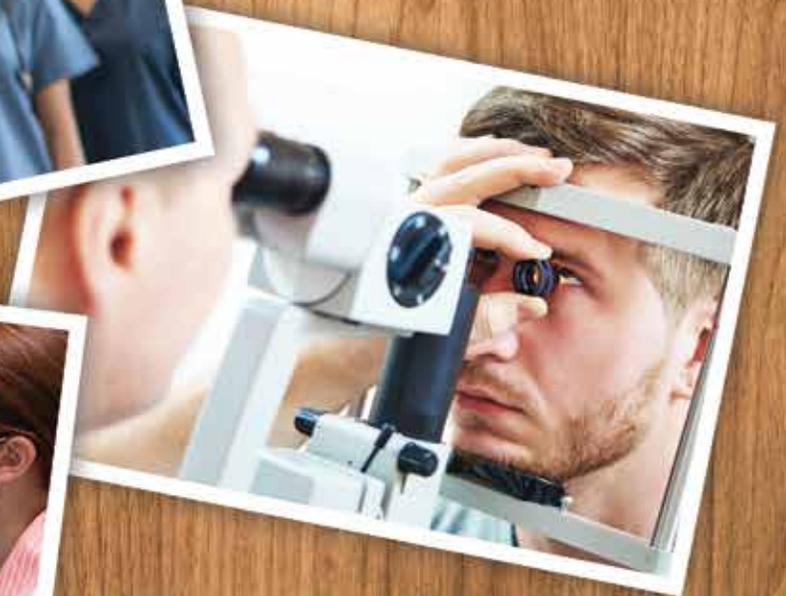


2017

# Retiree Group Health Insurance

.....  
*Enrollment Guide*

For Non-Medicare Retirees



Arizona State  
Retirement System

Effective January 1, 2017



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## ARIZONA STATE RETIREMENT SYSTEM

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*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](http://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](http://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:

- New plan options for our non-Medicare retirees
- 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.

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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](http://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](http://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*

See the comparison charts on pages 20-22 for coverage information on all of your ASRS non-Medicare options. Note: If you, or your dependent(s), are a combination of Medicare eligible and non-Medicare eligible, you fall under the combination plans premiums on page 11.

MEDICAL INSURANCE PLANS Insured by UnitedHealthcare		
WITHOUT MEDICARE You and your dependents do not have Medicare Part A and B		
MARICOPA, PIMA AND PINAL COUNTIES		
	Single Coverage	Family Coverage (2 or more)
Choice 1	\$825.00 per month	\$1650.00 per month
Navigate 1	\$745.00 per month	\$1490.00 per month
Choice 2	\$767.00 per month	\$1534.00 per month
Navigate 2	\$693.00 per month	\$1386.00 per month
Choice 3	\$703.00 per month	\$1406.00 per month
Navigate 3	\$635.00 per month	\$1270.00 per month
ALL REMAINING ARIZONA COUNTIES		
	Single Coverage	Family Coverage (2 or more)
Choice 1	\$825.00 per month	\$1650.00 per month
Choice 2	\$767.00 per month	\$1534.00 per month
Choice 3	\$703.00 per month	\$1406.00 per month
OUT OF STATE		
	Single Coverage	Family Coverage (2 or more)
Choice Plus PPO	\$1156.00 per month	\$2312.00 per month

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

(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 Medical Premiums

COMBINATION PLANS		
	One person on Medicare, the other(s) without Medicare	Two people on Medicare, the other(s) without Medicare
<b>MARICOPA, PIMA AND PINAL COUNTIES</b>		
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
<b>ALL REMAINING ARIZONA COUNTIES</b>		
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

# Monthly Dental Premiums *From Assurant*

Dental Insurance Premiums			
Assurant Employee Benefits			
	Single Coverage	Member + 1 Dependent	Member + 2 dependents or more
<b>Freedom Advance</b> (High Option) <i>(Nationwide coverage)</i>	\$34.44 per month	\$68.74 per month	\$97.28 per month
<b>Freedom Basic</b> (Low Option) <i>(Nationwide coverage)</i>	\$16.17 per month	\$34.19 per month	\$62.60 per month
<b>Prepaid DHMO Dental Plan 220 with Ortho</b> <i>(Available in Arizona only)</i>	\$13.96 per month	\$23.34 per month	\$39.23 per month
<b>Heritage Secure w/SBA</b> <i>(Available in Arizona only)</i>	\$10.61 per month	\$17.41 per month	\$26.90 per month
<b>Prepaid</b> <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

# Choosing Your Insurance Option

When choosing your plan choices, remember to compare and contrast the coverage and costs with all of your insurance options to see which provides the right level of care for you and your family's personal needs.

## Some things to consider...

- Does it cover me where I live?
- Are routine and preventative care covered?
- What are my prescription costs?
- Do I need to choose my Primary Care Physician within a network?
- What are my co-pays?
- What is my deductible?
- Is there co-insurance cost?
- What is my out-of-pocket maximum?
- What is my monthly premium?

# 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						
<b>Arizona State Retirement System (ASRS) Members</b>						
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
<b>Elected Officials’ Retirement Plan (EORP) Members</b>						
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
<b>Corrections Officer Retirement Plan (CORP) Members</b>						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Public Safety Personnel Retirement System (PSPRS) Members</b>						
<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](http://AzASRS.gov).

# Paying Your Monthly Health Insurance Premiums

How monthly premiums are paid will depend on your health insurance option. Your ASRS 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

<b>A.</b> Your monthly medical plan premium <i>(from pages 10-11)</i>	<input type="text"/>
	+
<b>B.</b> Add your monthly dental plan premium <i>(from page 11)</i>	<input type="text"/>
	=
<b>C. Total Premium</b> <i>(A plus B)</i>	<input type="text"/>
	-
<b>D.</b> Subtract your <b>Basic Premium Benefit</b> <i>(See chart on page 13)</i>	<input type="text"/>

=

<b>Your Net Premium</b> <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](http://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 benefits to be eligible.

Once you are retired, you simply go online to [AzASRS.gov/ Retirees/Healthcare/ AdditionalBenefits](http://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!”

# ASRS Retiree Medical Plans

## *Non-Medicare Eligible Plans*

For 2017, UnitedHealthcare continues to be the sole provider through the Arizona State Retirement System. Depending upon where you live, there are plans to choose from that best suit your needs. The following plans are available:

### UnitedHealthcare Choice Plus PPO

*(Out-of-State)*

UnitedHealthcare **CHOICE PLUS PPO**, for out of state members only, has coverage for in-network providers, as well as out-of-network providers. It also gives you the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral. Choice Plus PPO gives you the added flexibility to seek care from doctors and hospitals outside the network - and still receive coverage. In order to control costs, additional out-of-pocket costs apply for out-of-network care.



### UnitedHealthcare Choice 1, Choice 2, Choice 3 Plans

*(In-Network, In-State Only,  
All Counties)*

The UnitedHealthcare **CHOICE** option is an HMO (in-network, in-state only) plan that gives you the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral.

You must use contracted Choice providers within the State of Arizona except for urgent care and emergency services. Choice 1 is the same option from last year and will remain one of many ASRS plans available to members for 2017.

The new Choice plans (Choice 2 and Choice 3) feature lower monthly premiums, based on the deductible chosen. These may require paying greater co-pays in some instances, however they still provide the same comprehensive health care benefits as Choice 1. These plans are available to all ASRS members regardless of where they live in Arizona.

# ASRS Retiree Medical Plans

## *Non-Medicare Eligible Plans*

**UnitedHealthcare  
Navigate 1, Navigate 2,  
Navigate 3 Plans**

*(In-Network, In-State,  
Maricopa, Pima, Pinal  
Counties Only)*

Three new Navigate HMO options are available with varying benefit levels if you live in Maricopa, Pima and Pinal Counties. UnitedHealthcare Navigate plans offer comprehensive, patient-centered health care benefits. To provide a broader range of lower cost premiums savings; these plans have a smaller network and/or higher deductible. Carefully assess your own situation and decide which plan is best for you and/or your family.

Upon enrollment in a Navigate HMO plan, you must select from the Navigate network a primary care physician, for everyone covered under the plan. The primary care physician will provide care for the majority of your needs—routine care, such as annual

well visits and preventive care, as well as care for sickness or an injury. You must also obtain a referral from their primary care physician before seeing another physician.

All Navigate health plan ID cards will carry the product name UnitedHealthcare Navigate. The name and telephone number of the members’ primary care physician will be listed on the ID card as well. You must present your health ID card to your provider at every visit so the provider bills UnitedHealthcare correctly.

**Online Tools and Resources for Navigate plans:**

In addition to the ASRS online resources, the new UnitedHealthcare Navigate plans have many online tools available:

- A checklist for the Navigate plans
- A video showing key plan details including: How to choose, or change, your PCP and how the referral process works
- FAQs – Frequently Asked Questions
- Learn about Virtual Visits
- Links to these tools can be found at [www.AzASRS.gov](http://www.AzASRS.gov) as well as at [welcometouhc.com](http://welcometouhc.com)

**Three important things to know  
about the Navigate plan options:**

1. You must select a primary care physician in the Navigate network when you enroll.
2. A referral from your primary care physician is required for you to see a network specialist.
3. You can change your primary care physician one time a month.

# Finding Your Primary Care Physician

You can search online at [welcometouhc.com/navigate](http://welcometouhc.com/navigate) under Health Plans. Click on the Navigate HMO to get started. You can also call Customer Care at 1-855-828-7715 for help choosing a primary care physician, or to request a paper directory. If you do not select a primary care physician when you enroll, or if the physician you select is NOT participating in the UnitedHealthcare Navigate network, one will be assigned to you.

**Terms to Know:** *(A comprehensive Glossary can be found at [www.AzASRS.gov](http://www.AzASRS.gov))*

- **PRIMARY CARE PHYSICIAN** is a member's first source of care and can refer to specialists when additional care is needed. Can be general or family practitioners, internists or pediatricians. Will provide a majority of a member's needs including routine care, annual well visits and preventative care, as well as care for sickness or injury
- **PREMIUM** is the monthly cost of the medical or dental insurance.
- **DEDUCTIBLE** is the amount an individual must pay for health care expenses before insurance covers the costs.
- **CO-PAY** is the amount an insured person is expected to pay for a medical expense at the time of the visit.
- **CO-INSURANCE** is money that an individual is required to pay for services, after a deductible has been paid. Usually, it's a percentage participation, which means that you essentially split the cost of your healthcare with your insurance carrier.

## What Plan Am I Eligible For?

For 2017, the ASRS is offering five new plan options for non-Medicare retirees/LTD recipients. The original UnitedHealthcare Choice and Choice Plus PPO plans are still available, but now you have more choices according to where you live. More options will help you to select a plan that fits your needs.

### **Maricopa, Pima or Pinal counties:**

- Members can remain on their current Choice plan (Choice 1), select from the two new additional Choice plans (Choice 2 or 3), or select from three new Navigate plans.

### **Remaining Arizona counties:**

- Members can remain on their current Choice plan (Choice 1) or select from the two new Choice plans (Choice 2 or 3). The Navigate options are not available to members who live outside of Maricopa, Pima or Pinal counties.

### **Outside of Arizona**

- Members will continue to have the current Choice Plus PPO option available.

# What Plan Am I Eligible For?

WHERE DO I LIVE?	CHOICE PLANS	NAVIGATE PLANS	CHOICE PLUS PPO
<b>MARICOPA, PIMA, PINAL COUNTIES</b>	Eligible To Enroll	Eligible To Enroll	<i>Not Eligible</i>
<b>OTHER AZ COUNTIES</b>	Eligible To Enroll	<i>Not Eligible</i>	<i>Not Eligible</i>
<b>OUT OF ARIZONA</b>	<i>Not Eligible</i>	<i>Not Eligible</i>	Eligible To Enroll

## Comparison Of Benefits

The medical plan comparison charts, on the following pages, contain a partial listing of the benefits offered for each plan. Remember that benefits are subject to plan limitations and exclusions. Review these documents before you start using services so you understand the terms and conditions of the plan you selected.

After you enroll for coverage, UnitedHealthcare will send you an Identification (ID) Card and a Certificate of Coverage for the Choice, Choice Plus PPO, and Navigate Plans (remember to choose your Primary Care Physician).

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.



# Non-Medicare Eligible Retiree & LTD Medical Plans Comparison Chart

The information contained in these charts are a partial summary of the medical benefits offered by UnitedHealthcare for non-Medicare eligible retirees, disabled members and dependents.

	CHOICE 1	CHOICE 2	CHOICE 3	CHOICE Plus PPO (outside AZ)
<b>Calendar Year Deductible</b>	None	\$2,000 per Individual \$4,000 per Family	\$4,000 per Individual \$8,000 per Family	<b>In-Network</b> \$500 per Individual \$1,000 per Family  <b>Out-of-Network</b> \$500 per Individual \$1,000 per Family
<b>Out Of Pocket/ Coinsurance Maximum</b> <i>(including deductible &amp; copays)</i>	\$3,500 per Individual \$7,000 per Family	\$4,000 per Individual \$8,000 per Family	\$6,000 per Individual \$12,000 per Family	<b>In-Network</b> \$3,500 per Individual \$7,000 per Family  <b>Out-of-Network</b> \$6,000 per Individual \$12,000 per Family
<b>Maximum Lifetime Benefit</b>	No Maximum	No Maximum	No Maximum	No Maximum

	NAVIGATE 1	NAVIGATE 2	NAVIGATE 3
<b>Calendar Year Deductible</b>	None	\$2,000 per Individual \$4,000 per Family	\$4,000 per Individual \$8,000 per Family
<b>Out Of Pocket/ Coinsurance Maximum</b> <i>(including deductible &amp; copays)</i>	\$3,500 per Individual \$7,000 per Family	\$4,000 per Individual \$8,000 per Family	\$6,000 per Individual \$12,000 per Family
<b>Maximum Lifetime Benefit</b>	No Maximum	No Maximum	No Maximum

*These Plan Comparisons are to highlight your benefits. Don't use this document to understand your exact coverage for certain conditions. If these Plan Comparisons conflict with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.*

# Non-Medicare Eligible Retiree & LTD Medical Plans Comparison Chart

Outpatient Benefits	CHOICE 1	CHOICE 2	CHOICE 3	CHOICE Plus PPO (outside AZ)	
	Member Pays	Member Pays	Member Pays	In-Network Member Pays	Out-of-Network Member Pays
Office Visit – Primary Care	\$20 co-payment	\$30 co-payment	\$40 co-payment	\$20 co-payment	40% after deductible
Office Visit - Specialist	\$50 co-payment	\$60 co-payment	\$80 co-payment	\$50 co-payment	40% after deductible
Preventive Services	No Charge	No Charge	No Charge	No Charge	40% after deductible
Outpatient Mental Health / Substance Abuse	\$20 co-payment	\$60 co-payment	\$80 co-payment	\$35 co-payment	40% after deductible
Outpatient Surgery	30%	30% after deductible	30% after deductible	30% after deductible	40% after deductible
Lab testing & Xray	\$10 co-payment	No Charge	No Charge	\$10 co-payment	40% after deductible
Major Diagnostic & Imaging	\$150 co-payment	\$150 co-payment	\$250 co-payment	20% after deductible	40% after deductible
Emergency Room (waived if admitted)	\$150 co-payment	\$300 co-payment	\$300 co-payment	\$150 co-payment	\$150 co-payment
Urgent Care	\$50 co-payment	\$75 co-payment	\$75 co-payment	\$50 co-payment	40% after deductible
Ambulance	No Charge	30% after deductible	30% after deductible	20% after deductible	20% after deductible
Virtual Visits	No Charge	No Charge	No Charge	No Charge	Not Covered

Outpatient Benefits	NAVIGATE 1	NAVIGATE 2	NAVIGATE 3
	Member Pays	Member Pays	Member Pays
Office Visit – Primary Care	\$20 co-payment	\$30 co-payment	\$40 co-payment
Office Visit - Specialist	\$50 co-payment	\$60 co-payment	\$80 co-payment
Preventive Services	No Charge	No Charge	No Charge
Outpatient Mental Health /Substance Abuse	\$50 co-payment	\$60 co-payment	\$80 co-payment
Outpatient Surgery	30%	30% after deductible	30% after deductible
Lab testing & Xray	30%	30% after deductible	30% after deductible
Major Diagnostic & Imaging	\$150 co-payment	\$150 co-payment	\$250 co-payment
Emergency Room (waived if admitted)	\$150 co-payment	\$300 co-payment	\$300 co-payment
Urgent Care	\$50 co-payment	\$75 co-payment	\$75 co-payment
Ambulance	30%	30% after deductible	30% after deductible
Virtual Visits	No Charge	No Charge	No Charge

*These Plan Comparisons are to highlight your benefits. Don't use this document to understand your exact coverage for certain conditions. If these Plan Comparisons conflict with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.*

# Non-Medicare Eligible Retiree & LTD Medical Plans Comparison Chart

	CHOICE 1	CHOICE 2	CHOICE 3
<b>Inpatient Benefits</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Inpatient Hospital Expenses	\$100 copayment per stay plus 30% coinsurance	30% after deductible and \$100 per occurrence	30% after deductible
Inpatient Mental Health	\$100 copayment per stay plus 30% coinsurance	30% after deductible and \$100 per occurrence	30% after deductible
<b>Prescription Benefits</b>	<b>Formulary</b>	<b>Formulary</b>	<b>Formulary</b>
Tier 1 / 2 / 3 (Generic/Brand/Specialty)	\$10/\$50/\$100	\$10/\$50/\$100	\$10/\$50/\$100
Mail Order (90 day Supply)	\$25/\$125/\$250	\$25/\$125/\$250	\$25/\$125/\$250
<b>Other Benefits</b>			
Hearing Aids (EPIC Hearing – Per hearing impaired ear, per year)	30% Deductible does not apply	30% after deductible	30% after deductible

CHOICE Plus PPO (outside AZ)	
<b>In-Network Member Pays</b>	<b>Out-of-Network Member Pays</b>
30% after deductible	40% after deductible
30% after deductible	40% after deductible
<b>Formulary</b>	<b>Formulary</b>
\$10/\$50/\$100	\$10/\$50/\$100
\$25/\$125/\$250	\$25/\$125/\$250
<b>In-Network Plan Pays</b>	<b>Out-of-Network Plan Pays</b>
30% after deductible	50% after deductible

	NAVIGATE 1	NAVIGATE 2	NAVIGATE 3
<b>Inpatient Benefits</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Inpatient Hospital Expenses	\$100 copayment per stay plus 30% coinsurance	30% after deductible and \$100 per occurrence	30% after deductible
Inpatient Mental Health	\$100 copayment per stay plus 30% coinsurance	30% after deductible and \$100 per occurrence	30% after deductible
<b>Prescription Benefits</b>	<b>Formulary</b>	<b>Formulary</b>	<b>Formulary</b>
Tier 1 / 2 / 3 (Generic/Brand/Specialty)	\$10/\$50/\$100	\$10/\$50/\$100	\$10/\$50/\$100
Mail Order (90 day Supply)	\$25/\$125/\$250	\$25/\$125/\$250	\$25/\$125/\$250
<b>Other Benefits</b>			
Hearing Aids (EPIC Hearing – Per hearing impaired ear annually)	30% Deductible does not apply	30% after deductible	30% after deductible

*These Plan Comparisons are to highlight your benefits. Don't use this document to understand your exact coverage for certain conditions. If these Plan Comparisons conflict with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.*

# 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.*

**C**urrent enrolled non-Medicare members on ASRS plans are sent a letter 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, this will result in termination of your 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](http://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](http://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.

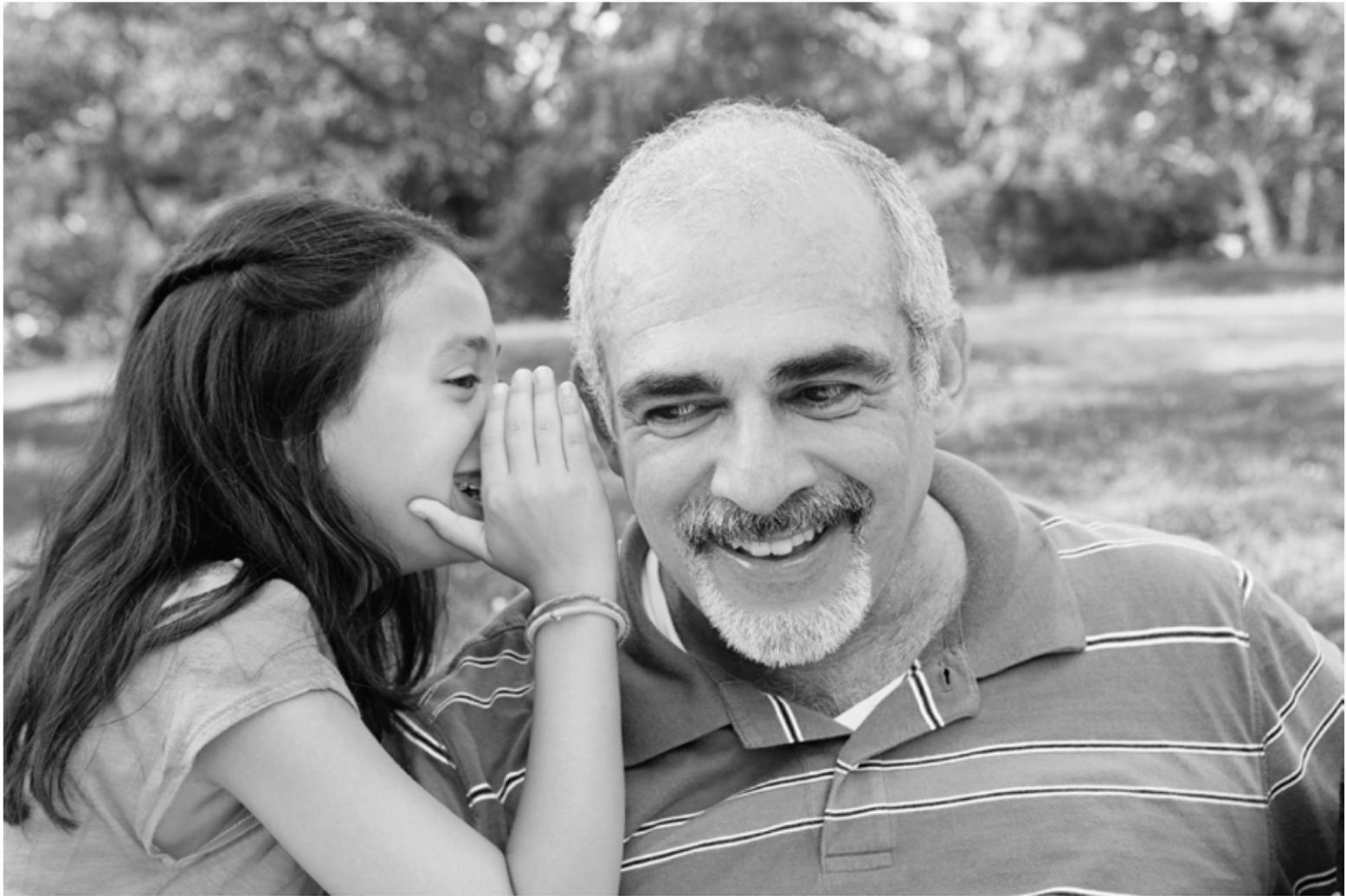
## Medicare has different parts that help cover specific services:

- 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 form 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!



## Hear the important things in life.

You could save thousands on hearing aids.

Hearing loss is the third most common chronic condition.<sup>1</sup> Left untreated, it may lead to additional health conditions such as depression and dementia.<sup>2</sup> At UnitedHealthcare,<sup>®</sup> 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](https://hihealthinnovations.com/medicare)

<sup>1,2</sup> 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><b>hi BTE™</b> (Behind-the-Ear)</p>	
<p><b>hi ITC™</b> (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](http://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,<sup>1</sup> use fitness equipment and take SilverSneakers classes<sup>2</sup>
- 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.**

<sup>1</sup>At-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](http://silversneakers.com) or call SilverSneakers at the phone number listed above.

<sup>2</sup>Classes and amenities vary by location.



# Virtual Visits

Get access to care online.  
Any where. Any time.



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription\*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

## Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/  
Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

## Access virtual visits

Log in to [myuhc.com](http://myuhc.com)<sup>®</sup> and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.



To learn more, login to [myuhc.com](http://myuhc.com)

## Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

## Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

\* Prescription services may not be available in all states.  
Access to virtual visits and prescription services may not be available in all states or for all groups. Go to [myuhc.com](http://myuhc.com) for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.  
MT-1027900.0 6/16 © 2016 United HealthCare Services, Inc. 16-2211 100-16667

# 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 30-31 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](http://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 30-31 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 pages 30-31 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

<b>Freedom Advance (High Option)</b>	<b>Freedom Basic (Low Option)</b>	<b>DHMO Dental Plan 220 with Ortho</b>	<b>Heritage Secure with SBA</b>
<b>AVAILABLE NATIONWIDE</b>		<b>AVAILABLE IN ARIZONA ONLY</b>	
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	You must select a General Dentist as your Plan Dentist and all services must be provided by participating network dentists
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	Provider fees are based on fixed copayment schedule or discounts from network specialty dentists
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 <sup>6</sup>	NA
ADA CODE	Description	Plan Pays <sup>2</sup> (Subject to Frequency Limitations)		You Pay (Fixed Copay)	You Pay (Fixed Copay)
<b>EXAMS AND XRAYS<sup>1</sup></b>					
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
<b>PREVENTIVE SERVICES<sup>1</sup></b>					
D1110	Routine dental cleaning (adult)	80%	100%	\$0	\$10
D1120	Routine dental cleaning (child)	80%	100%	\$0	\$10
D1203	Fluoride, child <sup>3</sup>	80%	100%	\$0	\$0
D1351	Sealant <sup>4</sup>	80%	100%	\$0	\$20
<b>FILLINGS</b>					
D2140	Amalgam - 1 surface	80%	80%	\$10	\$25
D2150	Amalgam - 2 surfaces	80%	80%	\$15	\$30
D2160	Amalgam - 3 surfaces	80%	80%	\$20	\$45
<b>CROWNS</b>					
D2751	Crown - porcelain fused to predominately base metal	25%/50% <sup>5</sup>	Not Covered	\$220 + Lab Fee	\$295 + Lab Fee
D2950	Core Build Up	25%/50% <sup>5</sup>	Not Covered	\$75	\$55
<b>ROOT CANALS</b>					
D3310	Endodontics - Anterior	80%	Not Covered	\$95	\$145
D3320	Endodontics - Bicuspid	80%	Not Covered	\$220	\$225-\$280 <sup>7</sup>
D3330	Endodontics - Molar	80%	Not Covered	\$275	\$295-\$395 <sup>7</sup>
<b>PERIODONTAL CARE (FOR GUMS)</b>					
D4341	Periodontal Therapy, 4+ teeth/quadrant	80%	80%	\$75	\$90-\$100 <sup>7</sup>
D4910	Periodontal Maintenance	80%	80%	\$45	\$55
<b>BRIDGES AND DENTURES</b>					
D5110	Complete denture - maxillary (upper)	25%/50% <sup>5</sup>	Not Covered	\$295 + Lab Fee	\$385 + Lab Fee
D5120	Complete denture - mandibular (lower)	25%/50% <sup>5</sup>	Not Covered	\$295 + Lab Fee	\$385 + Lab Fee
D5213	Removable partial denture - maxillary (upper)	25%/50% <sup>5</sup>	Not Covered	\$365 + Lab Fee	\$495 + Lab Fee
D5214	Removable partial denture - mandibular (lower)	25%/50% <sup>5</sup>	Not Covered	\$365 + Lab Fee	\$495 + Lab Fee
<b>EXTRACTIONS</b>					
D7140	Extraction, Erupted Tooth or Exposed Root	80%	80%	\$30	\$25
D7210	Extraction, Surgical	25%/50% <sup>5</sup>	Not Covered	\$60	\$85
<b>ORTHODONTIA CARE</b>					
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	

<sup>1</sup> Services are subject to frequency limitations and allowable charges.

<sup>2</sup> All services may be subject to frequency limitations, allowable charges, limitations and exclusions.

<sup>3</sup> Only for children under age 14.

<sup>4</sup> Only for children under age 16 on the Freedom Basic and Advance plans.

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

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

<sup>7</sup> 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 exams<sup>1</sup>
- **Glasses** – 20% discount applied to VSP doctor’s usual and customary fees for complete pairs of prescription glasses and spectacle lens options<sup>2</sup>
- **Contact Lenses** – 15% discount on VSP network doctor’s professional services when purchasing all prescription contact lenses<sup>2</sup> (materials at doctor’s usual and customary fees)<sup>3</sup>.
- **Laser VisionCare<sup>SM</sup>** – 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](http://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.**

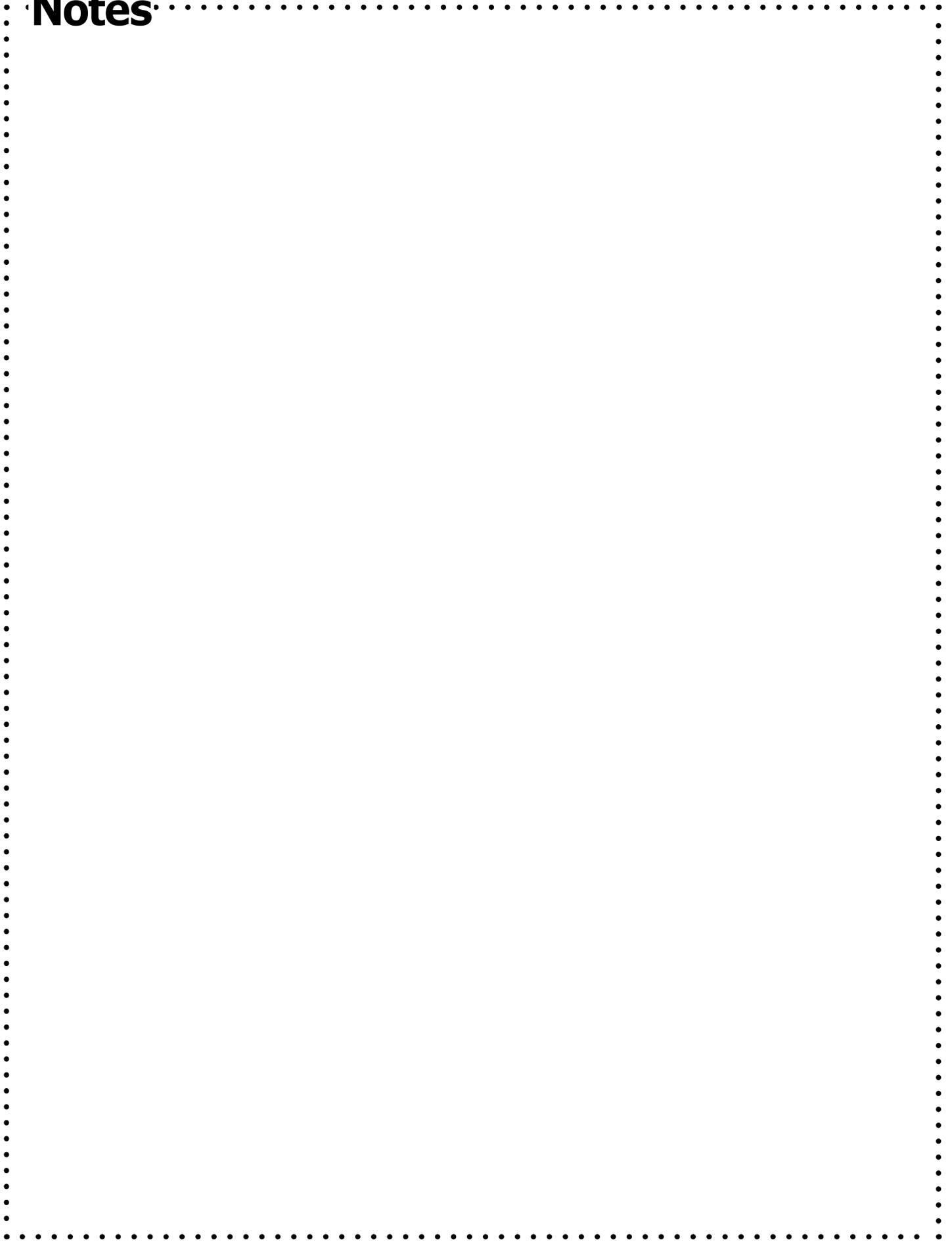
<sup>1</sup>Note: Does not apply to contact lens services. See contact lens section for applicable discount.

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

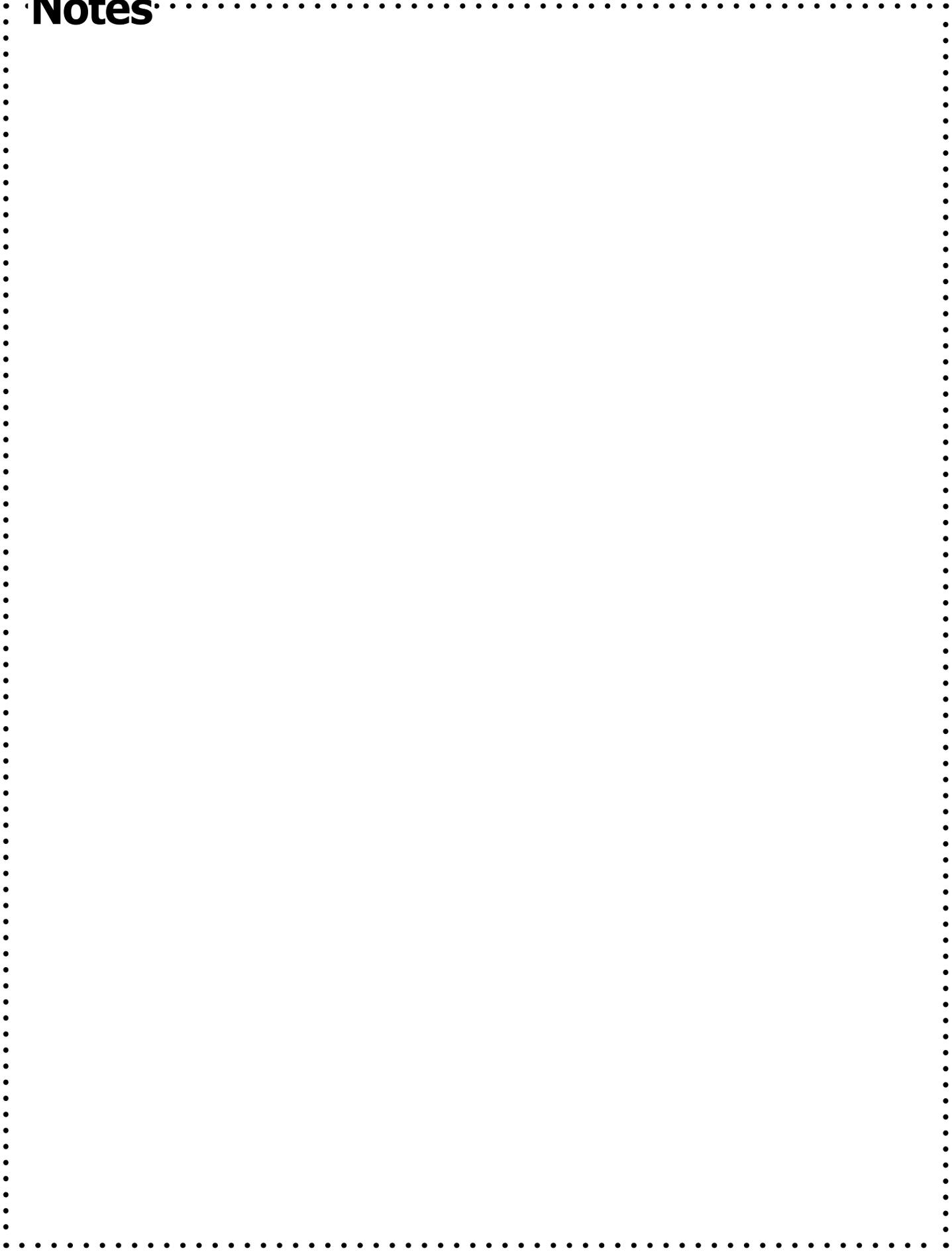
<sup>3</sup>VSP offers valuable savings on annual supplies of selected brands of contact lenses.

**VSP Member Services Support: 800.877.7195**  
**Visit the Web site at [www.vsp.com](http://www.vsp.com)**

# Notes



# Notes



# 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](http://uhretiree.com/asrs)  
**Non-Medicare Plans:** [myuhc.com](http://myuhc.com)  
**Behavioral Health:** [liveandworkwell.com](http://liveandworkwell.com)  
**UnitedHealthcare Vision:** [myuhcvision.com](http://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](http://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](http://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](http://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](http://AzASRS.gov)

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

520-239-3100 / [AzASRS.gov](http://AzASRS.gov)

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

800-621-3778 / [AzASRS.gov](http://AzASRS.gov)

## PSPRS, CORP & EORP Benefits Office

(Weekdays, 8 AM - 5 PM, MST)

602-255-5575 / [PSPRS.com](http://PSPRS.com)

## ADOA Benefits Office

(Weekdays, 8 AM - 5 PM, MST)

602-542-5008 / 800-304-3687 / [BenefitOptions.AZ.gov](http://BenefitOptions.AZ.gov)

## Other Helpful Numbers & Websites

**Social Security  
Medicare**

800-772-1213 / [SSA.gov](http://SSA.gov)

800-633-4227 / [Medicare.gov](http://Medicare.gov)



# 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](http://AzASRS.gov)