

2017

Retiree Group Health Insurance

.....
Enrollment Guide

For Medicare Eligible Retirees



Arizona State
Retirement System

Effective January 1, 2017

Table Of Contents

•	Welcome from the Director page 5
•	Introduction page 6
•	Eligibility page 7
•	Online Resources page 8
•	Qualifying Life Events page 9
•	Cost Of Coverage: Medical Plan Premiums page 10
•	Cost Of Coverage: Dental Plan Premiums page 11
•	Retiree Health Insurance Premium Benefit Program page 11
•	Premium Benefit Chart page 12
•	Optional Premium Benefit Program page 12
•	Paying Your Monthly Health Insurance Premiums page 13
•	Are You Using All Of Your Benefits with/ WellCard page 14
•	Becoming Medicare Eligible page 15
•	Comparison Of Benefits pages 16-17
•	Medicare Eligible Retiree Medical Plan Comparison Chart pages 18-19
•	Understanding Your Prescription Drug Benefits pages 20-21
•	Prescription Drug Payment Stages pages 22-23
•	Statements Of Understanding pages 24-25
•	Medicare Advantage HMO Vision Benefits page 26
•	Senior Supplement Vision Benefits page 27
•	<i>Additional Program Benefits</i>
•	• UnitedHealthcare's Solutions For Caregivers Program page 28
•	• UnitedHealthcare's HouseCalls pages 29-30
•	• UnitedHealthcare's hi HealthInnovations Hearing Aid Discounts pages 31-32
•	• UnitedHealthcare's SilverSneakers Fitness Program page 33
•	ASRS Retiree Dental Plans page 34
•	Important Things To Consider When Making Your Dental Plan Elections page 35
•	Assurant Dental Plans Comparison Chart pages 36-37
•	Assurant Vision Service Plan (VSP) Discount Benefit page 38
•	Telephone Numbers & Websites inside back cover



ARIZONA STATE RETIREMENT SYSTEM

3300 NORTH CENTRAL AVENUE • PO BOX 33910 • PHOENIX, AZ 85067-3910 • PHONE (602) 240-2000
4400 EAST BROADWAY BOULEVARD • SUITE 200 • TUCSON, AZ 85711-3554 • PHONE (520) 239-3100
TOLL FREE OUTSIDE METRO PHOENIX AND TUCSON 1 (800) 621-3778
WWW.AZASRS.GOV

Paul Matson
Director

Welcome to the Arizona State Retirement System retiree health care program.

This important Retiree Group Health Insurance Enrollment Guide has been designed to provide you with an overview of our health and dental insurance plan offerings as well as the many other benefits afforded to you through our health care program.

It will help guide you through making your health insurance selections and the accompanying step of enrolling in the plans you select. The ASRS now offers an online Medical/Dental enrollment process for ASRS members, which should make enrolling in or making changes to coverage fast and easy. You can view a new video on our website that explains the new online registration process.

You may elect to participate in the health and dental insurance plans explained in this Guide whether you retired from the Arizona State Retirement System (ASRS), Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP) or University Optional Retirement Plans (UORP).

We recognize you may have additional choices in retiree health care programs from a former employer, a spouse's plan or the open market. We encourage you to explore all your options before making your decision.

This guide is intended to help you become better acquainted with the features and options of the ASRS health insurance program offerings and costs.

If you are enrolling in a retiree health care plan for the first time, it is especially important you take your time and do your research. If you are currently covered through the ASRS, you can make changes in coverage during our fall Open Enrollment period or if you have experienced a "qualifying life event" (see page 9 for details).

I encourage you to visit our website at AzASRS.gov, where you can find short and informative videos on health insurance and other pertinent topics. There also is additional information on plans and benefits. You may also want to attend one of our Know Your Insurance group meetings. You can find details and much more information on our website. Look for the Retirees tab on our home page and select Healthcare.

Please don't "go it alone." On the back of this guide is contact information for the various plan providers and as always, we are here to assist.

To your health,

Paul Matson
Director
Arizona State Retirement System

Improvements, Changes & Important Information Regarding the 2017 ASRS Retiree Health Care Program

Welcome to the Arizona State Retirement System (ASRS) Retiree Group Health Insurance 2017 plan year. We realize that choosing insurance plans can be complicated. You are encouraged to fully review all of your options so you can make an informed choice.

This health insurance guide has been redesigned for 2017 to simplify your decision making with separate guides for Medicare and non-Medicare members. Dental choices will be included in both guides. Those members who will need a combination plan (one person is Medicare eligible; other(s) are not) may view both guides, as needed.

More information on 2017 health care plans can be found on our webpage at **AzASRS.gov**. Visit the Retirees/ Healthcare tab for benefit details. After thoroughly reviewing these resources, ASRS members can make health care elections online by following the instructions through their secure login.

If you are a member of a different Arizona retirement system group plan, please check with that plan for enrollment instructions. This includes:

- Public Safety Personnel Retirement System (PSPRS)
- Corrections Officer Retirement Plan (CORP)
- Elected Officials' Retirement Plans (EORP DB Plan -or- EORP DC Plan)
- University Optional Retirement Plans (UORP)

The 2017 plan year runs January 1 through December 31, 2017.

Good news for 2017:

- There will be premium decreases to Medicare plans.
- Dental plans/premiums will remain the same.

It is **your responsibility** to know all of your benefits, including your current coverage options and to review the information provided in this publication and online. Visit the ASRS website for more information. The ASRS is dedicated to providing retirees with access to competitive and efficiently run health insurance programs.

Please Read This Guide Completely

This guide is a summary of the ASRS's official plan documents, contracts, Arizona statutes and federal regulations that govern the plans. If there is any discrepancy between the information in this guide and the official documents, the official documents will always govern. The ASRS reserves the right to change or terminate any of its plans, in whole or in part, at any time in accordance with state laws.

Published by:
Arizona State Retirement System

Eligibility

The following persons are eligible to participate in the ASRS Health Insurance plans:

Retirees of the...

- Arizona State Retirement System (ASRS)
 - Public Safety Personnel Retirement System (PSPRS)
 - Corrections Officer Retirement Plan (CORP)
 - Elected Officials' Retirement Plans (EORP DB Plan -or- EORP DC Plan)
 - University Optional Retirement Plans (UORP)
- **Members on ASRS Long Term Disability**
 - **Eligible dependents**
 - **Eligible survivor(s)**

Who is an eligible dependent?

- Your legal spouse
- A natural child, legally adopted or placed for adoption children; or stepchildren up to age 26
- A child for whom legal guardianship has been awarded to the retiree, or retiree's spouse, up to age 26
- Foster children up to the age of 26
- A child for whom insurance is required through a Qualified Medical Child Support Order, other court order, or an administrative order
- A child of any age who is, or becomes, disabled and is dependent upon you

Who should complete a 2017 Enrollment form?

You must complete the Enrollment Form if you are:

- Electing a different medical plan
- Electing a different dental plan
- Adding dependents
- Dropping coverage (this means you are currently enrolled with ASRS and you wish to cancel your coverage or dependent coverage), or you may provide a letter in lieu of the form
- A new enrollee with the ASRS
- Becoming Medicare eligible in 2017
- Moving your primary residence which would cause a change in health care plan eligibility

Online Resources

New this year, the ASRS rolled out a brand new **Online Medical / Dental Enrollment** process for ASRS members. The online health insurance application is **ACCESSIBLE FROM YOUR SECURE myASRS ACCOUNT** and will allow you to view your current ASRS medical and dental insurance elections, as well as make changes, add dependents, enroll in a new plan or terminate coverage. All with a few simple clicks!

The online enrollment process is an **EASIER WAY TO ENROLL** for ASRS coverage because you can estimate net costs (premium minus eligible premium benefit offsets) and you can submit your enrollment choices automatically to the medical and/or dental vendor without delay.

If you are not already registered for your secure myASRS account, visit www.AzASRS.gov and click the 'myASRS' link to register today and to ensure easy access to the online insurance application.

ASRS Health Insurance eLearning

Everything you want to know about the ASRS retiree group health insurance is in one convenient place on the ASRS website under the **MEDIA** tab. This additional resource is a self-paced, multi-media learning module that is fun to use and puts you in charge of learning at your own pace and on your own schedule! From the list of topics, choose the one you wish to explore further and enjoy having the freedom to revisit as many times as you need.

Additional Online Resources

More tools to help you navigate through your options can be found on the **ASRS** website at www.AzASRS.gov. Go to the **Retirees** tab and select the **Healthcare** page. These include:

- **Open Enrollment**
- **Medicare Plans**
- **Non-Medicare Plans**
- **Dental & Vision Coverage**
- **And more...**

Qualifying Life Events

A qualifying life event allows you the opportunity to enroll initially, add or change coverage for yourself or additional family members throughout the year, outside of the annual Open Enrollment Period. You are allowed to make these changes no later than thirty-one (31) calendar days after the event. These include:

- Retirement
- Change in Marital Status (ex., marriage /divorce / death of a spouse)
- Adding or deleting a dependent (ex., birth / adoption)
- Change in primary residence that changes benefit plan eligibility
- Medicare Eligibility (you or your dependents)
- Long Term Disability
- Loss of group insurance coverage, including;
 - » Significant change in dependents group benefits plan cost or coverage, resulting in termination / loss of coverage
 - » Significant change in participating employers group benefits plan cost or coverage, resulting in termination / loss of coverage
 - » Termination of COBRA

Note: *Many events require additional documentation showing the reason for the qualifying life event. All dependents over the age of 26 will require proof of guardianship.*

Note: *If you're enrolled in an individual health plan or the Arizona Health Insurance Marketplace and terminate coverage, this is **not** a qualifying event to return to ASRS' health insurance outside of open enrollment.*

Important Timeframes:

- The effective date for the 2017 Plan Year is **January 1, 2017** through **December 31, 2017**.
- You must enroll no later than thirty-one (31) calendar days after your retirement or other qualifying life event.
- Submit enrollment forms no more than 90 days before effective date.
- Coverage becomes effective the first day of the month following your qualifying life event and receipt of your application.
- Open Enrollment for 2017 is October 24-November 11, 2016.
- Open Enrollment deadline to submit form is November 11, 2016.
- Open Enrollment effective date is January 1, 2017.

Monthly Medical Premiums *From UnitedHealthcare*

WITH MEDICARE A & B You and your dependent(s) have Medicare Part A and B		
ALL ARIZONA COUNTIES		
	Single Coverage	Family Coverage (2 persons only) (1)
Group Medicare Advantage HMO	\$174.00 per month	\$348.00 per month
Senior Supplement & PDP (2)	\$332.00 per month	\$664.00 per month
OUT OF STATE		
	Single Coverage	Family Coverage (2 persons only) (1)
Senior Supplement & PDP (2)	\$332.00 per month	\$664.00 per month
COMBINATION PLANS		
	One person on Medicare, the other(s) without Medicare	Two people on Medicare, the other(s) without Medicare
MARICOPA, PIMA AND PINAL COUNTIES		
Group Medicare Advantage HMO with Choice 1	\$999.00 per month	\$1173.00 per month
Group Medicare Advantage HMO with Navigate 1	\$919.00 per month	\$1093.00 per month
Group Medicare Advantage HMO with Choice 2	\$941.00 per month	\$1115.00 per month
Group Medicare Advantage HMO with Navigate 2	\$867.00 per month	\$1041.00 per month
Group Medicare Advantage HMO with Choice 3	\$877.00 per month	\$1051.00 per month
Group Medicare Advantage HMO with Navigate 3	\$809.00 per month	\$983.00 per month
Senior Supplement & PDP (2) with Choice 1	\$1157.00 per month	\$1489.00 per month
Senior Supplement & PDP (2) with Navigate 1	\$1077.00 per month	\$1409.00 per month
Senior Supplement & PDP (2) with Choice 2	\$1099.00 per month	\$1431.00 per month
Senior Supplement & PDP (2) with Navigate 2	\$1025.00 per month	\$1357.00 per month
Senior Supplement & PDP(2) with Choice 3	\$1035.00 per month	\$1367.00 per month
Senior Supplement & PDP(2) with Navigate 3	\$967.00 per month	\$1299.00 per month
COMBINATION PLANS		
	One person on Medicare, the other(s) without Medicare	Two people on Medicare, the other(s) without Medicare
ALL REMAINING ARIZONA COUNTIES		
Group Medicare Advantage HMO with Choice 1	\$999.00 per month	\$1173.00 per month
Group Medicare Advantage HMO with Choice 2	\$941.00 per month	\$1115.00 per month
Group Medicare Advantage HMO with Choice 3	\$877.00 per month	\$1051.00 per month
Senior Supplement & PDP (2) with Choice 1	\$1157.00 per month	\$1489.00 per month
Senior Supplement & PDP (2) with Choice 2	\$1099.00 per month	\$1431.00 per month
Senior Supplement & PDP (2) with Choice 3	\$1035.00 per month	\$1367.00 per month
OUT OF STATE		
Senior Supplement & PDP (2) with Choice Plus PPO	\$1488.00 per month	\$1820.00 per month

(1) Retiree and dependents monthly premium is a multiple of the number of lives covered and single coverage premium.
 (2) The Senior Supplement medical plan can only be selected in conjunction with the Prescription Drug Plan (PDP). If you are currently enrolled in the Senior Supplement medical plan and you elect to cancel your medical plan coverage, your Medicare Part D Prescription drug coverage will be cancelled as well.

Monthly Dental Premiums

From Assurant

Dental Insurance Premiums			
Assurant Employee Benefits	Member		
	Single Coverage	+ 1 Dependent	Member + 2 dependents or more
Freedom Advance (High Option) <i>(Nationwide coverage)</i>	\$34.44 per month	\$68.74 per month	\$97.28 per month
Freedom Basic (Low Option) <i>(Nationwide coverage)</i>	\$16.17 per month	\$34.19 per month	\$62.60 per month
Prepaid DHMO Dental Plan 220 with Ortho <i>(Available in Arizona only)</i>	\$13.96 per month	\$23.34 per month	\$39.23 per month
Heritage Secure w/SBA <i>(Available in Arizona only)</i>	\$10.61 per month	\$17.41 per month	\$26.90 per month
Prepaid <i>(Available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX and UT)</i>	\$10.21 per month	\$17.27 per month	\$27.24 per month

Retiree Health Insurance Premium Benefit Program

As a member of the ASRS, or another Arizona retirement system group plan, you are eligible to receive a Premium Benefit, provided by your respective retirement system. This benefit pays a portion of your monthly premium and is effective on the first day of the month following your qualifying life event.

Your insurance coverage **MUST** be through:

- An ASRS or other Arizona retirement system group plan *(excluding Cities of Tucson or Phoenix and the University Optional Retirement Plan)*
- Your ASRS or other Arizona retirement system employer's non-subsidized COBRA, or retiree group insurance plan

Individual health plans and the Arizona Health Insurance Marketplace are excluded.

To sign up for this valuable benefit, simply enroll in the retiree insurance option through your ASRS or other Arizona retirement system plan, OR through your employer.

Your premium benefit may be delayed for one to three months while your pension is finalized. However, the eligible amount will be reimbursed or adjusted, as applicable.

Premium Benefit Program

Determine your eligible premium benefit

PREMIUM BENEFIT	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependents One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependents without
Years of Service						
Arizona State Retirement System (ASRS) Members						
5.0–5.9	\$75.00	\$130.00	\$50.00	\$85.00	\$107.50	\$107.50
6.0–6.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
7.0–7.9	\$105.00	\$182.00	\$70.00	\$119.00	\$150.50	\$150.50
8.0–8.9	\$120.00	\$208.00	\$80.00	\$136.00	\$172.00	\$172.00
9.0–9.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
10.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Elected Officials’ Retirement Plan (EORP) Members						
5.0–5.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
6.0–6.9	\$112.50	\$195.00	\$75.00	\$127.50	\$161.25	\$161.25
7.0–7.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
8.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Corrections Officer Retirement Plan (CORP) Members						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Public Safety Personnel Retirement System (PSPRS) Members						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

Optional Premium Benefit Program

New retirees may elect to receive a reduced premium benefit that, upon his or her death, may be continued to the retiree’s beneficiary. The Optional Premium Benefit program is designed for those members who have a spouse, or dependent, that will want to continue with ASRS insurance and receive assistance paying for it.

Other things to note:

- The Optional Premium Benefit is only available to retirees who select a Term Certain, or Joint & Survivor Annuity option. It is not available with Straight Life Annuity.
- Members have a “one-time” opportunity to elect this benefit when they retire.
- Members may rescind election at a later date and the unreduced premium benefit will be reinstated and applied for life.
- The Optional Premium Benefit reduction is based on the age of the retiree and the primary beneficiary.

If you are in the process of applying for retirement, you can find out what your reduction would be by using the online estimator in your myASRS account at AzASRS.gov.

Paying Your Monthly Health Insurance Premiums

How monthly premiums are paid will depend on your health insurance option. Your HASRS health insurance premiums will be withheld monthly from your ASRS pension payment. However, you will be billed directly, if you are...

- On Long Term Disability
- Getting a pension less than the cost of your insurance
- Choosing your employer's option (State of Arizona is an exception. That payment will be withheld from your ASRS pension payment)

Monthly Health Insurance Cost Worksheet

A. Your monthly medical plan premium (<i>from page 10</i>)	<input type="text"/>
	+
B. Add your monthly dental plan premium (<i>from page 11</i>)	<input type="text"/>
	=
C. Total Premium (<i>A plus B</i>)	<input type="text"/>
	-
D. Subtract your Basic Premium Benefit (<i>See chart on page 12</i>)	<input type="text"/>
	=
Your Net Premium (<i>C minus D</i>)	<input type="text"/>

Are You Using All of Your Benefits?

As an ASRS retiree, you have a myriad of benefits available to you at no cost. Some are included with UHC medical insurance and some are available to all retirees regardless of your insurance provider. Visit AzASRS.gov for examples of these beneficial resources to help you manage all aspects of your health, your care and your costs.

WellCard

Did you know that you have a FREE discount card available to you as an ASRS retiree? This program is designed to help you save money on health care related services and prescriptions. Not only is it free, but it is also available to anyone in your household. There's no need to take any of the ASRS insurances to be eligible.

Once you are retired, you simply go online to AzASRS.gov/ **Retirees/Healthcare/AdditionalBenefits** to register for your card. You will use the Group ID "ASRSH" when you register for the card. This isn't insurance, but a DISCOUNT program available for times when insurance doesn't pay for a service or prescription. Every penny saved helps now that you are on a fixed income.

“When I show
my



my pharmacist
shows me
the savings!”

Becoming Medicare Eligible

If you, or your dependent(s), will become Medicare eligible on your or their next birthday, there are some things to consider as plan options, premiums, premium benefit and coverage will change.

Current enrolled non-Medicare members on ASRS plans are sent a letter 90 days prior to Medicare eligibility. If a non-Medicare member does not respond by switching to a Medicare plan, this will result in termination of medical coverage and you will not be able to enroll in an ASRS Medicare medical plan until the next Open Enrollment period.

Medicare is the federal health insurance program for individuals age 65 or older and some disabled individuals under age 65. It is administered by the Centers for Medicare and Medicaid Services (CMS).

You become eligible for Medicare the first day of the month in which you turn age 65. Social Security disability eligibility dates vary. See www.medicare.gov for more information.

Note that enrollment in Medicare may have exceptions and nuances specific to each individual's situation. Visit www.medicare.gov or call (800) 633-4227 and TTY users should call (877) 486-2048, 24 hours/day, 7 days/week as a good starting point to learn more about Medicare and how to enroll.

When you (and/or your covered dependents) become eligible for Medicare, Parts A and B must be elected and retained in order to

enroll in the Medicare plans offered by the ASRS. Medicare Part D is included in both of the ASRS Medicare plans offered.

Medicare has different parts that help cover specific services:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)
- Medicare Part C (Medicare Advantage plans)
- Medicare Part D (outpatient prescription drug coverage)

Simple things to know about enrolling in an ASRS Medicare plan:

- Three months before your 65th birthday, contact Medicare to enroll in Medicare Parts A and B
- Before your Medicare effective date (1st day of birth month), submit your ASRS enrollment application online (but no more than 90 days ahead of the effective date.)

One of the perks of turning Medicare age is your medical insurance premiums go down. Now there's something to look forward to as you get closer to age 65!

Comparison Of Benefits

For 2017, UnitedHealthcare continues to be the sole provider through the Arizona State Retirement System. Depending upon where you live and if you are eligible for Medicare, the following plans are available:

UnitedHealthcare Group Medicare Advantage (HMO) Plan

UnitedHealthcare Group Medicare Advantage (HMO) Plan is a plan for members who are enrolled in Medicare Parts A & B and in which UnitedHealthcare has entered into a contract with The Centers for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes UnitedHealthcare to provide comprehensive health services to persons who are entitled to Original (traditional) Medicare benefits and who choose to enroll in the Group Medicare Advantage (HMO) Plan. By enrolling in the Group Medicare Advantage (HMO) Plan, you have made a decision to receive all your routine health care from UnitedHealthcare contracted providers. If you receive services from a non-contracted provider without prior authorization, except for emergency services, out-of-area urgently needed services and renal dialysis, neither UnitedHealthcare nor Medicare will pay for those services. Physician and network names are required on the enrollment form if you select the Group Medicare Advantage (HMO) Plan. Provider directories are available upon request. The plan is an approved Medicare medical plan with an approved Medicare prescription drug plan.

NEW BENEFIT: Virtual Doctor Visits

See a doctor using your computer, tablet or mobile phone.

UnitedHealthcare's Virtual Doctor Visits lets you choose to see and speak to specific doctors using your computer or a mobile device, like a tablet or smart phone. These doctors are special providers that have the ability to offer virtual medical visits. During a virtual visit, you can ask questions, get a diagnosis and the doctor can even prescribe* medication that, if appropriate, can be sent to your pharmacy. You can find a list of participating virtual medical doctors online at www.UHCRetiree.com/asrs.

* Doctors can't prescribe medications in all states

Senior Supplement Plan

Senior Supplement Plan is for members who are enrolled in both Medicare Parts A& B. With Senior Supplement you have the freedom to obtain medical care from any physician and hospital that accepts Medicare. This plan is a retiree medical plan which includes a separate approved Medicare prescription Part D drug plan.

NOTE: For both plans you must maintain enrollment in Medicare parts A and B.

Plan Comparisons

The medical plan comparison charts on the following pages contain a partial listing of the benefits offered for Medicare-eligible retirees, members on long-term disability, and eligible dependents. Please remember that benefits are subject to plan limitations and exclusions.

After you enroll for coverage...

UnitedHealthcare will send you an Identification (ID) Card and an Evidence of Coverage booklet for the Group Medicare Advantage (HMO) plan or a Certificate of Coverage for the Senior Supplement Plans. Please review these documents before you start using services so you understand the terms and conditions of the plan you selected.

Call **UnitedHealthcare Customer Service** with questions about your plan. Their number is listed on the back of your ID card and inside the back cover of this guide.



2017 Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

The information contained in this chart is a partial summary of the medical benefits offered by UnitedHealthcare for Medicare eligible retirees, disabled members, and eligible dependents. It also serves as a comparison between plans.

Outpatient Benefits	Group Medicare Advantage (HMO)	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Doctor Office Visit	\$15 Copayment	80% of MAC* After \$166 Deductible	Deductible then 20% of MAC*	\$15 Copayment
Specialist Office Visit	\$30 Copayment			\$15 Copayment
Routine Physical	No Charge	Subject to Medicare Guidelines		
Immunizations	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	Subject to Medicare Guidelines
Outpatient Mental Health	\$30 Copayment	65% of MAC* after Deductible	Deductible then 35% of MAC*	\$0
Outpatient Hospital & Surgical Services	\$100 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$50 copayment
X-Rays Outpatient-Standard Outpatient-Specialized Scans	No Charge \$50 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Outpatient Lab Tests	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Durable Medical Equipment	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Skilled Nursing Facility	No Charge Limit of 100 days per Benefit Period	Days 1–20: 100% of MAC* Days 21–100: All but \$161 per day Days over 100: \$0	Days 1–20: \$0 Days 21–100: \$161 per day Days over 100: \$0	Days 1–20: \$0 Days 21–100: \$0 Days over 100: All Costs
Home Health Care	No Charge	100% of MAC*	\$0	\$0
Physical, Speech and Occupational Therapy	\$15 Copayment	80% of MAC*	Deductible then 20% of MAC*	\$0

*Medicare Approved Charges (MAC)

Note: the Medicare amounts listed are for 2016 and may change for 2017

2017 Medicare Eligible Retiree/LTD Medical Plans Comparison Chart

Inpatient Benefits	Group Medicare Advantage (HMO)	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Inpatient Hospital Expenses	\$100 per admission	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Copayment with 1st admission only
Inpatient Mental Health	\$100 per admission 190 days Lifetime	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Copayment with 1st admission only
UnitedHealthcare Prescription Benefits				
Tier 1/Tier 2/Tier 3/Teir 4	\$10/\$40/\$40/\$40 Copayment		All But Member Copay to \$3,700 Annual Max	\$10/\$35/\$35/\$35 Copayment**
Mail Order (90-day Supply)	\$20/\$80/\$80/\$80 Copayment	\$0		\$20/\$70/\$70/\$70 Copayment**
Other Benefits				
Emergency Room (waived if admitted)	\$50 Copayment	80% of MAC*	20% of MAC*	\$50 Copayment
Urgent Care Facility	\$15 Copayment	80% of MAC*	20% of MAC*	\$25 Copayment
Ambulance	\$25 Copayment	80% of MAC*	20% of MAC*	\$0
Other				
Hearing Exam/Aids (EPIC Hearing)	No Charge / \$500 Allowance Every 36 Mo.	Not Covered	Not Covered	All Costs
Deductible	None	\$0 per Person Out-patient Services	\$166 per Person Outpatient Services	\$0
Annual out-of-pocket maximum	\$6,700	No Maximum	No Maximum	\$6,700
Vision Exam	\$20 Copayment	Not Covered	\$80 Allowance Per Calendar Year	\$20 Deductible Plus All Cost Above Allowance
Lenses and Frames	\$130 Allowance per Calendar Year	Not Covered	\$130 Allowance Per Calendar Year	All Cost Above Allowance
SilverSneakers Fitness Program	Free Membership at Participating Clubs	\$0	Free Membership at Participating Clubs	\$0

* Medicare Approved Charges (MAC). ** Member pays copayment up to \$3,700.00 in Total Drug Expenditures. Member then pays 51% or 40% of prescription costs until \$4,950.00 in True Out-of-Pocket costs has been met. Member then pays \$3.30 generic, \$8.25 brand copay or 5% of drug cost, whichever is greater.

Important Note: This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. UnitedHealthcare will send you an Evidence of Coverage or Certificate of Coverage with complete information on the benefits, limitations and exclusions once your enrollment form is processed.

Understanding the Medicare Prescription Drug Plans

PLEASE NOTE: If you enroll in any Medicare prescription drug plan, in addition to one of the ASRS plan options, you will become ineligible for both medical and prescription drug coverage under the ASRS plan, and will be automatically disenrolled. **Medicare allows you to be enrolled in only one prescription drug plan at a time.**

Enrollment in a Medicare prescription drug plan is an option, not a requirement. You do not have to enroll in a separate Medicare Part D prescription drug plan.

However, both Medicare prescription drug plans offered by ASRS are equal to, or offers more than, the standard Medicare Part D coverage.

When an eligible ASRS Medicare beneficiary is enrolled in either of the ASRS-sponsored prescription drug plans, when first eligible for Medicare prescription drug coverage, there is no enrollment penalty if you should enroll in an individual Medicare Part D prescription drug plan at a future date.

UnitedHealthcare "tier" concept to prescription drugs for Medicare eligible retirees

UnitedHealthcare classifies its prescription drugs as Tier 1, 2, 3 or 4. Much of Medicare's communication about its Part D program refers to prescription drugs in "tiers" or in various classifications as noted below. UnitedHealthcare will use the prescription drug classification system shown below.

- **TIER 1** are *preferred generic* medications
- **TIER 2** are *preferred brand-name* medications
- **TIER 3** are *non-preferred* medications (these require prior authorization on the Group Medicare Advantage HMO plan)
- **TIER 4** are *specialty medications* (these require prior authorization on both ASRS Medicare eligible plans)

Understanding the Medicare Prescription Drug Plans

The ASRS offers two different medical plan options; each with prescription drug coverage for Medicare eligible retirees/LTD recipients and dependents.

UnitedHealthcare Group Medicare Advantage® (HMO) Plan Prescription Drug Coverage

Prescription drug plan features:

- No prescription drug plan deductible
- \$10 Tier 1 and \$40 Tier 2, 3 and 4 drugs for up to a 30 day supply at contracted retail pharmacies.
- \$20 Tier 1 and \$80 Tier 2, 3 and 4 drugs for up to a 90 day supply through the prescription by mail program.
- Copay while in the coverage gap and no annual benefit limit in coverage.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,950 you begin catastrophic coverage and pay whichever is higher: a \$3.30 co-payment for generic drugs; a \$8.25 co-payment for brand name drugs, or 5% of the drug costs until the end of the calendar year.
- Standard UnitedHealthcare Group Medicare Advantage (HMO) plan formulary applies.
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit: UHCretiree.com/ASRS.
- Convenient prescription by mail program.

Senior Supplement Plan Prescription Drug Coverage

The name / brand of the prescription drug coverage that is available with the Senior Supplement Plan is UnitedHealthcare MedicareRx for Groups.

Prescription drug plan features include:

- No prescription drug plan deductible
- Low copayments:
 - \$10 Tier 1 and \$35 Tier 2, 3 and 4 drugs for up to a 30 day supply at contracted retail pharmacies.
 - \$20 Tier 1 and \$70 Tier 2, 3 and 4 drugs for up to a 90 day supply through the prescription by mail program.
- Coverage gap begins after \$3,700 in total drug costs in 2017.
- In the coverage gap the member pays 51% of generic and about 40% of brand name prescriptions.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,950 you begin catastrophic coverage and pay whichever is higher: a \$3.30 co-payment for generic drugs; a \$8.25 co-payment for brand name drugs; or 5% of the drug costs until the end of the calendar year.
- “Medicare formulary” plan design (some prior authorization requirements may apply).
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit: UHCretiree.com/ASRS.
- Convenient prescription by mail program.

Note: While in the coverage gap stage, the pharmaceutical manufacturer applies a 50% discount on brand name drugs which goes towards the members true-out-of-pocket expense amount.

Prescription drug payment stages Medicare Advantage HMO

1. ANNUAL DEDUCTIBLE

Your plan does not have an annual deductible

2. INITIAL COVERAGE STAGE

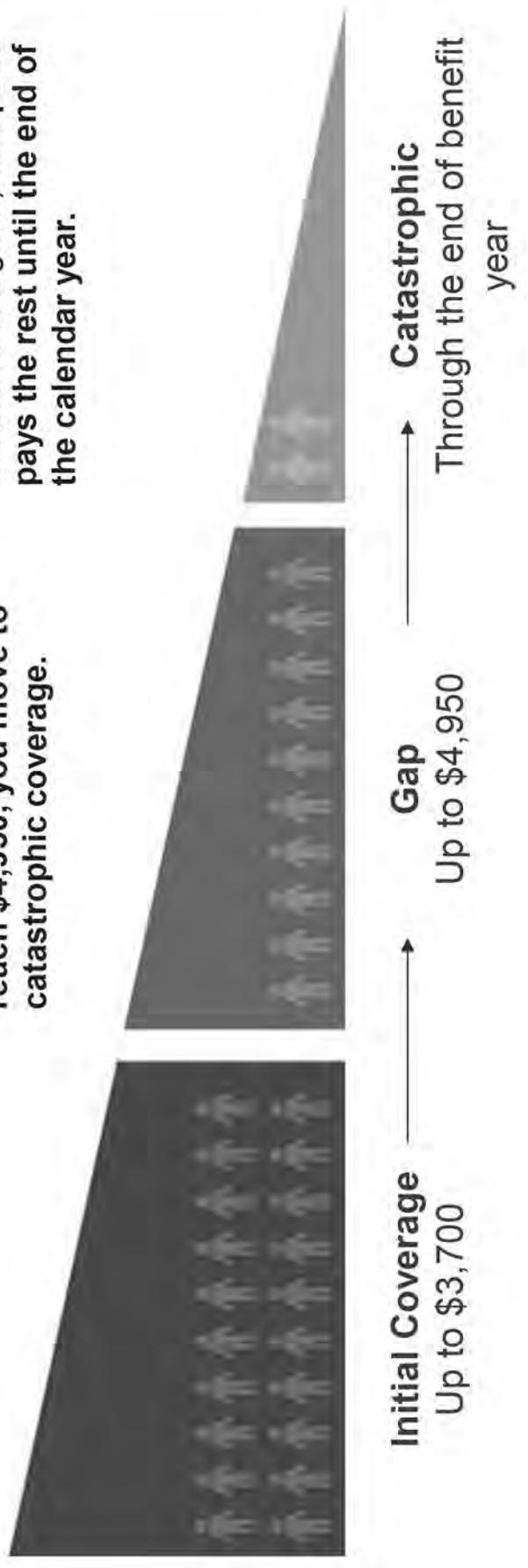
During this stage you pay a flat fee (copay) for each prescription you fill. **The plan pays the rest until your total drug costs (paid by you and the plan) reach \$3,700.**

3. COVERAGE GAP STAGE

During this stage you continue to pay your flat fee (copay). However, the manufacturers discount on brand name drugs (about 50%) gets applied towards the out-of-pocket cost. Once your out-of-pocket costs reach \$4,950, you move to catastrophic coverage.

4. CATASTROPHIC COVERAGE

In this stage you pay only a small copay or coinsurance amount for each filled prescription. (\$3.30 generic copay, \$8.25 brand name copay or 5% of the drug cost – whichever is higher.) **The plan pays the rest until the end of the calendar year.**



Prescription drug payment stages Senior Supplement Prescription Drug Plan

1. ANNUAL DEDUCTIBLE

Your plan does not have an annual deductible

2. INITIAL COVERAGE STAGE

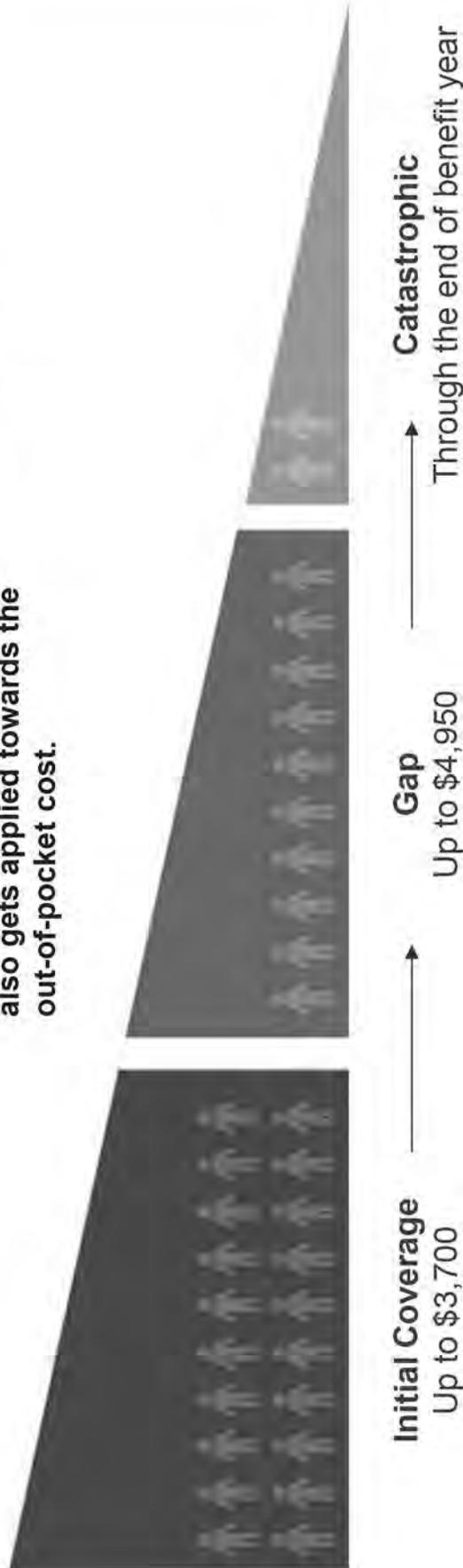
During this stage you pay a flat fee (copay) for each prescription you fill. **The plan pays the rest until your total drug costs (paid by you and the plan) reach \$3,700.**

3. COVERAGE GAP STAGE

During this stage you pay **40% of the total cost for brand-name drugs and 51% of the total cost for generic drugs.** Once your out-of-pocket costs reach \$4,950, you move to catastrophic coverage. The manufacturers discount on brand name drugs (about 50%) also gets applied towards the out-of-pocket cost.

4. CATASTROPHIC COVERAGE

In this stage you pay only a small copay or coinsurance amount for each filled prescription. (\$3.30 generic copay, \$8.25 brand name copay or 5% of the drug cost – whichever is higher.) **The plan pays the rest until the end of the calendar year.**





Statements of **UNDERSTANDING**

The following statements are for members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan and the UnitedHealthcare MedicareRxSM for Groups (PDP) plan.

By electing enrollment in the plan, I agree to the following:

I understand that I can only be in one Medicare Advantage Plan or Medicare Part D Prescription Drug Plan at a time. By enrolling in either the UnitedHealthcare Group Medicare Advantage (HMO) plan or the UnitedHealthcare MedicareRx for Groups (PDP) plan, I will automatically be disenrolled from any other Medicare Advantage Plan or Medicare Part D Prescription Drug Plan of which I am a member. If I want to keep my membership in this plan for the following plan year, I do not need to notify the plan or fill out any paperwork. I will automatically remain enrolled as a member of this plan if I do not sign up for a different plan or request disenrollment from this plan. If I have prescription drug coverage, or if I get prescription drug coverage, from somewhere other than this plan, I will inform the plan.

Enrollment in this plan is generally for the entire calendar year. However, I may leave the plan at any time of the year by sending a written request to ASRS, P. O. Box 33910, Phoenix, AZ 85067.

This plan covers a specific service area. I must live in the service area and if I move out of the service area defined for the plan (see the Summary of Benefits for a description of the plan's service area), I will call my plan sponsor or this plan to get help finding a new plan in my area.

Upon enrollment, I will receive a Welcome Guide that includes an Evidence of Coverage document. The Evidence of Coverage will have more information about services covered by the plan, as well as the terms and conditions. If a service is not listed in the Evidence of Coverage, it will not be paid for by Medicare or the plan without authorization.

I may have to pay a late enrollment penalty for Medicare's prescription drug coverage. This would apply if I did not sign up for and maintain creditable prescription drug coverage when I first became eligible for Medicare. If I have a late enrollment penalty from Medicare, I will receive a letter making me aware of the penalty and what the next steps are.

My information, including my prescription drug event data, will be released to Medicare and other plans, only as necessary, for treatment, payment and healthcare operations. Medicare may also release my information for research and other purposes, which follow all applicable Federal statutes and regulations.

For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only

This is a Medicare Advantage plan and has a contract with the Federal government. This is not a Medicare Supplement plan. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium and, if applicable, Part A premiums, if not otherwise paid for by Medicaid or another third party.

I may not be covered under Medicare while out of the country, with the exception of limited coverage near the U.S. border. However, under this plan, when I am outside of the United States I am covered for emergency or urgently needed care. I have the right to appeal plan decisions about payment or services if I do not agree.



Statements of UNDERSTANDING

I understand that beginning on the date my UnitedHealthcare Group Medicare Advantage (HMO) coverage begins, I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO), except for emergency or urgently needed services or out-of-area dialysis services.

If I choose to disenroll from this plan, which is sponsored by my former employer, union or trust group (Plan Sponsor), I will be automatically transferred to Original Medicare. Also, if I choose to enroll in a different Medicare Advantage plan not offered by my Plan Sponsor, I will be automatically disenrolled from this plan provided through my Plan Sponsor.

For members of UnitedHealthcare MedicareRxSM for Groups (PDP)

UnitedHealthcare[®] MedicareRx for Groups (PDP) is a Medicare Prescription Drug plan and has a contract with the Federal government. This prescription drug coverage is in addition to my coverage under Medicare. I need to keep my Medicare Part A or Part B, and I must continue to pay my Medicare Part B premium.

I understand that I must use network pharmacies except in an emergency when I cannot reasonably use UnitedHealthcare MedicareRx for Groups (PDP) network pharmacies. Once I am a member of UnitedHealthcare MedicareRx for Groups (PDP), I have the right to appeal plan decisions about payment or services if I disagree.

Enrollment in the UnitedHealthcare MedicareRxSM for Groups (PDP) plan includes automatic enrollment in UnitedHealthcare RxSupplement. Additional materials describing the UnitedHealthcare RxSupplement will be provided following enrollment.

Medicare eligible retirees electing to enroll in the Senior Supplement medical plan will also be enrolled in the UnitedHealthcare MedicareRx for Groups (PDP) and have Medicare equivalent prescription drug coverage as a part of their overall health insurance plan through the UnitedHealthcare MedicareRx for Groups (PDP) plan.

However, if you are enrolled in a separate non-ASRS, non-Arizona Department of Administration (ADOA), or non-ASRS participating employer medical/prescription drug plan and you elect to enroll in the UnitedHealthcare Senior Supplement medical plan with the UnitedHealthcare MedicareRx for Groups (PDP) plan, your membership in your current non-ASRS, non-ADOA, or non-ASRS participating employer Medicare Advantage, Medicare Advantage Prescription Drug plan or stand alone Medicare prescription drug plan will terminate. If you have questions about your current health insurance coverage or how your coverage relates to Medicare and its prescription drug plan, please contact your current plan administrator.



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Y0066_160728_140810

UHAZ17MP3861018_000

UnitedHealthcare's Vision Care Benefits

UnitedHealthcare Group Medicare Advantage (HMO) Plan

Your medical plan covers one eye exam per year and medically necessary glasses or lenses following cataract surgery. Your Routine Prescription Eyewear benefit provides a routine exam, eyeglasses or contact lenses for routine vision correction.

For a routine eye exam you must go to a UnitedHealthcare Vision provider. In both instances, the vision eyewear is only available through the UnitedHealthcare Vision network. Locate a vision provider near you by either going to www.myuhcvision.com or calling UnitedHealthcare Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157).

At a UnitedHealthcare Vision network vision center, you can receive routine eye exams (also called refractive eye exams) for a \$20 copayment, eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every 12 months. You will be responsible for any charges in excess of the \$130 frame allowance or the \$105 contact lens allowance.

This vision care plan is designed to cover your vision needs rather than cosmetic materials. However, most lens options are available at a discount.

If you need the services of an eye specialist for a medical eye condition (i.e. you have diabetes, cataracts, glaucoma, etc.), you should call Group Medicare Advantage (HMO) Plan Customer Service at 866-208-3248 for the nearest Participating Provider. There is also a listing in each network of the Provider Directory under Specialist - Optometry. The Optometrist listed in the Provider Directory will provide your medical eye care and will also be the provider to give you a referral to the Ophthalmologist.

For a complete listing of providers, go to myuhcvision.com. The vision network is provided by UnitedHealthcare Vision.

If you have questions about this plan

You may call UnitedHealthcare Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 AM to 11:00 PM (EST) and Saturday, 9:00 AM to 6:30 PM (EST).

UnitedHealthcare's Vision Care Benefits

UnitedHealthcare Senior Supplement Plan

Your Routine Prescription Eyewear benefit provides eye refraction, eyeglasses or contact lenses for routine vision correction.

You have the choice of any vision provider, but you receive the greatest savings by using a UnitedHealthcare Vision network provider. To locate a vision provider near you, go to www.myuhcvision.com or call UnitedHealthcare Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157). You may then schedule an appointment for your vision exam. For a complete listing of providers, go to www.myuhcvision.com. The vision network is provided by UnitedHealthcare. Please confirm your provider is participating in the network before making an appointment.

At a UnitedHealthcare Vision network provider, after a \$20 deductible, you have coverage for routine eye exams (also called refractive eye exams). Standard eyeglass lenses (single, bifocal and trifocal) are covered in full, and you have a \$130 retail allowance toward frames. In lieu of eyeglasses, there is a \$105 allowance toward contacts. Exams, lenses and frames are covered once every

12 months. If you chose not to use an UnitedHealthcare Vision network provider, there is an \$80 allowance toward the routine examination after satisfying a \$20 deductible. Your eyewear benefit is \$100 toward the purchase of eyeglasses, frames or contact lenses in place of eyeglasses. You will be responsible for charges in excess of the \$100 allowance. You are eligible to receive this benefit once every 12 months.

This vision care plan is designed to cover your vision needs rather than cosmetic materials.

If you have questions about this plan you may call UnitedHealthcare Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157), Monday through Friday, 8 AM-11 PM (EST) and Saturday, 9 AM-6:30 PM (EST).

If you need the services of an eye specialist for a medical eye condition (i.e. you have diabetes, cataracts, glaucoma, etc.), Medicare is primary and the Senior Supplement Plan is secondary so you may see any physician that accepts Medicare.

Benefit limited to 1 time every 12 months	In-Network You Pay	Out-of Network You Pay
Deductible	\$20	\$20
Routine Eye Refraction (examination)	\$0 after deductible satisfied	Charges in excess of \$80
Eyeglass Lenses (single, bifocal and trifocal)	\$0 covered in full	Charges in excess of \$100 for Lenses, Frames, or contacts combined
Eyeglass Frames	Charges in excess of \$130 retail allowance	
Contact Lenses (in place of eyeglasses)	Charges in excess of \$105 allowance	



Solutions for Caregivers

Access your caregiver service for support that can make it easier to care for a family member, friend or neighbor.



On-site assessments

Have a registered nurse perform an on-site health and well-being overview.



Caregiver case manager

Let a case manager counsel you by offering advice along with decision-making support.



Personalized care plans

Get a customized care plan that may address your needs and the needs of your family member, friend or neighbor.



Coordination of services

Allow us to help you plan and arrange community-based programs and services for your specific needs.

Note: We provide caregiver resources and coordination, but we do not pay for supportive services or perform medical treatments.

Do you need extra help?

Seeing a decline in your loved one's health can feel overwhelming. If you find yourself asking the questions below, accessing your service of Solutions for Caregivers could help you get the answers.

- What help do I really need?
- What services will Medicare pay for?
- What community resources could I take advantage of that are available to me?
- Is my loved one's home still clean and safe?

If you're a caregiver or anticipate taking on a caregiver role in the future, call us at:



1-866-896-1895, TTY 711

24 hours a day, 7 days a week



Solutions for Caregivers assists in coordinating community and in-home resources. The final decision about your care arrangements must be made by you. In addition, the quality of a particular provider must be solely determined and monitored by you. Information provided to you about a particular provider does not imply and is in no way an endorsement of that particular provider by Solutions for Caregivers. The information on and the selection of a particular provider has been supplied by the provider and is subject to change without written consent of Solutions for Caregivers.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.

IR_150505_085814

SPRJ23972



Introducing HouseCalls from UnitedHealthcare.®

A health and wellness program that comes to you.

As part of your UnitedHealthcare plan membership, we are now offering our HouseCalls program to qualified members. HouseCalls is designed to support and complement your regular doctor's care through a visit with a licensed health care practitioner in your home.

With HouseCalls, UnitedHealthcare will send a knowledgeable health care practitioner to you. They will work with you to help you understand your current health status and provide you with information that may help you maintain or improve your health. You can ask questions and go at your own pace. Best of all, there is **no copay for a HouseCalls visit**.

HouseCalls health care practitioners have conducted more than 260,000 visits, and our members are overwhelmingly satisfied with the HouseCalls experience. In fact, 99% of surveyed members indicate that they were satisfied with their visit, and 96% found their in-home visit to be helpful*.

What you can expect from a HouseCalls visit.

- ✔ One of our knowledgeable health care practitioners will review your health history and medication(s), perform a physical exam, identify health risks and provide education on your health.
- ✔ You can discuss your health concerns one-on-one with the practitioner and ask questions.
- ✔ You will get an Ask Your Doctor worksheet, which you can bring to the next visit with your doctor.

A HouseCalls visit doesn't replace your regular doctor visits or annual wellness exams. This visit is meant to add to your health care experience and it may help you stay ahead of your health care concerns.

How a HouseCalls visit can help you and your doctor.

Through our advanced technology, we are able to use your HouseCalls results to help coordinate care with your doctors. This may include:

- ✔ Identifying any treatment needs.
- ✔ Addressing health education needs.
- ✔ Recommending preventive services you may need.

At the end of your visit, you will receive a checklist of topics you can discuss with your doctor. We will also provide your physician a follow-up letter with the HouseCalls results.

Who receives a HouseCalls visit?

HouseCalls is for all health types, whether you are healthy or have chronic conditions. Everyone can benefit from a HouseCalls visit. We may contact you when we have an available health care practitioner in your area.

How does it work?

You will receive a letter and phone call from HouseCalls to schedule your visit. If you're not comfortable having the HouseCalls visit in your home, we recommend you ask a friend or family member to be there with you. Or, we can visit you at another location.

Once your HouseCalls visit is scheduled, you may receive a reminder call and/or postcard prior to the appointment. All of the licensed health care practitioners are contracted with UnitedHealthcare and have received specialized training regarding the health care needs of qualified members.

Do you have questions or want to set up an appointment for a HouseCalls visit?



Give us a call. **1-866-686-2504**, TTY **711**, Monday – Friday
8 a.m. – 7:30 p.m. EST; Saturday 8 a.m. – 6:30 p.m. EST

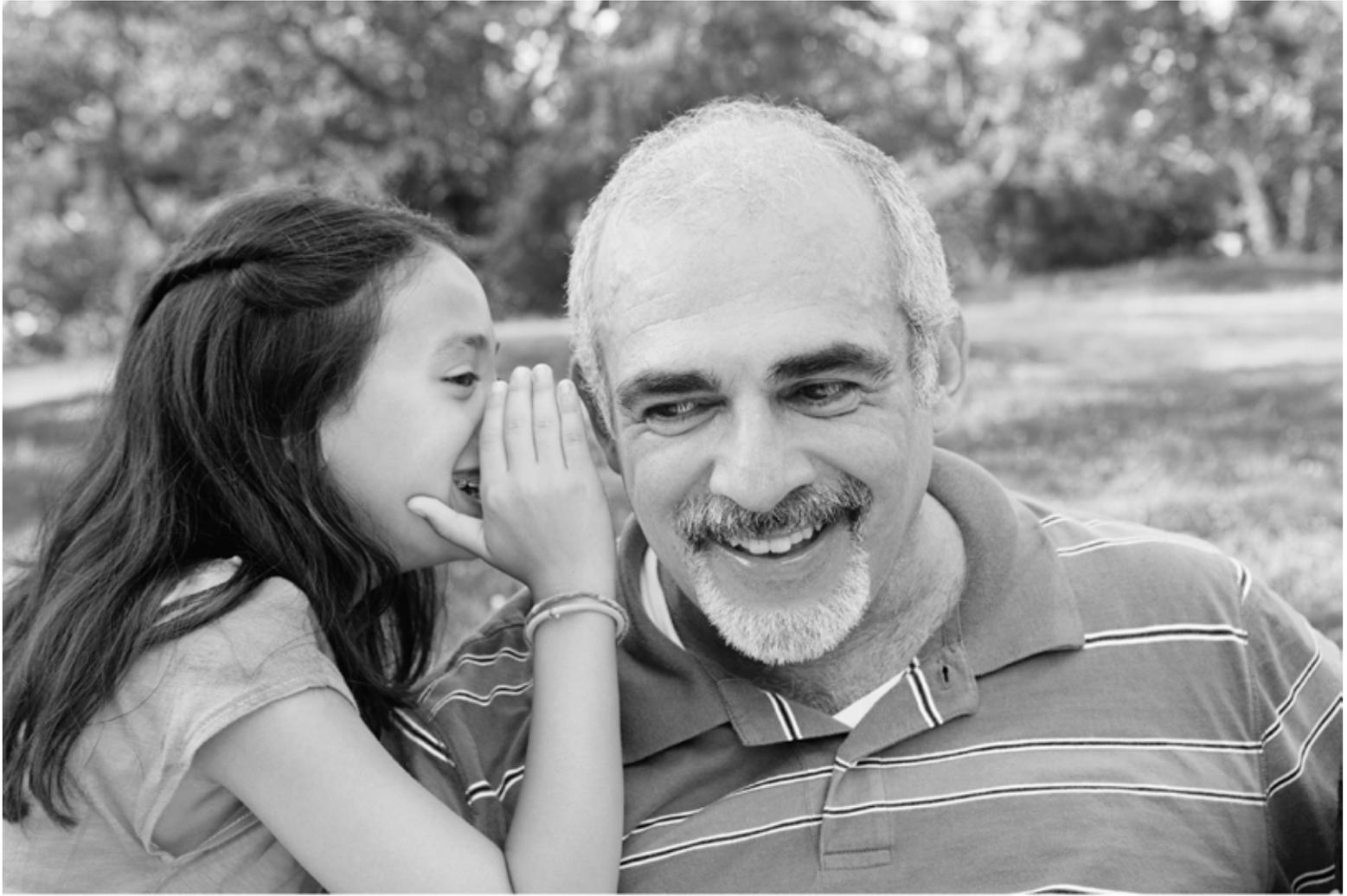


Or visit us online at **www.UHCHouseCalls.com**

*August, 2012 UnitedHealthcare HouseCalls Member Survey Data. Sample size: 17,879

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in UnitedHealthcare plans depends on contract renewal.

SAGMPEN000_UHSP15615a



Hear the important things in life.

You could save thousands on hearing aids.

Hearing loss is the third most common chronic condition.¹ Left untreated, it may lead to additional health conditions such as depression and dementia.² At UnitedHealthcare®, we help connect you to the programs, resources and tools to help you live a healthier life. You have an exclusive member discount on digital custom-programmed, hearing aids.

Contact *hi HealthInnovations* today.



1-855-523-9355, TTY 711,
9 a.m. to 5 p.m. CT, Monday
through Friday



Learn more online at
hihealthinnovations.com/medicare

^{1,2} National Institutes of Health

Simple steps to better hearing.

1 Get your hearing tested.
 To find a hearing test provider, call *hi HealthInnovations* at **1-855-523-9355**, TTY **711**, ask your doctor or call UnitedHealthcare at the number on the back of your member ID card. If you already had a hearing test in the past year, simply send your hearing test results to us. We'll call you within three business days after we receive your hearing aid results.

2 Order.
 Select your model and place your order for your hearing aids by phone, in-person or online. Your custom programmed hearing aids will be delivered directly to you. You may pay \$599 – \$799 per hearing aid from *hi HealthInnovations*, depending on the model.

<p>hi BTE™ (Behind-the-Ear)</p>	
<p>hi ITC™ (in-the-Canal)</p>	

- hi HealthInnovations'* hearing aids have digital technology that:**
- ✓ Automatically increases soft sounds and keeps loud sounds at a comfortable level
 - ✓ Enhances the sound in front of you while reducing distracting background noise
 - ✓ Enables programming to your hearing needs with 12 gain adjustment bands

Includes 70-day no risk trial, nationwide support, batteries and supplies. Other models and colors are available. Severe hearing loss may require an ear mold for an additional charge.

hi HealthInnovations™ is an affiliate of UnitedHealthcare Insurance Company.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the UnitedHealthcare grievance process.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.



Get active with SilverSneakers® Fitness.

Check out all the ways to use your fitness membership.
It's provided for you by a UnitedHealthcare® retiree plan.

Visit silversneakers.com or call SilverSneakers Customer Service at **1-888-423-4632**, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m. EST, to:

- Find fitness locations
- Request your SilverSneakers ID number
- Enroll in FLEX classes
- Get more details

Work out indoors or outside.

- You may visit any of the 13,000+ fitness locations,¹ use fitness equipment and take SilverSneakers classes²
- Enjoy SilverSneakers FLEX™ classes — you'll find tai chi, yoga, walking groups and more
- It's easy to sign up — check in at the front desk of a location of your choice

Connect online.

- Search for the fitness location or FLEX class of your choice
- Find meal plans and healthy recipes
- See helpful resources and be inspired by others

Start using your SilverSneakers membership today.

¹At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound. For more information, visit silversneakers.com or call SilverSneakers at the phone number listed above.

²Classes and amenities vary by location.



Healthways, SilverSneakers and SilverSneakers FLEX are registered trademarks or trademarks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved. UHCAZ943FEATASRS0716

Assurant Employee Benefits Retiree Dental Plans

For 2017, Assurant Employee Benefits - now part of Sun Life Financial - continues to be the sole provider offering dental benefits to eligible public sector retirees, LTD recipients and eligible dependents through the Arizona State Retirement System. Assurant Employee Benefits offers different dental plan options depending on where you live. You have the freedom to choose the dental plan that best fits your individual needs. Compare the cost and benefits of each to determine which plan will meet your family's dental health needs.

NOTE: There are significant differences between the Indemnity and Prepaid Dental Plans. Below is a brief overview of the features of the Indemnity vs. the Prepaid Dental Plans.

INDEMNITY DENTAL PLANS

There are two Indemnity Dental Plan options available to retirees / LTD recipients in all states:

- Freedom Basic ("Low" option)
- Freedom Advance ("High" option).

These plans pay the indicated percentages of Allowable Charges for covered services. Benefits are paid after any applicable deductible has been met, up to the Annual Maximum Benefit which is \$2,500 for the Freedom Advance plan and \$1,000 for the Freedom Basic plan. You are responsible for any applicable coinsurance percentages not covered by the plan. Allowable charges are based on charges being made by providers in the area where dental services are performed. You also have access to the Assurant® Dental Network, for additional savings on your dental care.

The Indemnity Plan features include:

- Freedom to choose any dentist, including specialists
- Access to over 100,000 individual dentists participating in the Assurant Dental Network nationwide who have agreed to negotiated fee arrangements of up to 30% off their usual & customary fees.
- Coinsurance plan
- Fast and accurate claims processing

PREPAID DENTAL PLANS

There are three Prepaid Dental Plan options for retirees / LTD recipients and the options vary depending on where you live:

- DHMO Dental Plan 220 with Ortho Copays (Available in Arizona only)
- Heritage Secure with Specialty Benefit Amendment ("SBA") (Available in Arizona only)
- Other Prepaid plans are also available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT

The Prepaid dental plans provide a variety of benefits through a network of participating dentists. You may change your dentist throughout the plan year. All services must be performed by a participating provider (note the exception to this requirement for the DHMO Dental Plan 220 with Ortho copayments offered in Arizona). You pay a fixed copayment directly to the network dentist for covered dental procedures.

The Prepaid Dental plan features include:

- Fixed copayment schedule for Plan Dentist Services
- No deductibles or claim forms
- No annual maximums or waiting periods
- Pre-existing dental conditions are covered
- Each family member may choose their own network dentist
- Orthodontia for both children and adults

Important Information Regarding On-Going Dental Care If Newly Enrolled with ASRS: If you are actively undergoing major dental procedures with your current dental provider and the service(s) is not completed prior to the effective date of your dental coverage with an ASRS-sponsored dental plan, your current provider may allow that on-going procedure to be a covered expense under your current dental plan even after your termination from your employer's dental plan. Check with your current dental provider to learn if your procedure qualifies for continued coverage. Dental procedures you are receiving under coverage from your current non-ASRS dental plan will not be eligible for benefits through Assurant Employee Benefits.

Important Things to Consider When Making Your Dental Plan Elections

Depending on where you live, your dental plan options vary. You should carefully review the differences in the dental plans. See pages 36-37 for a comparison and summary of the dental plan options available to you.

- If you enroll in one of the Prepaid Dental Plans, you must choose a General Dentist as your Primary Care Dentist. The Directory of Dentists available to you will vary according to the Prepaid Plan you choose and where you live. Once you have selected a Primary Care Dentist, you must enter the Facility ID number from the directory on your enrollment form. This is very important! It allows Assurant Employee Benefits to notify your selected General Dentist that you will be a new patient and include your dental plan information on the dentist's eligibility list called a "roster".
- If you enroll in the Heritage Secure with Specialty Benefit Amendment ("SBA") Prepaid Dental Plan (available to Arizona residents only), you will want to pay special attention to your options for receiving dental care from specialty dentists. All Plan Specialists who contract with the Heritage Secure plan will discount their services between 15%-25%. The 15% reduction applies if the Plan Specialist is an endodontist. The 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. Some plan Specialists have agreed to perform certain common specialty procedures for a fixed copayment rather than a discounted fee. These Assurant SBA Plan Specialists – Endodontists, Periodontists, and Oral Surgeons – are identified with an SBA indicator in the Directory of Dentists. All other services performed by an SBA Plan Specialist and not listed on the SBA copayment list will be provided at the discounted fee.
- If you enroll in the DHMO Dental Plan 220 with Ortho copayments (available to Arizona residents only), many of the common specialty procedures can be performed by a participating network General Dentist or Specialist for the same fixed copayment. In addition, there are certain common specialty procedures that can also be performed by a Non-Plan Specialty Dentist. For the specific procedures that can be performed by a Non-Plan Specialty Dentist, you will submit a claim to Assurant Employee Benefits and receive reimbursement up to a maximum amount based on the procedure performed.
- The Indemnity Dental Plans offer freedom of choice to use any eligible licensed dentist or specialist in the United States.
- If you enroll in either of the Indemnity Dental Plans and you want to save dollars on your dental care, use a dentist who participates in the Assurant Dental Network. All of the dentists who participate in the Assurant Dental Network have agreed to negotiated fee arrangements of up to 30% off their usual and customary fees and they will not balance bill you for services that are covered by the plan.

To find a network dentist who participates in the nationwide Assurant Dental Network, the Heritage Secure or DHMO Dental Plan 220 networks in Arizona, or the networks for the Prepaid Plans offered in the other states, please visit Assurant Employee Benefit's dedicated web site for ASRS members at www.assurantemployeebenefits.com/ASRS, call their representative on-site at ASRS, or call their toll-free Customer Service Center (see the contact information listed on the inside back cover of this guide)

Please review the information on pages 36-37 for a comparison of the dental plan options available to you. There are *significant* differences between all the dental plan options. If you are considering one of the Prepaid Dental Plans in Arizona, you should compare the copayments you will pay for certain common procedures on page 36-37 of this guide, along with the total annual premium you will pay in order to accurately assess which Prepaid Dental Plan option is the best choice for you.

Assurant Employee Benefits Retiree Dental Plans

Freedom Advance (High Option)	Freedom Basic (Low Option)	DHMO Dental Plan 220 with Ortho	Heritage Secure with SBA
AVAILABLE NATIONWIDE		AVAILABLE IN ARIZONA ONLY	
You have freedom to use any licensed dentist in the United States. Or use an Assurant Dental Network dentist for savings on your dental care. The Assurant Dental Network has more than 100,000 dentists in their nationwide network of dentists		You must select a General Dentist as your Plan Dentist. Except for certain specialty dental procedures listed in the plan copayment schedule, all services must be performed by your Plan Dentist. Certain specialty dental procedures can also be provided by non-Plan Specialists	
Provider fees are based on Usual & Customary. Assurant Dental Network dentists discount their fees up to 30% for all covered procedures. Benefits are paid at the negotiated fee level for Assurant Dental Network (in-network) dentists. Benefits for services from out-of-network dentists will be paid at the 80th percentile of the amount charged by the majority of dentists in the area		Provider fees are based on fixed copayment schedule. Certain procedures can be performed by your Plan Dentist or by a Plan Specialist for the same copayment as identified in the Plan copayment list	
Type I Preventive services are covered at 80% and the deductible is waived. The \$50 deductible is paid once per year, up to a maximum of three times per family	Type I Preventive services are covered at 100% and the deductible is waived. The \$50 deductible is paid once per year, up to a maximum of three times per family	No copayment for most Preventive services	There are copayments for some Preventive services
Type II Basic services are covered at 80% after the \$50 deductible has been paid. Includes new and replacement fillings, root canals, periodontics (treatment of gum disease), minor oral surgery	Type II Basic services are covered at 80% after the \$50 deductible has been paid. Includes new and replacement fillings, some minor oral surgery, minor periodontics, scaling & root planing, periodontic maintenance	Fixed copayments and certain identified procedures can be performed by your Plan Dentist or by a Plan Specialist for the same copayment. When compared to the AZ Heritage Secure plan, there are more than 130 additional copayments and most copayments are lower	Fixed copayments or discounts on services performed by network specialty dentists
Type III Major Services are covered after the \$50 deductible has been paid. New enrollees will start at a 25% coinsurance level for Type III Major Services for the 1st year of continuous dental coverage and then graduate to 50% coinsurance for the 2nd year of continuous dental coverage and each year thereafter	Type III Major services are not covered	For certain specialty procedures performed by a non-Plan dentist, you will submit a claim to Assurant and receive reimbursement up to a specified amount	Specialty dentists who have agreed to the SBA (indicated by an "SBA" in the directory) provide certain specialty procedures for a fixed copayment. Many other services by specialty dentists are provided at a discount
If you are currently enrolled in the Prepaid dental plan and you enroll in the Freedom Advance plan, your benefits for Type III Major Services will be paid at the 50% coinsurance level (assuming you have been enrolled in the Prepaid plan for at least 12 months)	If you are currently enrolled in the Freedom Basic dental plan and you enroll in the Freedom Advance plan, your benefits for Type III Major Services will be paid at the 25% coinsurance level for the 1st year of coverage and then 50% for the 2nd year of continuous dental coverage and each year thereafter	Implant benefit. Receive \$300 discount off specified implant procedures from Plan dentists	Copayment for teeth bleaching
Annual benefit maximum per person per calendar year is \$2,500	Annual benefit maximum per person per calendar year is \$1,000	No annual maximum for Plan Dentist and Plan Specialty Dentist services. Plan benefit payments for services by non-Plan Specialty Dentists limited to \$2,000 per person per calendar year	No annual maximums
Orthodontia is not covered	Orthodontia is not covered	Orthodontia copayments for children and adults when provided by a Plan Orthodontist	Plan orthodontists provide discounts of 25% off their usual fees for child and adult ortho treatment; no maximum
The Freedom Basic and Freedom Advance Plans are subject to the Alternative Treatment provision. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.		Prepaid dental plans are also available in CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT. For a copy of the Schedule of Benefits and Provider Directory in one of these states, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide in the Dental Provider section	

This provides only a brief summary of some unique features and benefits of the dental plans for your ease of comparison. For complete details, please refer to the dental plan documents that are available to the ASRS retirees during open enrollment, as well as throughout the year. For additional information or questions, you should contact Assurant Employee Benefits. Plans contain limitations, exclusions, and restrictions.

Assurant Employee Benefits Retiree Dental Plans

		INDEMNITY DENTAL PLAN OPTIONS		ARIZONA PREPAID PLAN OPTIONS	
		Freedom Advance (High Option)	Freedom Basic (Low Option)	DHMO Dental Plan 220 with Ortho	Heritage Secure with SBA
Calendar Year Deductible (Per Person; maximum of three deductibles per family)		\$50/\$150 - Waived for Type I services	\$50/\$150 - Waived for Type I services	NA	NA
Annual Maximum (Per Person)		\$2,500	\$1,000	NA ⁶	NA
ADA CODE	Description	Plan Pays ² (Subject to Frequency Limitations)		You Pay (Fixed Copay)	You Pay (Fixed Copay)
EXAMS AND XRAYS ¹					
D0120	Periodic Exam (checkup)	80%	100%	\$0	\$0
D0140	Limited Exam (problem focused)	80%	100%	\$0	\$25
D0150	Comprehensive Exam (initial)	80%	100%	\$0	\$0
D0220	Intraoral - periapical first film (xray)	80%	80%	\$0	\$0
D0230	Intraoral - periapical each addition film (xray)	80%	80%	\$0	\$0
D0272	Bitewings - Two films (xrays)	80%	100%	\$0	\$0
D0274	Bitewings - Four films (xrays)	80%	100%	\$0	\$0
D0330	Panoramic film (xray)	80%	80%	\$0	\$10
PREVENTIVE SERVICES ¹					
D1110	Routine dental cleaning (adult)	80%	100%	\$0	\$10
D1120	Routine dental cleaning (child)	80%	100%	\$0	\$10
D1203	Fluoride, child ³	80%	100%	\$0	\$0
D1351	Sealant ⁴	80%	100%	\$0	\$20
FILLINGS					
D2140	Amalgam - 1 surface	80%	80%	\$10	\$25
D2150	Amalgam - 2 surfaces	80%	80%	\$15	\$30
D2160	Amalgam - 3 surfaces	80%	80%	\$20	\$45
CROWNS					
D2751	Crown - porcelain fused to predominately base metal	25%/50% ⁵	Not Covered	\$220 + Lab Fee	\$295 + Lab Fee
D2950	Core Build Up	25%/50% ⁵	Not Covered	\$75	\$55
ROOT CANALS					
D3310	Endodontics - Anterior	80%	Not Covered	\$95	\$145
D3320	Endodontics - Bicuspid	80%	Not Covered	\$220	\$225-\$280 ⁷
D3330	Endodontics - Molar	80%	Not Covered	\$275	\$295-\$395 ⁷
PERIODONTAL CARE (FOR GUMS)					
D4341	Periodontal Therapy, 4+ teeth/quadrant	80%	80%	\$75	\$90-\$100 ⁷
D4910	Periodontal Maintenance	80%	80%	\$45	\$55
BRIDGES AND DENTURES					
D5110	Complete denture - maxillary (upper)	25%/50% ⁵	Not Covered	\$295 + Lab Fee	\$385 + Lab Fee
D5120	Complete denture - mandibular (lower)	25%/50% ⁵	Not Covered	\$295 + Lab Fee	\$385 + Lab Fee
D5213	Removable partial denture - maxillary (upper)	25%/50% ⁵	Not Covered	\$365 + Lab Fee	\$495 + Lab Fee
D5214	Removable partial denture - mandibular (lower)	25%/50% ⁵	Not Covered	\$365 + Lab Fee	\$495 + Lab Fee
EXTRACTIONS					
D7140	Extraction, Erupted Tooth or Exposed Root	80%	80%	\$30	\$25
D7210	Extraction, Surgical	25%/50% ⁵	Not Covered	\$60	\$85
ORTHODONTIA CARE					
None	Bracketing	Not Covered	Not Covered	\$300	25% Discount from Plan Orthodontist
D8080	Comprehensive Ortho (under age 19)	Not Covered	Not Covered	\$2,000	
D8090	Comprehensive Ortho (19 or older)	Not Covered	Not Covered	\$2,200	

¹ Services are subject to frequency limitations and allowable charges.

² All services may be subject to frequency limitations, allowable charges, limitations and exclusions.

³ Only for children under age 14.

⁴ Only for children under age 16 on the Freedom Basic and Advance plans.

⁵ 25% during first year; 50% for 2nd and subsequent years of continuous coverage.

⁶ Plan Benefit payments for services by non-Plan Specialty Dentists limited to \$2,000 per calendar year.

⁷ Copayment will vary depending on whether procedure is performed by your Plan Dentist or by a Specialist who participates with the SBA.

The Freedom Basic and Advance plans are subject to the Alternative Treatment provision. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.



ACCESS PLAN

Your Assurant Employee Benefits dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor’s usual and customary fees for eye exams¹
- **Glasses** – 20% discount applied to VSP doctor’s usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount on VSP network doctor’s professional services when purchasing all prescription contact lenses² (materials at doctor’s usual and customary fees)³.
- **Laser VisionCareSM** – VSP has contracted with many of the nation’s laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out



How to Use VSP

Locate a VSP doctor near you. You may either use the web-based doctor locator at www.vsp.com, or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member’s* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount.

²Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

³VSP offers valuable savings on annual supplies of selected brands of contact lenses.

VSP Member Services Support: 800.877.7195
Visit the Web site at www.vsp.com

Telephone Numbers & Websites

Remember: when calling the insurance carriers, tell them you are an ASRS Member.

Medical Provider

UnitedHealthcare of Arizona

- **Group Medicare Advantage (HMO) Plan** (M-F, 8 AM-8 PM, MST)
866-208-3248/ TTY: 711, when prompted: 866-208-3248
- **Senior Supplement Plan** (M-F, 8 AM-8 PM, MST)
866-480-1087/ TTY: 711, when prompted: 866-480-1087
- **UnitedHealthcare MedicareRX for Groups Prescription Drug Plan**
Offered with UnitedHealthcare Senior Supplement (Available 24/7)
888-556-6648 / TTY: 711, when prompted: 888-556-6648
- **Choice Plan (in-state)** (*Non-Medicare Plans*) 800-357-0971
- **Navigate Plan** (*Non-Medicare Plans*) 855-828-7715
- **Choice Plus PPO Plan (out-of-state)** (*Non-Medicare Plans*) 800-509-6729
- **OptumRx** (Available 24/7) 800-377-5154
- **UnitedHealthcare Vision** (Vision Provider) 800-638-3120

Internet Addresses:

Medicare Plans: uhretiree.com/asrs
Non-Medicare Plans: myuhc.com
Behavioral Health: liveandworkwell.com
UnitedHealthcare Vision: myuhcvision.com

Dental Provider

Assurant Employee Benefits (Group #0000G933)

(M-TH 7 AM - 7 PM, CST; Friday 7 AM - 6 PM, CST) / AssurantEmployeeBenefits.com/ASRS

- **Indemnity Dental Claims** 800-442-7742
- **PPO Dental Providers** 800-985-9895
- **Prepaid Dental** 800-443-2995
- **Vision Discount Services** 800-877-7195 / VSP.com

ASRS Retirees may also call the ASRS On-Site Representative (Weekdays, 8AM - 5PM, MST)

- **Phoenix Area** 602-240-2000, ext. 2032
- **Tucson Area** 520-239-3100, ext. 2032
- **Out-Of-Area** 800-621-3778, ext. 2032

Prescription Discount Card

WellCard (Available 24/7)

800-562-9625 / WellCardHealth.com

Hearing Benefits

EPIC Hearing UnitedHealthcare (*Contracted UHC Hearing Provider*)

866-956-5400

ASRS Member Services

Phoenix Area (Weekdays, 8 AM - 5 PM, MST)

602-240-2000 / AzASRS.gov

Tucson Area (Weekdays, 8 AM - 5 PM, MST)

520-239-3100 / AzASRS.gov

Out-Of-Area (Weekdays, 8 AM - 5 PM, MST)

800-621-3778 / AzASRS.gov

PSPRS, CORP & EORP Benefits Office

(Weekdays, 8 AM - 5 PM, MST)

602-255-5575 / PSPRS.com

ADOA Benefits Office

(Weekdays, 8 AM - 5 PM, MST)

602-542-5008 / 800-304-3687 / BenefitOptions.AZ.gov

Other Helpful Numbers & Websites

**Social Security
Medicare**

800-772-1213 / SSA.gov

800-633-4227 / Medicare.gov

NOTE: Happy with your health insurance plan? No action is needed to keep your current coverage!



Open Enrollment Dates
Starts: October 24, 2016
Ends: November 11, 2016

ARIZONA STATE RETIREMENT SYSTEM

Phoenix Member Services
3300 North Central Avenue
Phoenix, AZ 85012
602-240-2000

Tucson Member Services
4400 E. Broadway Blvd, Suite 200
Tucson, AZ 85711
520-239-3100

Find us online at:
AzASRS.gov