on measures of health plans across five categories or domains:

**Wellness:** Screenings, tests and vaccines (such as annual PCP visits and colorectal cancer screening).

**Managing Chronic Conditions** (such as diabetes, COPD, etc.)

**Quality:** Plan responsiveness, care and quality (such as getting needed care as well as getting appointments and care quickly).

**Customer Service** (such as timely appeal decisions).

**Problem-Solving:** Member complaints, problems getting services and choosing to leave the plan (such as complaints about the health plan)

***What This Means for You:** The CMS*

Star Rating system is a key component in financing health care benefits for Medicare Advantage plan enrollees. The system determines how much UHC receives in Medicare reimbursement that then affects the level of premium retirees pay for their health care plan: i.e., the higher the Star Rating, the more money available for mitigating plan premiums. The intent of this system is to promote improvement in quality and recognize primary care providers for demonstrating an increase in performance measures over a defined period of time. |



# Dental Q&A: Maximizing Your Benefits

**A** quick Q&A to make sure you are getting the maximum benefits from your ASRS-sponsored Assurant Employee Benefits dental plans

## **Have You Visited Your Dentist This Year?**

If not, be sure to schedule a dental check up with your dentist. If you have already seen your dentist for a check up this year, be sure to schedule your second annual visit – your dental plan covers two visits per year. Be sure to review your dental plan information so you know how those visits will be covered.

## **Do You Have Some Expensive Procedures Coming Up?**

If so, be sure to ask your dentist to submit a pretreatment estimate. You likely have heard this term before, but may not have known exactly when or how it is applied. Because out-of-pocket charges can be significant with extensive dental procedures, Assurant Employee Benefits recommends that members request a pretreatment estimate (sometimes called a pre-determination of benefits) from your dentist before you undergo any dental treatment exceeding \$300.

Upon your request, the dentist will submit a proposed plan of treatment to Assurant whose dental consultants will consider the dentist's plan of treatment and any alternatives, if needed. Assurant will then mail a statement to you of the approved plan and an estimate

of benefits payable so you are fully informed before receiving care. Each pretreatment estimate will be valid for six months from the date of issue. If you decide on a method of treatment that is more costly, the dental plan's liability will be limited to the benefits indicated on the pretreatment estimate.

## **Do You Need an ID Card?**

Although an ID card is not necessary for you to obtain your dental care, if you do need one you have several options at your fingertips! You can 1) visit the website at [assurantemployeebenefits.com/ASRS](http://assurantemployeebenefits.com/ASRS) and register for Online Advantage. Once registered, you can print your ID card at your convenience; 2) download the Benefit Tools app on your smartphone and have your ID card easily accessible

via your phone whenever you need it; or 3) call the Assurant representative on-site at ASRS. In the Phoenix Area: 602-240-2000; Tucson Area: 520-239-3100; out of the area: 800-621-3778; use extension x2032 to be directed to the on-site representative.

## **Are You a Dependent on Your Spouse's Dental Plan?**

If you are a dependent, you will want to be sure to use the ASRS member's ID number and date of birth when submitting claims or calling with questions about your dental plan. This will ensure timely processing of your claims and avoid the possibility that your claims are denied because the incorrect ID number is used to confirm eligibility. |



# Becoming Medicare Eligible

PLAN CHANGES TO BE AWARE OF PRIOR TO ELIGIBILITY



If you or your dependent will become Medicare eligible on your or their next birthday, there are changes in your medical plan coverage, premiums or premium benefit of which you should be aware.

The address of your primary residence will dictate the Medicare plan (i.e. Medicare Advantage (HMO) or Senior Supplement plan) for which you are eligible. Current non-Medicare Choice

and Choice Plus members are sent a letter from Medicare 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, the member will be terminated from their Choice or Choice Plus plan as ineligible.

State law governs the amount of the premium benefit paid to non-Medicare and Medicare-eligible retirees and LTD recipients. In order to receive the highest premium benefit and pay the lowest health insurance premium, be sure to let the ASRS know that you are eligible for Medicare prior to the month in which you become Medicare-eligible.

Send the enrollment form and a copy of your Medicare card(s) showing enrollment in Parts A and B or a copy of your Medicare Award letter to the ASRS 30 days prior to the effective date of your Medicare coverage. Medicare becomes effective the first day of the month of your 65th birthday. The effective date of your ASRS medical coverage will be the first of the month following receipt of your enrollment form. There is no retroactive coverage for health insurance enrollment in an ASRS medical plan.

A new ID card(s) and Certificate(s) of Coverage for your new medical plan will be sent by UnitedHealthcare after your forms have been processed.

Make sure you sign up no sooner than three months before you turn 65, or when you want to start coverage so that you'll have coverage beginning the month you actually reach your 65th birthday. This will avoid any delays getting your benefits and possible penalties with any delay in Medicare enrollment.

Learn more: Visit **MediCare.gov** or call **800-MEDICARE** (633-4227). |

## HouseCalls,

*continued from page one*

Calls visit gives you the opportunity to ask questions about any health-related concerns you have in the convenience of your home. For those who need it, HouseCalls includes external resources and services such as medication help, homemaker assistance, minor home repair and more.

At the end of the visit, your Certified Nurse Practitioner or Physician (employed by UnitedHealth Group®) will leave you with a health summary and send a copy to your primary care doctor. The results of your HouseCalls visit will give your doctor a better look at your overall health. You will get an **Ask Your Doctor** worksheet—a checklist of prepared questions to maximize the quality of your next doctor visit.

Although this is a new program for ASRS, HouseCalls has helped over 1,116,995 UHC members since 2008.

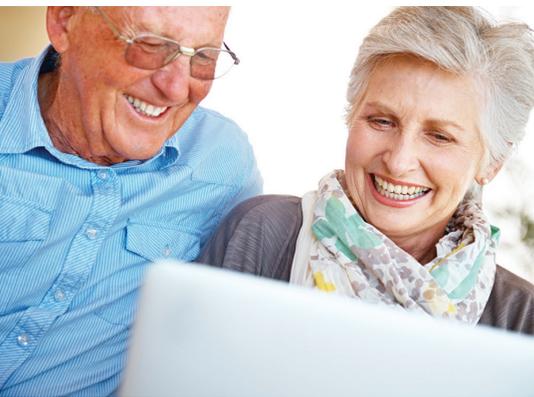
HouseCalls doesn't take the place of your regular doctor visits. It's another chance for you to ask questions and get answers about the things that matter most to you about your health.

UnitedHealthcare will be sending more information about the HouseCalls program soon. In the meantime, take advantage of the health and wellness programs offered through your plan(s) so that you can live a healthier life.

Learn more: Call **866-686-2504** or visit **UHCHouseCalls.com**. |

# Download Claims with MyMedicare's "Blue Button"

MyMedicare.gov's Blue Button provides you an easy way to download your personal health information to a file. Once you're in your MyMedicare.gov account, you can download the file of your personal data and save the file on your own personal computer. The Blue Button is safe, secure, reliable, and easy to use.



## How to Download and Save Your Health Information:

- 1** Login to MyMedicare.gov, and look for the Blue Button as you search claims and view your On the Go Report.
- 2** Select the Blue Button to create a downloadable file with your MyMedicare.gov information.
- 3** Select the information you wish to download, and select submit.
- 4** Save the file as either a PDF or a TXT file to your computer.
- 5** When using mobile apps to download your Blue Button record, the above steps may be automated.

## Why Download My Information?

- Gives you control over your health information.
- Makes it easy to share with your doctors, caregivers, or anyone else you choose.
- Once you've used the Blue Button, there are a variety of health applications and services that you can use to analyze your health information. Learn more about these useful tools and how to protect your health information once it's in your hands.

Learn more: Visit **MediCare.gov** or call **800-MEDICARE** (633-4227). |

# UHC Personal Health Support Programs

As an enrolled non-Medicare member in an ASRS-sponsored UnitedHealthcare medical plan, you and your eligible dependents have a wealth of health care related resources at your fingertips. You know your plan provides coverage for your doctor, your lab, your hospital and even for your prescription medications. But your health plan is more than that.

Your health plan offers tips to get you healthy and keep you healthy; help manage a chronic condition; chat with a nurse 24/7 when it is convenient or necessary for you; receive advice and assistance from a personal wellness coach; receive help with almost

any problem ranging from medical and family matters to personal, legal, financial, and emotional needs through Care24 using a toll-free number 24/7; receive HealthNote messages in the mail automatically when UnitedHealthcare has a message or recommendation that might benefit you; and, access to a Personal Health Support nurse who will provide you with one-on-one health care information, guidance and support, help coordinate your care with physicians and other health care professionals, and support you in understanding and following your doctor's treatment plan.

Some of these support programs are

initiated by you and others are determined by UnitedHealthcare when you experience certain health events that require medical attention or if the results of your health assessment reveal that you might need or might benefit from personal assistance.

These programs are included with your medical benefits at no extra charge to you and your personal health information is always treated with the highest level of confidentiality.

For more information on these programs, please call the UnitedHealthcare's Customer Service phone number located on the back of your medical plan's ID card. |



## Arizona State Retirement System

### Your Retirement

PO Box 33910

Phoenix AZ 85067-3910

#### Contact Us

##### Online:

AzASRS.gov

For assistance with your personal account, log in for secure email access.

##### Not Online?

In Phoenix:  
602-240-2000

In Tucson:  
520-239-3100

Toll-Free:  
800-621-3778



Follow us on

Facebook or Twitter:

**AzASRS**

Now on LinkedIn:

**ASRS**

## Retiree myASRS Accounts

NOW WITH MORE SERVICES JUST FOR YOU!

Your secure retiree **myASRS** account is available to you 24/7 – and now it’s an even better resource for you with expanded service options!

**New Features Include:**



- View benefits election and calculation details
- View ASRS and ADOA health insurance details
- View / print benefit verification

letters needed when applying for a mortgage or other reasons

- View / print an authorization to release information form if you’d like to grant other trusted persons the authority to your account information, such as your spouse.

Watch a fun and informative video entitled, “New Enhancements to Secure Account.” To view it, visit [AzASRS.gov](http://AzASRS.gov) and from the Retiree dashboard click “Benefit Payments”.

Finally, if you haven’t had a chance to register for your own secure **myASRS** account, take a moment to do so now at [AzASRS.gov](http://AzASRS.gov). |

## Comments?

*Your Retirement* is published quarterly and mailed to all retired members of the Arizona State Retirement System. We welcome letters from our readers:

*Your Retirement*, Editor  
P.O. Box 33910  
Phoenix, AZ 85067-3910

Or, email us at:  
[DigitalCommunications@AzASRS.gov](mailto:DigitalCommunications@AzASRS.gov)

