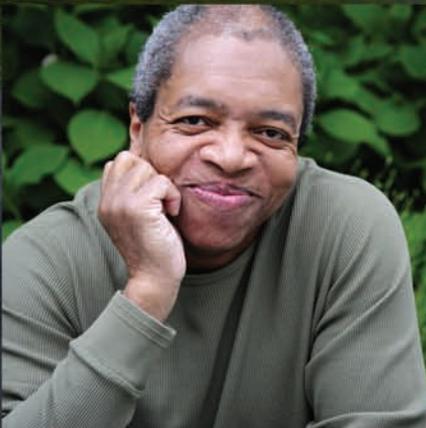




# 2014

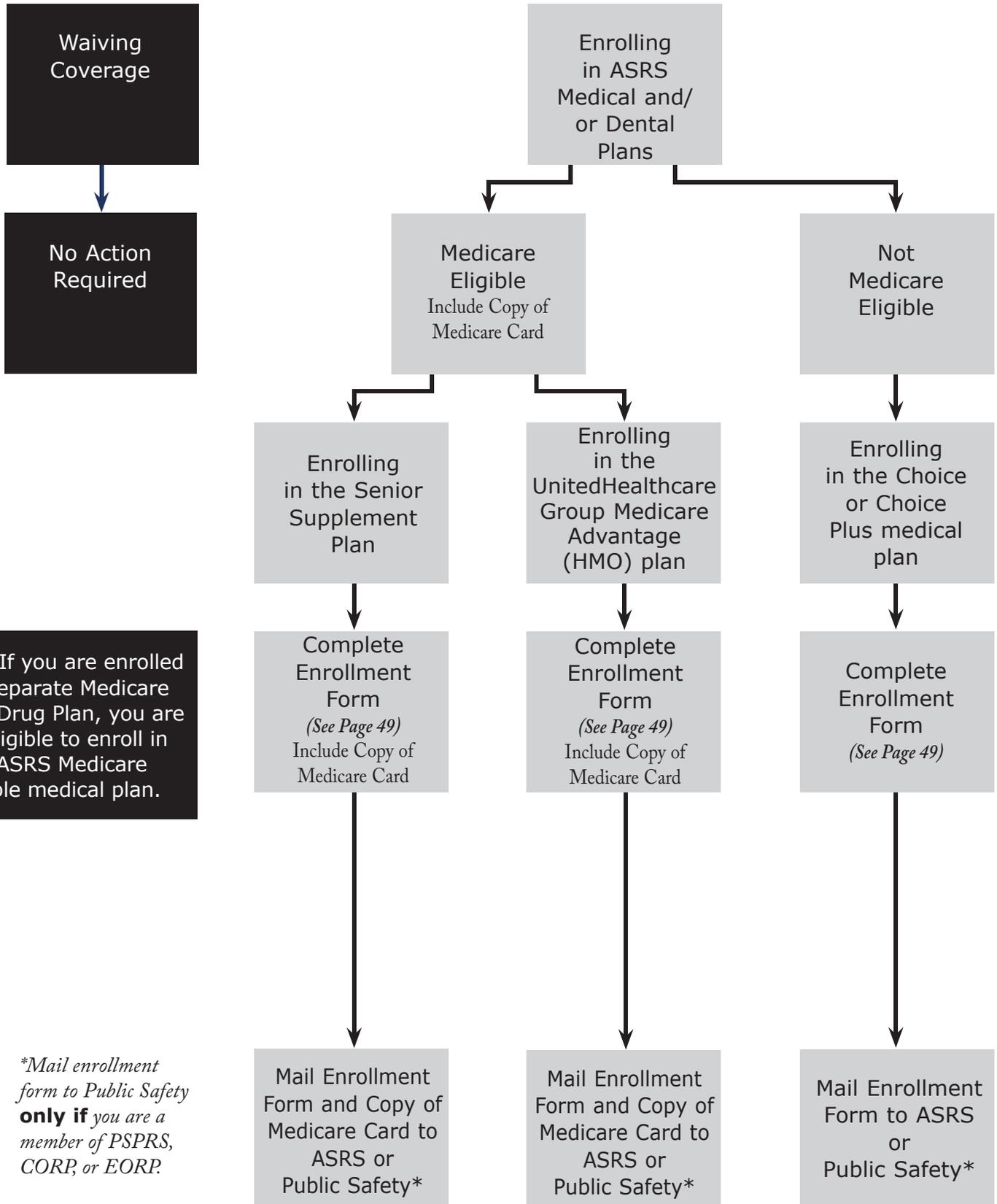
## Retiree Group Insurance INITIAL ENROLLMENT GUIDE



Effective January 1, 2014

# 2014 ASRS Enrollment

## *At-a-Glance*



**NOTE:** If you are enrolled in a separate Medicare Part D Drug Plan, you are not eligible to enroll in an ASRS Medicare eligible medical plan.

*\*Mail enrollment form to Public Safety only if you are a member of PSPRS, CORP, or EORP.*

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## Arizona State Retirement System

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Welcome and congratulations!

Welcome to your retiree health care program. You may elect to participate in this program whether you retire 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 that you may have a choice in retiree health care programs not only from the ASRS but also from your employer or, if applicable, a health care plan sponsored by the Arizona Department of Administration (ADOA).

This guide is intended to help you become better acquainted with the features and options of the ASRS health insurance program. For Medicare eligible retirees the ASRS provides two options: UnitedHealthcare Group Medicare Advantage (HMO) plan and the Senior Supplement plans. For non-Medicare eligible retirees there are two choices: the Choice Plan (in-network and in-state only) and the Choice Plus Plan (out-of-state) health insurance plans.

This summary provides only a general overview of the benefits of enrolling in the ASRS retiree health care program. It does not include details of all covered expenses or exclusions and limitations. Please refer to each plan's Evidence of Coverage (EOC) booklet for exact terms and conditions of coverage. The carrier mails EOCs to enrolled members upon initial enrollment or if requested.

The ASRS program includes choices of medical plans with prescription drug coverage, dental plans, a health discount savings card applicable to all retirees whether or not enrolled in the ASRS program, wellness and disease management programs, a nurseline and the SilverSneakers fitness program. There are other useful and important topics also covered in this guide, such as premiums for the insurance plans, explanations of the Premium Benefit and Optional Premium Benefit Programs, an overview of your Medicare benefits, frequently asked questions, various worksheets, and instructions on how to complete the enrollment process.

Please don't "go it alone" as ASRS knowledgeable staff are ready to help you understand the features of the ASRS plans outlined in this guide. If you have questions about your ASRS retirement or health benefits, please contact an ASRS Benefits Advisor in our Member Advisory Center. Likewise assistance may be received from the Public Safety Personnel Retirement System staff if you are a retiree of that retirement system, or the Corrections Officer or Elected Officials' retirement plans. Our staff is familiar with the complex topics governing this health care program and can help you navigate through this guide, offering additional information that you may find helpful. Phone numbers and web addresses are listed on the inside back cover of this guide.

To your health,

ARIZONA STATE RETIREMENT SYSTEM

# About This Guide

Information provided in this Guide is intended solely as a guide to help you make important enrollment decisions.

The benefits described are highlights of the Arizona State Retirement System's (ASRS) retiree health insurance program. The information in this guide is effective January 1, 2014 unless otherwise noted.

This Guide constitutes a summary of the ASRS' 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.

***Published by:***

**Arizona State Retirement System**  
External Affairs Division  
3300 North Central Avenue  
Phoenix, AZ 85012

# Overview of 2014 Retiree Group Health Insurance Program

**PLEASE READ THIS GUIDE CAREFULLY.**

## Who is eligible to participate?

As a retiring employee of a Participating Employer 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), or the University Optional Retirement Plans (UORP), you and your dependents are eligible to enroll in a medical and/or dental plan provided by the ASRS. You must enroll no later than thirty-one (31) calendar days after your retirement date in order to preserve your eligibility to be covered by the ASRS upon your retirement. If you enroll no later than thirty-one (31) days after your retirement date, your coverage will be effective on the first day of the month coincident with or following your retirement date and the timely submission of your properly completed retiree health insurance enroll-

ment form(s).

Enrollment also applies to any member who begins to receive a long-term disability (LTD) benefit from the ASRS program and who may not be enrolled in health insurance benefits through his or her former employer. If you receive health care coverage from your Participating Employer as a retiree, you may elect to become covered by the ASRS at a future date. You may enroll with the ASRS during our annual open enrollment period (usually in October of each year) or if you experience a "qualifying event" (see page 5).

If you are currently enrolled for health insurance with your former employer, please contact them for specific employer-related enrollment information and continued eligibility for their insurance coverage.

### **My current coverage will continue to be provided by my Participating Employer. What do I need to do?**

Many employers allow retirees to continue coverage indefinitely or for a specific period of time. Review with your Participating Employer your continuing eligibility. If you continue health insurance with your employer, complete a health insurance application with them. It is important you understand how long you may continue coverage with your Participating Employer. Once you drop your Participating Employer health insurance coverage, you may not be eligible to return to their plan. NOTE: You are eligible to enroll in ASRS health insurance at the time of retirement, during any open enrollment, or if you have a qualifying event.

### **When I retire should I enroll in my employer's COBRA coverage?**

COBRA is a federal law that allows former employees, who terminate their employment for reasons other than gross misconduct, to continue their employer's coverage up to 18 months.

To determine which health care plan may be right for you, please compare your employer's coverage and cost with the ASRS retiree health care plan for which you are eligible. Identify which physicians may be accessed in each program because you may find that your current physician accepts patients from both programs. If that is the case, the amount of your premium payment may become a determining factor in your enrollment decision.

Whether you elect to participate in your employer's coverage or that of the ASRS, you will be entitled to the Premium Benefit Program discussed on page 54 of this guide.

### **What do I need to do when my COBRA coverage ends?**

If you wish to be enrolled in the ASRS retiree health insurance program when your employer's COBRA coverage terminates, you must complete an ASRS enrollment form(s) and provide a letter from your former employer or COBRA administrator indicating the date your COBRA coverage ends. **This letter is very important as it establishes your "qualifying event" that allows you to enroll with the ASRS.** Failure to provide this letter may cause a delay in your ASRS health insurance enrollment. **Though you have 31 days following the termination of your COBRA coverage to enroll with the ASRS, your ASRS coverage will always be effective on the first day of the month following receipt of your completed ASRS enrollment application.** Therefore, there is no retroactive coverage for health insurance. Please remember to begin your enrollment process with the ASRS **before** your employer's COBRA coverage ends.

### **What will happen if I don't submit my enrollment form when I retire?**

If you wish to enroll for health care coverage with the ASRS and you fail to submit your completed enrollment form within the thirty-one (31) day grace period, you will not have health care coverage with the ASRS.

Consequently, you will not be eligible to enroll in the retiree health insurance program until the next open enrollment which will take place in the autumn of 2014. However, should you experience a "qualifying event," as defined by law, during the course of the year, you may enroll in an ASRS retiree medical and/or dental plan at that time.

## What is a 'qualifying event'?

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

- **Change in member’s marital status** – marriage, divorce, legal separation, annulment, death of spouse (e.g., enroll yourself and/or add or delete a spouse),
- **Change in dependent status** – birth, adoption, placement for adoption, death, or dependent eligibility due to age (e.g., enroll yourself and/or add or delete eligible dependents),
- **Change in member’s primary residence causing a change in benefit plan availability** (e.g., change medical and/or dental plans),
- **Eligibility for Medicare** – member, spouse, dependent child (e.g., enroll yourself and add your eligible dependents in a medical and/or dental plan or, if enrolled, change medical plan of affected person),
- **Significant change in spouse’s group benefits plan cost or coverage** (e.g., enroll yourself if you are enrolled in your spouse’s group benefit plan, and add eligible dependents),
- **Significant change in Participating Employer’s group benefits plan cost or coverage** (e.g., enroll yourself if you are enrolled in your employer’s group benefit plan, and add eligible dependents), and
- **Termination of COBRA coverage** – member, spouse, dependent child (e.g., enroll yourself and/or add eligible dependents).

## Who is an 'eligible dependent'?

Your legal spouse,

A domestic partner, which is defined as a legal or personal relationship between two individuals who live together and share a common domestic life but are neither joined by a traditional marriage nor a civil union,

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 the age of 26,

Foster children up to the age of 26,

A child for whom insurance is required through a Qualified Medical Child Support Order or other court or administrative order,

A child of any age who is or becomes disabled and dependent upon the retiree.

**If you enroll your eligible dependent(s), additional documentation will be requested:**

If you have a dependent child approaching age 26 who is disabled or under legal guardianship, you will be requested to provide:

- a certified copy of a court order granting legal guardianship, or
- verification that your dependent child has a qualifying permanent disability that occurred prior to his or her 26th birthday and is in accordance with Social Security Administration guidelines. This continuation of coverage is also subject to approval by the Medical Director of the Medical and/or Dental Health Insurance providers for ASRS.

**Who is an eligible Domestic Partner?**

The ASRS offers medical and dental coverage to same-gender and opposite-gender domestic partners and their eligible dependent children.

To obtain these benefits, your partner must meet the ASRS definition of a domestic partner. A domestic partnership is a legal or personal relationship between two individuals who live together and share a common domestic life but are neither joined by a traditional marriage nor a civil union. Domestic partners must share, among other criteria, a residence with the retiree and have done so continuously for the past 12 months, not legally married to or separated from anyone else, not a close blood relative, at least 18 years old, and meets certain financial interdependency tests (full criteria follows under "Eligible Domestic Partner").

To add a domestic partner to your coverage you must complete the Qualified Domestic Partner Certification packet. This packet includes the *Qualified Domestic Partner Affidavit, Declaration of Tax Status* and the *Worksheet for Determining Dependent Status*. Before completing the paperwork and submitting it to the ASRS, it is best if you review the eligibility requirements first. Be sure to return the forms (excluding the Worksheet) to ASRS along with a completed enrollment form. The domestic partner paperwork will need to be notarized. Any questions regarding the tax implications should be directed to your personal tax consultant or attorney. ASRS staff does not provide tax advice or counsel.

**Eligible Domestic Partner**

Your domestic partner is subject to all of the following qualifications:

- a. Shares the retiree's permanent residence;
- b. Has resided with the retiree continuously for at least 12 consecutive months before filing an application for benefits and is expected to continue to reside with the retiree indefinitely as evidenced by an affidavit filed at time of enrollment;
- c. Has not signed a declaration or affidavit of domestic partnership with any other person and has not had another domestic partner within the 12 months before filing an application for benefits;
- d. Does not have any other domestic partner or spouse of the same or opposite sex;
- e. Is not currently legally married to anyone or legally separated from anyone else;
- f. Is not a blood relative any closer than would prohibit marriage in Arizona;

- g. Was mentally competent to consent to contract when the domestic partnership began;
- h. Is not acting under fraud or duress in accepting benefits;
- i. Is at least 18 years of age; and
- j. Is financially interdependent with the retiree in at least three (3) of the following ways:
  - Having a joint mortgage, joint property tax identification, or joint tenancy on a residential lease;
  - Holding one or more credit or bank accounts jointly, such as a checking account, in both names;
  - Assuming joint liabilities;
  - Having joint ownership of significant property, such as real estate, a vehicle, or a boat;
  - Naming the partner as beneficiary on the retiree's life insurance, under the retiree's will, or retiree's retirement annuities and being named by the partner as beneficiary of the partner's life insurance, under the partner's will, or the partner's retirement annuities;
  - Each agreeing in writing to assume financial responsibility for the welfare of the other, such as durable power of attorney;
  - Other proof of financial interdependence as approved by the Director.

The packet may be obtained by calling the ASRS Member Advisory Center (MAC) at 602-240-2000 (Phoenix area), 520-239-3100 (Tucson area), 800-621-3778 (all other areas and outside the state of Arizona) weekdays from 8 AM to 5 PM, MST.

### **What will happen to the ASRS retiree medical plan in which I am enrolled when I become eligible for Medicare?**

If you are enrolled in an ASRS medical plan and you become eligible for Medicare, **you MUST enroll in one of the two ASRS medical plans for Medicare eligible retirees if you wish to continue with ASRS health insurance coverage. Failure to enroll timely in one of the Medicare plans 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.** The ASRS has medical plans for retirees who are not Medicare eligible and plans for retirees who are Medicare eligible.

Your plan change will become effective on the first day of the month in which you become eligible for Medicare (provided ASRS receives all required information prior to the requested effective date). This means that you need to notify the ASRS or PSPRS, if applicable, **prior** to the month in which you become Medicare eligible. The Centers for Medicare and Medicaid Services (CMS) will mail a Medicare card to you 3 months prior to your eligibility only if you are receiving Social Security benefits at that time. The Medicare card will include your name, Medicare claim number, the type of coverage you have (Part A, Part B, or both), and the date your Medicare coverage starts. If you are eligible for Medicare, **you must have Part A and Part B to participate in an ASRS Medicare eligible medical plan.** In addition to completing a new health insurance enrollment form, you will need to provide a copy of your Medicare card to the ASRS or PSPRS, if applicable. Please remember that you need to submit your completed paperwork prior to the first of the month in which you become Medicare eligible.

If you have been receiving Social Security Disability Income benefits for two years, you may become eligible to enroll in Medicare. You should complete your Medicare enrollment process well before your eligibility date so that you may transition to an ASRS Medicare eligible medical plan in a timely manner.

**I forgot to notify the ASRS or PSPRS, if applicable, that I became Medicare eligible. What will happen to the retiree medical plan in which I am enrolled?**

If you fail to notify the ASRS or PSPRS, if applicable, that you became Medicare-eligible, the medical plan in which you are enrolled will terminate.

Members are sent a letter 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, the member will be terminated as ineligible. It is very important to note that **the premium benefit to which you are entitled will be reduced** to the amount applicable to Medicare-eligible retirees. State law governs how much premium benefit is paid for non-Medicare and Medicare-eligible retirees/LTD recipients. In order to receive the highest premium benefit and pay the lowest health insurance premium, please let the ASRS or PSPRS, if applicable, know that you are eligible for Medicare **prior** to the month in which you become Medicare-eligible.

Your ASRS coverage will always be effective on the first day of the month **following** receipt of your completed ASRS enrollment application. Therefore, **there is no retroactive coverage** for health insurance. Please remember to begin your enrollment process with the ASRS or PSPRS, if applicable, **before** you become Medicare-eligible.

**What is the Premium Benefit Program?**

This benefit is provided to each eligible retired and disabled member who elects to participate in a health insurance plan sponsored by the ASRS, the Arizona Department of Administration, or a Participating Employer. This benefit helps reduce monthly health insurance premiums. The benefit to which you are entitled is dependent upon your years of credited service, enrollment in single or family coverage and whether you are Medicare eligible. Please see page 54 for more information.

**What is the Optional Premium Benefit Program?**

Effective January 1, 2004, any eligible ASRS member may elect to participate in this program upon retirement. This program allows you to provide continuation of a premium benefit to your contingent annuitant. The contingent annuitant is the individual to whom your monthly pension benefit would continue, in some manner, upon your death and who would be eligible to be enrolled in an ASRS retiree health care plan. Therefore, only retirees who elect a joint and survivor or period certain pension option may elect to participate in this program. Please see page 55 for more information.

**Both my spouse and I are ASRS retirees. How may the Premium Benefit Program help us?**

The ASRS Premium Benefit Program provides the greater of 2 single premium benefits or 1 family premium benefit to each eligible retiree. Such retirees generally can receive the greatest application of the premium benefit program with each retiree enrolling in a medical plan choosing single coverage and one retiree enrolling in a dental plan choosing family coverage.

### **What should I do if my spouse has benefits through another employer?**

Coordinate your coverages. Study what your spouse has, then decide which ASRS retiree health insurance options provide you with the most appropriate overall coverage. It is usually best to pick coverage that complements, not duplicates, the other coverage.

### **Do I have hearing benefits through my medical plan?**

The UnitedHealthcare Group MedicareAdvantage (HMO) Plan covers routine annual hearing exams at no charge and has a \$500 hearing aid allowance every 36 months.

The Choice and Choice Plus plans also cover hearing aids. Please see page 23 for details.

**Also available for Medicare and non-Medicare members is the Arizona HearCare Network (AHCN).** AHCN is a discount program NOT an insurance benefit. AHCN providers, at no additional premium to the participant, offers the following:

- \$25 copayment for hearing evaluations,
- 30% discount towards the purchase of hearing aids
- 30% discount on accessories and repairs

You must show your UnitedHealthcare ID card to be eligible for these benefits and must use an Arizona HearCare Network office. AHCN locations are detailed on the web or through the AHCN Customer Service Center. See the inside back cover of this guide for AHCN's phone number and website.

### **What should I tell my dependent beneficiary to do about my pension benefits and health insurance coverage in the event of my death?**

There is no quick or simple answer. Your dependent beneficiary is encouraged to contact ASRS Member Services or PSPRS Benefits Office staff, if applicable, at the time of your death. Decisions will have to be made regarding continuation of pension benefits if you elected a pension option other than straight life annuity. Likewise, continuation of or enrollment in an ASRS retiree health care plan by your beneficiary must be decided within six (6) months of your death. Also, if you elected a reduced premium benefit, your beneficiary may be entitled to a continuation of that benefit. Your beneficiary will need to provide certified copies of your death certificate to affect any change in your pension or health insurance benefits.

### **What happens if my monthly health insurance premium exceeds the amount of my pension check?**

If your monthly pension check has insufficient funds to cover your health insurance premiums, then premiums will not be deducted. The insurance carrier(s) would be notified that you did not make a premium payment for that month and they will mail a bill to you. It will be your responsibility to pay any outstanding premiums directly to the insurance carrier(s). Direct bills are mailed at the end of the month and due by the 25th of the following month. You will be paying your premium in arrears instead of in advance as you would if you had a pension deduction.

### **What do I need to do if I decide to change my retirement date or go back to work?**

If a member changes their retirement date or goes back to work after UnitedHealthcare has already processed the enrollment form, UnitedHealthcare can't retroactively disenroll a member (Medicare in particular), so the member is responsible for the premium.

### **What happens if I fail to pay my direct bill?**

Your health insurance coverage will be terminated. You will not be allowed to come back onto an ASRS-sponsored plan until the next Open Enrollment period, and only if your previous balance is paid in full.

### **What do I need to do to cancel my ASRS health care coverage?**

If you wish to terminate your enrollment in an ASRS retiree health insurance plan, **you must do so in writing** either in a letter or using the ASRS enrollment form by checking the appropriate "decline" box(es). Your cancellation must be received by the ASRS prior to the first day of the month your cancellation is to become effective. Please note that if your notice of cancellation arrives after the first day of the month, your coverage will not be cancelled until the first day of the following month unless a future date is requested. If you do not notify ASRS you will be responsible for your monthly premium until ASRS receives your written cancellation.

**If you are enrolled in the UnitedHealthcare Group Medicare Advantage (HMO) or Senior Supplement Plans, you must submit a Disenrollment Letter to "unlock" your Medicare so you may return to original Medicare.**

### **After I enroll in an ASRS retiree health care plan, when will I receive my ID cards?**

UnitedHealthcare will mail your medical plan ID card(s) approximately 10 days prior to the first day of the month in which your medical plan becomes effective. Assurant Employee Benefits also will mail your dental plan ID card(s) approximately 10 days prior to the first day of the month in which your dental plan becomes effective.

### **After I submit my retirement paperwork and the health care enrollment form, when will the deductions start for the health care coverage?**

It takes a couple of months before the pension check deduction starts. Members will be on direct bill status for the first few months before the pension deduction is set up. Members receive a bill for their premium until the deduction is set up on the pension check.

### **Must I notify the ASRS or PSPRS of an address change?**

Yes, all mailings, including pension and LTD benefit plan checks, newsletters, open enrollment and additional insurance information are delivered to the address of record on file with the ASRS or PSPRS, if applicable. **It is always in your best interest to ensure a correct mailing address.** While many retirees and LTD recipients have seasonal or even secondary addresses (such as a PO Box), **the address of the primary residence is key to the availability of medical plan options and their costs as well as the forwarding of important periodic information that may be time sensitive.** In short, it is your responsibility to let the ASRS or PSPRS know *in writing* when you have an address change.

## How can I find out more about my health care choices?

All members—active, inactive, disabled and retired—are encouraged to access the ASRS or, if applicable, PSPRS websites which are full of useful overviews and explanations regarding many topics of interest. The ASRS website may be found at [www.azasrs.gov](http://www.azasrs.gov). The PSPRS website may be found at [www.psprs.com](http://www.psprs.com).

## The Affordable Care Act and ASRS Retirees

The Federal Government Affordable Care Act (ACA) requires each state to operate a Health Insurance Marketplace, also known as an exchange, where people may purchase coverage. Beginning October 1, 2013, American may shop for health insurance through online marketplaces established under the ACA. Coverage would begin on January 1, 2014.

Through the online Health Insurance Marketplace, consumers will be able to compare plans, prices and health care providers. The primary goal of the ACA is to provide access to the uninsured and to provide a competitive marketplace for plan premiums and coverage.

### HELPFUL INFORMATION:

The ASRS has produced a unique guide on the Affordable Care Act that may be helpful to non-Medicare retirees and others as they navigate new options for health insurance. Available now on the ASRS website under the "Here's What's New" feature on the home page, and also under the Retirees tab at the top of the page.

## There are four main points for ASRS retirees to consider:

- **The ASRS retiree health insurance program meets the health care requirements** outlined by the Affordable Care Act.
- **If you are NOT eligible for Medicare and have health insurance through the ASRS** retiree health insurance program, you now have additional options through the Affordable Care Act. You may review the available ACA options through the Health Insurance Marketplace and determine if they better suit your personal needs for health insurance.
- **If you are NOT eligible for Medicare and do not participate** in an ASRS retiree health insurance plan, or otherwise have no health insurance, in most cases you will be required to obtain coverage or pay a penalty. Depending on your household income, you and your eligible dependents may be eligible for a government subsidy to help you pay for coverage through the Health Insurance Marketplace.
- **If you ARE eligible for Medicare** and participate in a Medicare plan, either through the ASRS or some other option, the new Affordable Care Act does not apply to you.

## **What is the ASRS Health Insurance Advisory Committee?**

The ASRS has convened a committee of retiree representatives from various major public employee and retiree associations as well as the state's other retirement system and plans. The committee is charged with the responsibility of making recommendations to the ASRS Operations Committee of the Board regarding ASRS retiree health insurance plans; educating itself about the substantive issues affecting senior health care; serving as a sounding board for ideas and concerns to prevent or minimize systemic problems in the administration of retiree health care; and, providing insight and representation on the direction of "their" and "your" health care plans.

Committee members represent the following organizations:

- AZ Education Association – Retired
- AZ Federation of State, County, and Municipal Employees
- AZ Association of School Business Officials
- All AZ School Retirees Association
- ASU Retirees Association
- NAU Retirees Association
- Arizona State Retired Employees Association
- Public Safety Personnel Retirement System
- League of Cities and Towns
- Maricopa County Community College Retiree Association
- UA Retirees Association
- AZ School Administrators' Association
- Corrections Officer Retirement Plan
- Elected Officials' Retirement Plan
- Arizona State Retirement System
- Arizona Association of Counties

## How do I access my behavioral health benefit?

### (NON-MEDICARE MEMBERS ONLY)

To access your behavioral health benefits, call the behavioral health number on the back of your member ID card, 24 hours a day, 7 days a week. You may also access the providers by logging into **LiveAndWorkWell.com**. When you call, a representative will check your eligibility and get basic information about you and your situation. Depending on the help you need, a clinician may talk with you to figure out the provider and treatment plan that would work well for you. You may also ask your PCP to call the number on the back of your ID card and arrange a referral for you. Or, you can call to get information about network practitioners, subspecialty care and how to get care after normal office hours. Any personal information you discuss with the staff will be kept strictly confidential.

## What if I have questions or need additional help?

Questions may be directed to:

### **ASRS MEMBER SERVICES**

Monday-Friday, 8 AM-5 PM

Phoenix: (602) 240-2000

Tucson: (520) 239-3100

Outside Metro areas: (800) 621-3778

Please listen to the voice menu as it will assist you in speaking with the most appropriate person for your questions.

If applicable, questions may also be directed to **Public Safety Personnel Retirement System Member Services staff at (602) 255-5575**. You may also contact UnitedHealthcare and Assurant Employee Benefits directly for assistance. Phone numbers and web addresses are located inside the back cover of this guide.

# ASRS Retiree Medical Plans

For 2014, UnitedHealthcare continues to be the sole provider offering medical benefits to eligible public sector retirees and LTD recipients and all eligible dependents through the Arizona State Retirement System.

Depending upon where you live and whether you are eligible for Medicare, UnitedHealthcare has the following plans from which to choose: Group Medicare Advantage (HMO) plan; a Senior Supplement plan which is a group retiree medical plan that pays secondary to Medicare; a non-Medicare in-network and in-state medical / prescription drug plan (UnitedHealthcare Choice plan); and, a non-Medicare out-of-state UnitedHealthcare Choice Plus PPO plan.

## Non-Medicare Eligible Plans

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### **UnitedHealthcare Choice Plan (In-Network, In-State Only)**

**CHOICE** is an HMO in-network only plan that gives members 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.

### **UnitedHealthcare Choice Plus PPO (Out-of-State)**

**CHOICE PLUS** has coverage for in-network providers, as well as, non-network providers. It also gives members the freedom to see any physician, specialist, hospital or other healthcare professional in the network - without a referral. But Choice Plus gives members 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 non-network care.



## Medicare Eligible Plans

### 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.

### 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 to be enrolled in one of the ASRS Retiree plans.

# What Medical Plan Am I Eligible For?

### Medicare Eligible Retirees/ LTD Recipients:

#### *Retirees and/or dependents residing in:*

- **All Arizona Counties** with Medicare Parts A and B may select either the Group Medicare Advantage (HMO) Plan or Senior Supplement.
- **All other states nationwide** with Medicare Parts A & B will have coverage through the Senior Supplement Plan.

### Non-Medicare Eligible Retirees/ LTD Recipients:

#### *Retirees and/or dependents residing in:*

- **All Arizona counties** will have coverage under the UnitedHealthcare Choice plan.
- **All other states, nationwide** will have coverage under the UnitedHealthcare Choice Plus PPO Plan.

**NOTE:** If you or your dependent(s) are a combination of Medicare eligible and non-Medicare eligible, you fall under the combination plans. See page 51 for combination plan premiums.

# Becoming Medicare Eligible

If you or your dependent will become Medicare eligible on your or their next birthday, there are changes in your medical coverage, premiums or premium benefit that you need to know about. The address of your primary residence will dictate the Medicare plan for which you are eligible.

Current non-Medicare Choice and/or Choice Plus members are sent a letter 90 days prior to Medicare eligibility. If a member does not respond by switching to a Medicare plan, the member will be terminated as ineligible. It is very important to note that **the premium benefit to which you are entitled will be reduced** to the amount applicable to Medicare-eligible retirees. State law governs how much premium benefit is paid for non-Medicare and Medicare-eligible retirees/LTD recipients. In order to receive the highest premium benefit and pay the lowest health insurance premium, please let the ASRS or PSPRS, if applicable, know that you are eligible for Medicare **prior** to the month in which you become Medicare-eligible.

Please send the enrollment form and a copy of your Medicare card(s) showing Parts A and B or a copy of your Medicare

Award letter to ASRS or, if applicable, to PSPRS, 30 days **prior** to the effective date of your Medicare coverage. **Medicare becomes effective the first day of the month of your 65<sup>th</sup> birthday. The effective date of your ASRS medical coverage will be effective the first of the month following receipt of your enrollment form.** Therefore, there is no retroactive coverage for health insurance simultaneous enrollment in Medicare and in an ASRS medical plan is important.

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

**NOTE:** Failure to enroll in one of the Medicare plans 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.

So, be thorough. If, in fact, you are declining coverage, please check the appropriate box(es). **A properly completed enrollment form must be received by the ASRS or PSPRS, if applicable, before you become Medicare eligible.**

# Comparison of Benefits



**T**he medical plan comparison charts on the following pages contain a partial listing of the benefits offered to Medicare eligible and non-Medicare eligible retirees, LTD recipients 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 Choice, Choice Plus PPO, and Senior

Supplement Plans. Please review these documents before you begin to use services so you understand the terms and conditions of the plan you selected.

A glossary in the back of this Guide defines many of the terms used in the charts.

**Questions concerning your plan should be directed to the UnitedHealthcare Customer Service number listed on the back of your ID card or inside the back cover of this Guide.**



# 2014 Medicare Eligible Retiree 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	UnitedHealthcare Group Medicare Advantage (HMO)	Senior Supplement		
	Member Pays	Medicare Pays	Supplement Pays	Member Pays
Doctor Office Visit	\$15 Copayment	80% of MAC* After \$147 Deductible	Deductible then 20% of MAC*	\$15 Copayment
Specialist Office Visit	\$30 Copayment			\$15 Copayment
Routine Physical	No Charge	\$0	100%	\$0
Immunizations	No Charge	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Outpatient Mental Health	\$30 Copayment	80% of MAC* after Deductible	Deductible then 20% of MAC*	\$0
Outpatient Hospital 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 \$152 per day Days over 100: \$0	Days 1-20: \$0 Days 21-100: \$152 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)

**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. *(continued at right)*

# 2014 Medicare Eligible Retiree Medical Plans Comparison Chart

Inpatient Benefits	UnitedHealthcare 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 Deductible with 1st admission only
Inpatient Mental Health	\$100 per admission 190 days Lifetime	Subject to Medicare Guidelines	Subject to Medicare Guidelines	\$150 Deductible with 1st admission only
UnitedHealthcare Prescription Benefits				
Tier 1 / Tier 2 (Generic / Brand)	\$10/\$40 Copayment		All But Member Copay to \$2,850 Annual Max	\$10/\$35 Copayment**
Mail Order (90-day Supply)	\$20/\$80 Copayment	\$0		\$20/\$70 Copayment**
Other Benefits				
Emergency Room	\$50 Copayment (waived if admitted)	80% of MAC*	20% of MAC*	\$50 Copayment (waived if admitted)
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	No Charge / \$500 Allowance Every 36 Mo.	Not Covered	Not Covered	All Costs
Deductible	None	\$0 per Person Outpatient Services	\$147 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 co-pay up to \$2,850.00 in Total Drug Expenditures. Member then pays 72% or 47.5% of prescription costs until \$4,550.00 in True Out-of-Pocket costs has been met. Member then pays \$2.55 generic, \$6.35 brand co-pay or 5% of the drug cost, whichever is greater.

(continued from left) 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.

# Your Medicare Benefits

Your Medicare benefits are provided by the Federal Government and integrated through the ASRS Retiree Medical Plans. In order for a Medicare eligible ASRS retiree to be covered by an ASRS medical plan, the retiree and, if family coverage is elected, his/her eligible

dependent(s) who qualify for Medicare, must be enrolled in both Parts A and B of Medicare. Failure to enroll in Medicare when the retiree becomes eligible will cause a delay in ASRS medical plan coverage.

<b>MEDICARE PART A: 2014*</b>			
<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>You Pay</b>
<b>Hospitalization</b> Semiprivate room and board, nursing and other hospital services and supplies.	First 60 days	All costs less \$1,184	\$1,184
	61st to 90th day	All costs less \$296/day	\$296/day
	91st to 150th day	All costs less \$592/day	\$592/day
	Beyond 150 days	Nothing	All costs
<b>Skilled Nursing Facility (SNF) Care**</b> Semiprivate room and board, skilled nursing and rehabilitative services and other services and supplies.	First 20 days	100% of approved amount	Nothing
	Additional 80 days	All costs less \$148/day	\$148/day
	Beyond 100 days	Nothing	All costs
<b>Home Health**</b> Part-time skilled nursing, physical therapy, speech-language therapy, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and supplies, and other services.	<b>You pay nothing</b> 100% of approved amount for Home Health Care		<b>20% of approved amount for durable medical equipment</b>
	<b>Have questions: Call your Regional Home Health Intermediary. Consult your Medicare booklet.</b>		
<b>Hospice Care**</b> Medical and support services from a Medicare-approved hospice, drugs for symptom control & pain relief, short-term respite care, care in a hospice facility, hospital, or nursing home when necessary, and other services not otherwise covered by Medicare. Home care is also covered.	Copayment of up to \$5 for outpatient prescription drugs. You pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given to a hospice patient by another caregiver so that the usual caregiver can rest). If you have questions about Hospice care and conditions of coverage, call your Regional Intermediary. Consult your Medicare booklet.		
<b>Blood</b> Given at a hospital or skilled nursing facility during a covered stay.	You pay for the first three pints of blood, then 20% of the Medicare-approved amount for additional pints of blood after the deductible.		

\* You pay nothing for Part A of Medicare. You paid for Part A while you were employed and making FICA contributions.

\*\* You must meet certain conditions in order for Medicare to cover these services. Consult your Medicare booklet.

**NOTE:** Actual amounts you must pay are higher if the doctor does not accept Medicare assignment.

# Your Medicare Benefits (cont.)

These two pages contain a summary of Medicare coverage and premiums in effect for 2014. If you wish additional information, contact the Centers for Medicare and Medicaid Services (CMS) either

by phone at 800-633-4227 (TTY 877-486-2048), 24 hours a day / 7 days a week or at their website at [www.medicare.gov](http://www.medicare.gov).

<b>MEDICARE PART B: 2014*</b>	
<b>Services</b>	
<p><b>Medical and Other Services</b>                      Doctor's services (except for routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen and walkers).</p> <p>Also covers outpatient physical and occupational therapy including speech-language therapy and mental health services.</p>	<p><b>You Pay:</b>                      \$148 deductible (pay per calendar year).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 20% of approved amount after the deductible, except in the outpatient setting.</li> <li><input type="checkbox"/> 20% for all outpatient physical, speech therapy and occupational therapy services.</li> <li><input type="checkbox"/> 35% for most outpatient mental health services.</li> </ul>
<p><b>Clinical Laboratory Service</b>                      Blood tests, urinalysis and more.</p>	<p><b>You Pay:</b>                      Nothing for Medicare-approved services.</p>
<p><b>Home Health Care**</b>                      Part-time skilled care, home health aide services, durable medical equipment when supplied by a home health agency while getting Medicare covered home health care and other services.</p>	<p><b>You Pay:</b>                      Nothing for services.                      20% of approved amount for durable medical equipment.</p>
<p><b>Outpatient Hospital Services</b>                      Services for the diagnosis or treatment of an illness or injury.</p>	<p><b>You Pay:</b>                      20% of approved amount after the deductible.</p>
<p><b>Blood</b>                      Pints of blood needed as an outpatient or as part of a Part B covered service.</p>	<p><b>You Pay:</b>                      For the first 3 pints of blood, then 20% of the Medicare-approved amount for additional pints of blood after the deductible.</p>

\*For 2014, the monthly Medicare Part B premium is \$104.90 (see page 65 for more information).

\*\*You must meet certain conditions in order for Medicare to cover these services. Consult your Medicare booklet.

**NOTE:** Actual amounts you must pay are higher if the doctor does not accept Medicare assignment.

# 2014 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

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

<b>Outpatient Benefits</b>	<b>CHOICE</b> (All AZ Counties)	<b>Choice Plus PPO</b> (Outside AZ)	
	<b>Member Pays</b>	<b>In-Network Plan Pays</b>	<b>Out-of-Network Plan Pays</b>
Primary Care Physician	\$20 Copayment	\$20 Copayment	60%*
Specialist Office Visit	\$50 Copayment	\$50 Copayment	
Routine Physical	No Charge	100%	60%*
Examinations/ Immunizations	\$20/\$50 Copayment	\$20 Copayment \$50 Copayment	60%*
Vision Examination	\$50 Copayment	Not Covered	Not Covered
Hearing Examination	No charge	100%	60%*
Outpatient Mental Health	\$20 Copayment	100% after \$35 co-payment	60%*
Outpatient Hospital Services	30%	70%*	60%*
X-Rays Outpatient - Standard	\$20 Copayment	100%	60%*
Outpatient - Specialized Scans	\$150 Copayment	80%*	60%*
Outpatient Lab Tests	\$10 Copayment	\$10 Copayment	60%*
Durable Medical Equipment	No Charge	80%*	60%*
Prosthetic Devices	50%	80%*	60%*
Skilled Nursing Facility	No Charge	80%*	60%*
Home Health Care	No Charge	80%*	60%*
Physical, Speech and Occupational Therapy	\$40 Copayment	100% after \$35 co-payment	60%*

\* Subject to Calendar Year Deductible

# 2014 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

Inpatient Benefits	CHOICE (All AZ counties)	Choice Plus PPO (Outside AZ)	
	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Inpatient Hospital Expenses	\$100 Copayment per stay plus 30%	\$100 Copayment per stay plus 30%	60%*
Inpatient Mental Health	\$100 Copayment per stay plus 30%	\$100 Copayment per stay plus 30%	60%*
Prescription Benefits	Formulary	Formulary	Formulary
Tier 1 / 2 / 3	\$10/\$50/\$100	\$10/\$50/\$100	\$10/\$50/\$100
Mail Order (90 day supply)	\$25/\$125/\$250	\$25/\$125/\$250	\$25/\$125/\$250
Other Benefits	Member Pays	In-Network Plan Pays	Out-of-Network Plan Pays
Emergency Room	\$150 Copayment (waived if admitted)	\$150 deductible (waived if admitted)	\$150 deductible (waived if admitted)
Urgent Care Facility	\$50 Copayment	100% after \$50 Copayment	60%*
Ambulance	No Charge	80%*	80%*
Lenses and Frames	Not Covered	Not Covered	Not Covered
Hearing Aids (per hearing impaired ear, every year)	30%	70%	50%

\* Subject to Calendar Year Deductible

# 2014 Non-Medicare Eligible Retiree Medical Plans Comparison Chart

	<b>CHOICE</b> (All AZ counties)	<b>Choice Plus PPO</b> (Outside AZ)	
<b>Other</b>	<b>Member Pays</b>	<b>In-Network Plan Pays</b>	<b>Out-of-Network Plan Pays</b>
Calendar Year Deductible	None	\$500 per Individual \$1,000 per Family	\$500 per Individual \$1,000 per Family
Out of Pocket/ Coinsurance Maximum	\$3,500 per Individual \$7,000 per Family	\$3,500 per Individual \$7,000 per Family including deductibles	\$6,000 per Individual \$12,000 per Family including deductibles
Maximum Lifetime Benefit	No Maximum	No Maximum	
SilverSneakers Fitness Program	Free Membership at Participating	Free Membership at Participating Clubs	

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

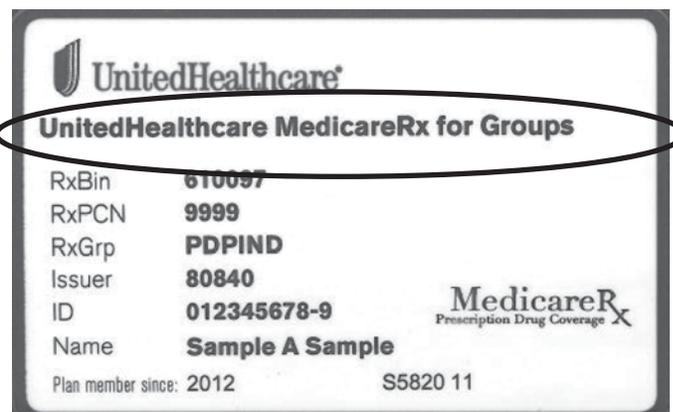
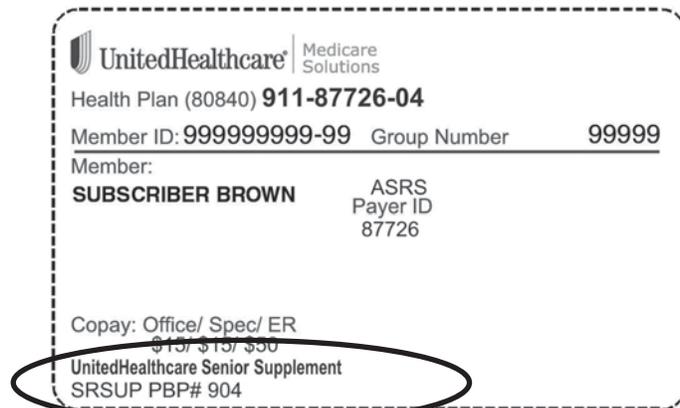
# ASRS Retiree Medical Plans Sample ID Cards

The sample ID cards below show you which card belongs to which UnitedHealthcare-sponsored ASRS retiree medical, prescription and vision plan. These sample ID cards will help you identify the medical plan in which you are enrolled as well as the number and kinds of different cards you should have or should receive.

For retirees/LTD recipients enrolled in **UnitedHealthcare Group Medicare Advantage (HMO) Plan**, your ID card is a medical, vision and prescription drug plan ID card.

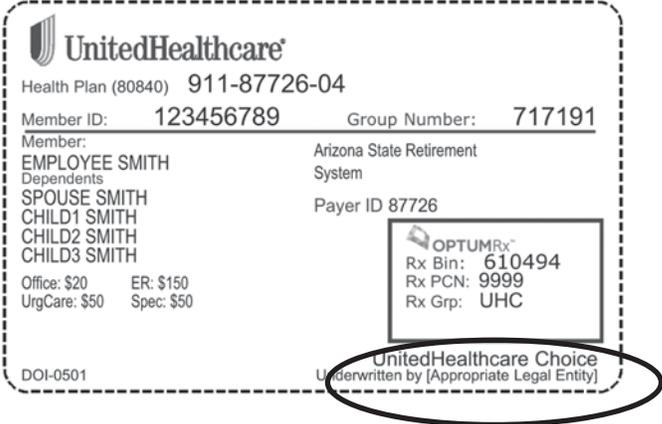


For retirees/LTD recipient enrolled in **UnitedHealthcare Senior Supplement Plan**, you have separate ID cards for your medical/ vision plan and for your prescription drug plan. Your prescription drug card bears the name "UnitedHealthcare Medicare Rx for Groups (PDP)". Your cards look like these:

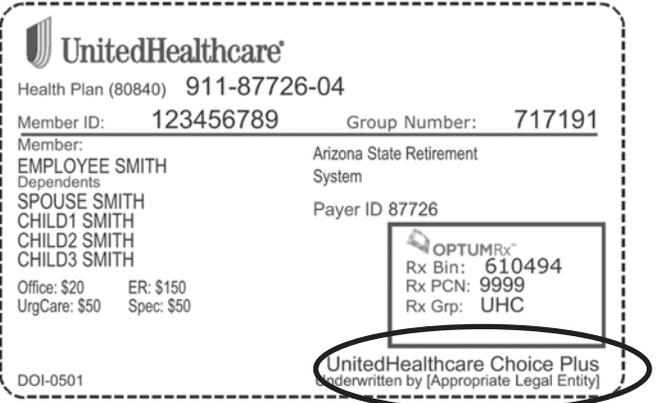


# ASRS Retiree Medical Plans Sample ID Cards

For UnitedHealthcare's **Choice Plan**,  
your ID card is a medical and prescription  
drug ID card.



For UnitedHealthcare's **Choice Plus PPO Plan**, your ID card is a medical and prescription  
drug ID card.



# General Information About UnitedHealthcare's Prescription Drug Benefits

## What is a Formulary and why is it important?

UnitedHealthcare keeps your medication costs down through a Formulary (also known as a Prescription Drug List (PDL)). The Formulary is a list of UnitedHealthcare-approved outpatient prescription drugs that are covered under the Choice, Choice Plus PPO, and Group Medicare Advantage (HMO) plans. A pharmacy and therapeutics committee that consists of practicing physicians and pharmacists determines and maintains the Formulary. The committee decides which prescription drugs provide quality treatment for the best value. It includes a broad range of generic and brand name drugs, although it does not include all prescription drugs.

## What medical plans utilize the Formulary?

The Choice, Choice Plus PPO, and Group Medicare Advantage (HMO) plans utilize the Formulary. For you to receive prescription drug benefits, your physician must prescribe medication for you from the Formulary and the prescription must be filled at a participating pharmacy.

## Do I have a Prescription Drug Formulary in the Plan?

The Prescription Drug Plan utilizes the Medicare Part D formulary. Medicare, not UnitedHealthcare, determines what drugs are covered under the Medicare Part D plan. Check with your doctor as some drugs may not be covered.

## What is covered?

All medications listed in the Formulary are covered. In order to receive your prescription benefits, your physician must prescribe medication for you from the Formulary and the prescription must be filled at a participating pharmacy.

## What if my prescription is not listed in the Formulary?

Your physician can contact Optum Rx, UnitedHealthcare's prescription manager, for an exception explaining why you must have that drug

rather than the one on the Formulary or your physician must change your prescription to an equivalent Formulary drug.

## What is the difference between brand name and generic drugs?

A generic drug is a medication which has met the standards set by the Food and Drug Administration (FDA) to assure its equivalence to the original patented brand name medication. Generic drugs are chemically identical to their brand name equivalents. Many brand name drugs do not have generic equivalents. In these cases, your physician may prescribe a "therapeutic" instead. Unlike generic drugs which have the identical active ingredients as a brand name version, a therapeutic substitute has a chemical composition close to its brand name counterpart and has been determined to provide the same clinical or therapeutic results.

## How can I obtain a copy of the Formulary?

The Formulary is available upon request from UnitedHealthcare and can also be found on their website at [www.uhcretiree.com/asrs](http://www.uhcretiree.com/asrs) or [www.uhc.com](http://www.uhc.com). The name of the Group Medicare Advantage (HMO) formulary is Formulary G13.

## How can I save money by using the Prescription Mail Order Program?

OptumRx, UnitedHealthcare's prescription manager, offers a mail order program for maintenance medications. Through the mail order program, you can order a three (3) month supply of medications and save money on your prescriptions. Medicare members pay two (2) copayments for a three (3) month supply and non-Medicare members pay two and a half (2-1/2) copayments for a (3) months supply. Prescriptions are mailed to your home in discreetly labeled packages. Refills can be ordered by mail, over the phone or through the Internet. Mail order claim forms may be ordered through UnitedHealthcare's Customer Service or their website at [www.optumrx.com](http://www.optumrx.com). PLEASE NOTE: not all prescriptions are eligible for a 90-day supply through mail order.

# 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 offer 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 may require prior authorization on the Group Medicare Advantage HMO plan)
- **TIER 4** are *specialty medications* (these may 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.

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

### Prescription drug plan features:

- 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
- You continue to pay your copayment during the coverage cap stage.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,550 you begin catastrophic coverage and pay whichever is higher: a \$2.55 co-payment for generic drugs; a \$6.35 co-payment for brand name drugs, or 5% of the drug costs until the end of the calendar year. The manufacturers discount (about 50%) on brand name drugs will be applied towards the out-of-pocket expenses.
- Standard 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](http://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 \$2,850 in total drug costs in 2014.
- In the coverage gap the member pays 72% of generic and about 47.5% of brand name prescriptions.
- Catastrophic Coverage: After your true out-of-pocket expenses reach \$4,550 you begin catastrophic coverage and pay whichever is higher: a \$2.55 co-payment for generic drugs; a \$6.35 co-payment for brand name drugs; or 5% of the drug costs until the end of the calendar year. The manufacturers discount (about 50%) on brand name drugs will be applied towards the out-of-pocket expenses.
- “Medicare Part D 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](http://UHCretiree.com/asrs).
- Convenient prescription by mail program.

# Understanding the Prescription Drug Plan Available with the Senior Supplement Plan

*I am enrolled in the Senior Supplement Plan. How does the UnitedHealthcare MedicareRx for Groups prescription drug plan work for me?*

Each time you purchase a covered prescription medication, two payments are actually being made: the copayment you pay out of your pocket for the drug, called true out-of-pocket (TrOOP) costs, and the payment your plan pays for the drug. Together these payments make up the "total drug expenditure".

*What is my initial prescription drug coverage (Stages 1 and 2)?*

Under the UnitedHealthcare MedicareRx for Groups prescription drug plan, there is no prescription plan deductible. For all covered prescription drugs you simply pay your copayments for the first \$2,850 of "total drug expenditure" during 2014.

*When does the coverage gap (Stage 3) begin?*

The coverage gap begins after you and the plan together have spent \$2,850 in "total drug expenditure" during the year. During the coverage gap, you pay 72% of generic and about 47.5% of brand name prescriptions.

*When does the coverage gap end (Stage 4)?*

The coverage gap ends when your true out-of-pocket costs reach \$4,550 and you begin catastrophic coverage. When you reach Stage 4, you will pay whichever is higher: a \$2.55 co-payment for generic drugs; a \$6.35 co-payment for brand-name drugs; or, 5% of the drug costs until the end of the calen-

## Your Medicare Part D Prescription Benefit

### **STAGE 1: Annual Deductible**

Your plan has no annual deductible.

### **STAGE 2: Initial Coverage**

You pay copays for each prescription filled; the plan pays remainder until together you have paid \$2,850 in total drug costs.

### **STAGE 3: Coverage Gap**

You pay 72% of generic and about 47.5% of brand name prescription drug costs until your yearly true out-of-pocket drug costs equal \$4,550. The manufacturers discount (about 50%) on brand name drugs will be applied towards the out-of-pocket expenses.

### **STAGE 4: Catastrophic Coverage**

After \$4,550 in out-of-pocket drug costs, the plan pays the majority of the drug expenses until the end of the year.

Please note: the coverage gap referenced above applies ONLY to the UnitedHealthcare MedicareRx for Groups prescription drug plan offered with the Senior Supplement plan. There is no coverage gap with the Group Medicare Advantage (HMO) with prescription drug plan.

### **Rx Summaries Provided**

The Medicare prescription drug plans provide a monthly prescription benefit summary tailored specifically to individual Medicare members. The summary helps you:

- Understand how much you and your drug plan spent year-to-date on prescription drugs
- Details your prescription history to help lower monthly spending
- Review prescriptions, including fill dates, prescribing doctor and pharmacy information

# 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 OptumHealth Vision provider. In both instances, the vision eyewear is only available through the OptumHealth Vision network. Locate a vision provider near you by either going to [www.optumhealthvision.com](http://www.optumhealthvision.com) or calling OptumHealth Vision Customer Service at 800-638-3120, (or for the hearing impaired 800-524-3157).

At a OptumHealth 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 **OptumHealthVision.com**. The vision network is provided by OptumHealth.

If you have questions about this plan you may call OptumHealth 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 OptumHealth Vision network provider. To locate a vision provider near you, go to [www.optumhealthvision.com](http://www.optumhealthvision.com) or call OptumHealth 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.optumhealthvision.com](http://www.optumhealthvision.com). The vision network is provided by OptumHealth. Please confirm your provider is participating in the network before making an appointment.

At a OptumHealth 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 OptumHealth 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 OptumHealth 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.

<b>Benefit limited to 1 time every 12 months</b>	<b>In-Network You Pay</b>	<b>Out-of Network You Pay</b>
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	

# Assurant Retiree Dental Plans

For 2014, Assurant Employee Benefits 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 offers different dental plan options depending on where you live.

There are two Indemnity Dental Plan options that are available in all states. Retirees/LTD recipients in many states can also choose a Prepaid Dental Plan. In Arizona only, retirees/LTD recipients have two different Prepaid Dental Plan options from which to choose. 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: Freedom Basic (the “Low” option) and Freedom Advance (the “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

The Indemnity Dental Plans are available to retirees/LTD recipients in all states.

**A vision discount benefit is included with all dental plans. See page 38 for details about the Vision Service Plan (“VSP”).**

*\* Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company and for prepaid dental products provided by affiliated prepaid dental companies. Please refer to issued plan documents for complete details, including all limitations, exclusions, and restrictions. Assurant Dental Network benefits include dentists contracted with Dental Health Alliance, LLC® (DHA®) and dentists under access arrangements with other PPO dental networks.*

## PREPAID DENTAL PLANS

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, as detailed on page 35). 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

The Prepaid Dental Plans vary by state and are available to retirees/LTD recipients in AZ, CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX, and UT. Retirees in Arizona choose between two Prepaid Dental Plans – the Heritage Secure with Specialty Benefit Amendment (“SBA”) or the DHMO Dental Plan 220 with Ortho copayments.

**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.

# Important Things to Consider When Making Your Dental Plan Elections

Depending on where you live, your dental plan options vary. The Indemnity Dental Plans are available to retirees/LTD recipients in all states. The Prepaid Dental Plans vary by state and are available to retirees/LTD recipients in AZ, CA, CO, FL, GA, KS, MO, NE, NV, NM, OH, OK, OR, TX and UT. If you live in Arizona, you can choose from two different prepaid dental plans: the Heritage Secure with Specialty Benefit Amendment (“SBA”) or the DHMO Dental Plan 220 with Ortho copayments. You should carefully review the differences in the dental plans. See pages 35-36 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 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, you will want to pay special attention to your options for receiving dental care from specialty dentists. All Plan Specialists who contract with the Assurant Heritage 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. There are certain Plan Specialists who have agreed to perform certain common specialty procedures for a fixed copayment rather than a discounted fee. These Assurant contracted 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 (offered in AZ), 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 and receive reimbursement up to a maximum amount based on the procedure performed.
- The Assurant 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’s dedicated web site for ASRS members at [www.assurantemployeebenefits.com/ASRS](http://www.assurantemployeebenefits.com/ASRS), call Assurant’s representative **on-site** at ASRS, or call Assurant’s toll-free Customer Service Center (see the contact information listed on the inside back cover of this guide).

Please review the information on pages 35-36 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 35-36 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 Retiree Dental Plans

Freedom Advance (High Option)	Freedom Basic (Low Option)	DHMO Dental Plan 220 with Ortho	Heritage Secure with SBA
<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 individual 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
<b>Provider fees are based on Usual &amp; Customary. Assurant Dental Network dentists have agreed to negotiated fee arrangements of up to 30% off their Usual and Customary fees for all covered procedures. Benefits for services from out-of-network dentists will be paid at the 90th percentile of the amount charged by the majority of dentists in the area</b>		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 has been paid. Includes new and replacement fillings, root canals, periodontics (treatment of gum disease), minor oral surgery	<b>Type II Basic services are covered at 80% after the \$50 has been paid. Includes new and replacement fillings, some minor oral surgery, minor periodontics, scaling &amp; root planing, periodontic maintenance</b>	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. 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 "S" in the directory) provide certain specialty procedures for a fixed copayment. All 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 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	
<b>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.</b>			

# Assurant Retiree Dental Plans

## DENTAL PLAN COMPARISON

		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 XRAY<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.

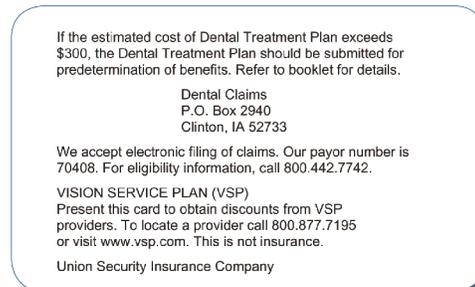
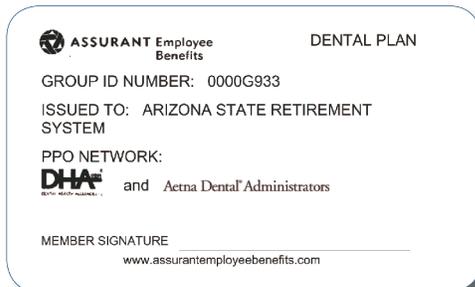
<sup>7</sup> Copayment will vary depending on whether procedure is performed by your Plan Dentist or by a Specialist who participates with the SBA.

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.

# ASRS Retiree Dental Plans Sample ID Cards

The sample ID cards below show you which ID card belongs to which Assurant-sponsored ASRS retiree dental plan. The card also provides information on Assurant's vision discount plan offered through Vision Service Plan (VSP).

For retirees/LTD recipients enrolled in Assurant's **Freedom Advance** (High Option) or **Freedom Basic** (Low Option) indemnity dental plan PRIOR TO September 1, 2013, your ID card will look like this:



For retirees/LTD recipients enrolled in Assurant's **Freedom Advance** (High Option) or **Freedom Basic** (Low Option) Indemnity dental plan ON OR AFTER September 1, 2013 (or if you request a new ID card on or after this date) your ID Card will look like this:



For retirees/LTD recipients enrolled in Assurant's **Heritage Secure with SBA Prepaid Plan** or **DHMO 220 with Ortho Plan** offered in Arizona, or other states where Assurant offers Prepaid dental plans, your ID card looks like this:



**Note:** Vision Service Plan (VSP) information is located on the back side of each ID card.

# VISION DISCOUNT SERVICES



## 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)**



WellCard Health provides you and your family with discounts on a wide range of health services, including:

• **PRESCRIPTION DRUGS – save up to 50%**

WellCard is accepted at over 59,000 pharmacies nationwide, including major chains, community and mail order pharmacies. Over 60,000 brand and generic drugs are included.

• **DENTAL – save up to 45%**

WellCard is accepted at over 15,000 provider access points nationwide, and covers all dental services and specialties, including orthodontia.

• **HEARING – save up to 15%**

WellCard members receive a free hearing test and 15% discount on over 80 hearing aid models at 1,500 Beltone locations nationwide, with a Lifetime Care Program included.

• **MRI & IMAGING – save up to 50%**

WellCard members enjoy savings of 50% and more on MRI, PET, and CT scans, as well as other imaging services at over 3,500 locations nationwide.

• **LAB – save up to 50%**

WellCard members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately.

Please visit **WellCardHealth.com** and register using Group ID ASRSH to find participating providers and pharmacies near you, and to check the estimated cost of a drug. You can enroll in the mail order program by calling **888-479-2000** (prompt 5).

The Arizona State Retirement System (ASRS) would like to remind you of the valuable benefits provided through the WellCard Health Discount Card Program. The WellCard Health card is available at no cost and provides ASRS members and their families access to pre-negotiated discounts on prescription drugs and health care services. Anyone can use the card, regardless of age, income or health status and you do not need to be enrolled in the ASRS retiree health insurance program to receive Wellcard benefits.

***It's easy to save money with WellCard Health!***

WellCard Health has thousands of service providers nationwide and discounts are given at the time of purchase; there is no paperwork, no enrollment form, membership fee, usage limits or expiration date. To participate, members present their WellCard Health Discount Card when they purchase a prescription at a participating pharmacy or visit a participating provider.

Once you receive your card, register it at [WellCardHealth.com](http://WellCardHealth.com). All WellCard Health benefits are available to you without registration, but once your card is registered, you'll be able to access detailed information on all services, easily search for a participating provider, and read informative articles on health and wellness. In addition, you can print a replacement card; opt in to become a part of WellCard Health Connect, (Wellcard's online community); and receive monthly e-newsletters with updates and news about the WellCard Health program.

If you would like additional information on the WellCard Health Discount Card Program, please visit the ASRS website at [AzASRS.gov](http://AzASRS.gov). At the top of the home page, place your cursor over "Retirees" and click on "Prescription Savings."

If you've already registered, login at [WellCardHealth.ccm](http://WellCardHealth.ccm) to check the estimated cost of a specific medication or to find a participating pharmacy or provider. Both of these websites provide detailed information on how to receive your card.

**PLEASE NOTE: A WellCard has been provided to you in your Open Enrollment packet.**

*This is not insurance. It is a discount medical program.*

PRESENT THIS CARD TO YOUR PHARMACY AND MEDICAL PROVIDER  
Locate a provider: call 800-562-9625 or visit [www.WellCardHealth.com](http://www.WellCardHealth.com). This is Not Insurance.

Group ID: ASRSH  
Member ID: Enter member's 10-digit phone #, then add 2-digit person code.  
01=Member 02=Spouse 03=Dependent, etc.  
Example: xxxxxxxxxx, enter as xxxxxxxxxx01

Processor: NetCard Systems  
Bin #: 008878

An Empowering Health & Wellness Program

<p><b>MEMBER:</b> To find a provider: call 800-562-9625 or visit <a href="http://www.WellCardHealth.com">www.WellCardHealth.com</a> PRESENT THIS CARD TO YOUR PHARMACY &amp; MEDICAL PROVIDER To speak to a physician 24/7 by phone, call 800-362-2667, press 2 or 0. You must mention WellCard Health.</p>	<p><b>PHARMACY:</b> <b>Pharmacy:</b> Add 2-digit person code to Member ID 01 = Member 02 = Spouse 03 = Dependent, etc. <b>Pharmacist Help Desk:</b> 888-886-5822</p>	<p><b>PROVIDER:</b> <b>Physician &amp; Dental Provider:</b> To verify eligibility &amp; for patient responsibility call 888-203-6711 The patient is responsible for the entire discounted cost at the time of service. <b>Vision Provider:</b> To verify eligibility call 888-203-6662</p>
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*This is Not Insurance. It is a discount medical program. Payment must be made at time of service.  
This program is powered by AccessOne Consumer Health, Inc. [www.accessonedmpo.com](http://www.accessonedmpo.com)  
This is a free program. Void where prohibited by law.*



**Healthways SilverSneakers® Fitness Program lets you get fit the way you want, where you want.**

SilverSneakers is available **at no additional cost** for all Arizona State Retirement System (ASRS) retired members and dependents enrolled in the ASRS medical plan.

**# Work out indoors**

- more than 11,000 fitness locations
- all basic amenities and SilverSneakers exercise classes
- women-only locations including Curves®

**Step it up wherever you are**

- SilverSneakers® Steps for fitness at home or on the go
- choice of general fitness, strength, walking or yoga kit
- designed for your lifestyle and fitness level

To find fitness locations, request your SilverSneakers ID card, or order a Steps kit, visit [silversneakers.com](http://silversneakers.com) or call **1-888-423-4632** (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. Eastern.



**STAY YOUNG<sup>SM</sup>**

SilverSneakers® is a registered mark of Healthways, Inc. © 2013 Healthways, Inc.

**Get fit your way!**

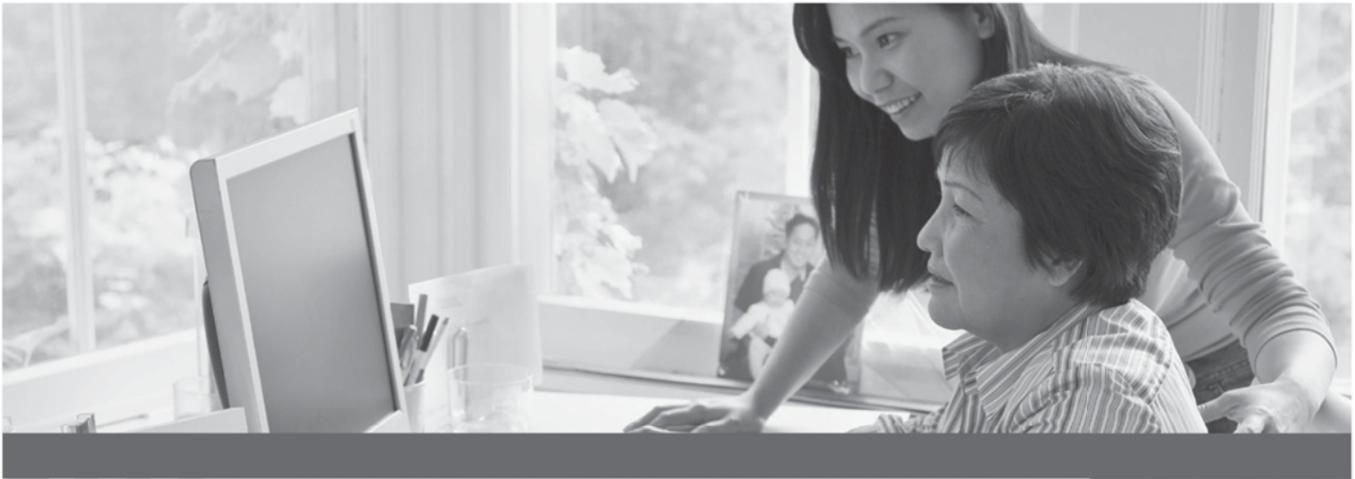


**“** I love the equipment, classes and the supportive staff. SilverSneakers inspired me to start a regular exercise routine and helps me get beyond my weight loss plateaus. It also gives me energy and a positive outlook on life. **”**

– Nancy M., ASRS member, Prescott, AZ

**Find a SilverSneakers location today!**

UHCNAT\_50 7.13



## Help with caring for a loved one is closer than you think.

**As part of your Arizona State Retirement System benefits, you can get help caring for a relative or friend in need.**

### Solutions for Caregivers can:

- **Provide unlimited phone access to a Care Specialist** who can counsel you on your loved one's individual, medical, financial, safety, emotional and social needs.
- **Conduct an on-site assessment** and develop a personalized care plan.
- **Connect you with professionals**, including home health aides, nurses, lawyers and financial advisors.
- **Offer assistance in crisis situations** when you don't know where else to turn.



**To learn more, give us a call.**

**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.

Y0066\_130624\_154325

SPRJ14898

# UnitedHealthcare Wellness & Disease Management

## Personal Health Management

A comprehensive program of care management services providing guidance and support for retirees diagnosed with complex and/or co-morbid health conditions, and for those who are not engaged in the disease and condition-specific management programs. The program components serve retirees with moderate and high risk factors, including those transitioning from hospital care to home.

- **Focus & High Risk Care Management.** Both phone-based and field-based (in-person) care managers conduct evaluations and interventions with retirees with targeted and impactable healthcare needs.
- **Transition Coach.** A key focus of the program is to assist individuals returning home from a hospital stay, to assist with this transition of care, and to enhance stability upon return-to-home (primary emphasis on reconciliation of medication discrepancies and facilitation of follow-up services by treating physicians).



# UnitedHealthcare Wellness & Disease Management

UnitedHealthcare has designed preventive health services to help maintain the well being of members who are basically healthy. These include education and screening guidelines and programs available through members' primary care physicians and health-related information and programs accessible on their websites at [www.uhcretiree.com/ASRS](http://www.uhcretiree.com/ASRS).

- **Solutions for Caregivers.** A comprehensive eldercare management program designed to support retirees and family caregivers in remaining healthy, function as independently as possible and to live with dignity. Simultaneously, the program helps caregivers maintain their own health, to mitigate stress and caregiver burnout, and to maximize available community resources and support.
- **Access Support.** Through the Nurseline service, retirees are connected with Access Support Advocates. This dedicated team identifies network providers who meet certain quality standards, and facilitates member contact/appointments with those physicians.
- **"Know Your Numbers".** Providing onsite health screenings at UnitedHealthcare Town Hall meetings (e.g., blood glucose, cholesterol, blood pressure).

## Disease & Specialty Case Management

UnitedHealthcare is committed to improving the quality of care received by our retirees with chronic diseases. The disease management program targets chronic conditions of key concern to retirees, provides interventions to assist retirees in effectively managing these chronic conditions, and bridges gaps between retirees and their care teams.

- **Integrated Coronary Artery Disease & Diabetes.** A program aimed primarily at those with these common co-morbidities, and who are at highest risk.
- **End Stage Renal Disease.** A specialized condition management program focused on those in the early phase of ESRD and dialysis, mitigating complications and acute care admissions.
- **Transplant Care Management.** Specialized transplant nurses providing guidance and interventions throughout the stages of transplant (from pre-transplant through post-transplant stages).

## Advanced Illness Care Management

Providing services for retirees with advanced illnesses and who are facing end-of-life issues (generally those in the last 12 months of life). Services focus on facilitating palliative care, reducing pain and suffering, assisting individuals and families in understanding their goals and preferences for end-of-life care, and providing bereavement services for family members following the individual's death.

# myNurseLine

*Your Health Advocate*

**W**hen you have a health concern, it can be difficult and time-consuming to find the information you need. **myNurseLine** can help you make smart health care decisions with immediate telephone access to experienced registered nurses.

## Your Health Advocate

One toll-free number connects you with a registered nurse who will take the time to understand what is going on with your health and provide personalized information that is right for you. And this is all available 24 hours a day, seven days a week, at no additional cost to you. It is included with your benefits.

## Experience You Can Rely On

**myNurseLine** nurses have an average of 15 years clinical nursing experience. They are an excellent resource when you need help choosing care, managing a chronic condition, understanding treatment options and more.

## Your One-Stop Source

Whether you have a temperature of 102 at midnight or need help managing your diabetes, **myNurseLine** is the one source to give you the answers you need. Not sure if you need a doctor, urgent care clinic or just some good health advice? One call to **myNurseLine** can help you get information about the care and services you need. So, think of **myNurseLine** as your one-stop resource to help you make smart health care decisions everyday.

## To Talk To myNurseLine:

Group Medicare Advantage HMO and Senior Supplement members call:

**800-365-7949**

Choice and Choice Plus members call:

**888-877-4114**

## myNurseLine Can Help You:

- Chat with a nurse
- Understand treatment option
- Ask medication questions
- Choose appropriate medical care
- Locate available local resources
- Find a doctor, hospital or specialist and check if a doctor is in your network and is accepting new patients.

*For Group Medicare Advantage (HMO) Members Only*

## Introducing the UnitedHealth Passport® program.

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

This program is included with your plan. You pay no additional charge for health care coverage when you travel within the UnitedHealth Passport service area. You simply pay the same copayment (copay) or coinsurance as you would at home.

## How the UnitedHealth Passport program works.

Activate the UnitedHealth Passport program before you travel. This will make certain your health care coverage travels with you.

### Step 1: Activate your coverage before your trip.

Call UnitedHealthcare Customer Service from 8 a.m. – 8 p.m. local time, 7 days a week. The number is located on the back of your member ID card.

Make sure you have your travel dates and destination, including ZIP Code, available when you call. UnitedHealthcare will confirm if you're traveling to a UnitedHealth Passport service area. You can also get names and telephone numbers of contracted physicians in your travel destination area.

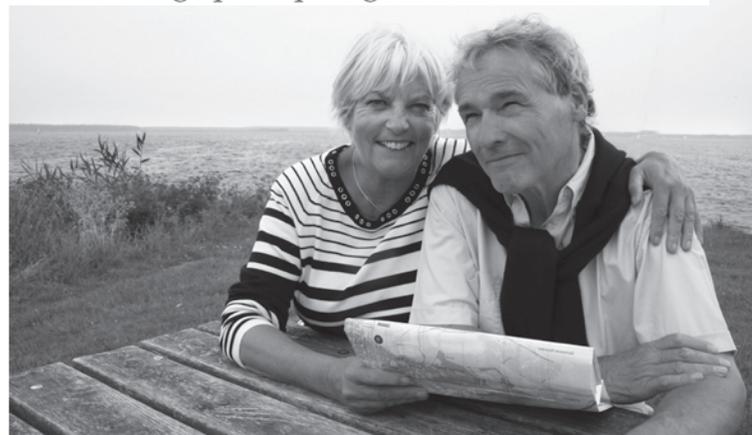
### Step 2: Get ready for your trip.

It's a good idea to schedule any routine services with your local doctor before you leave. It is also recommended that you take a copy of your medical records with you when you travel.

### Step 3: Once you are back home again.

Call UnitedHealthcare to have the UnitedHealth Passport program deactivated. This is an important step. Plan disenrollment may occur if you do not return to your home service area within nine months of activating the UnitedHealth Passport program or if you do not notify us of your return and the nine-month Passport period expires.

*Call Customer Service on the back of your I.D. card to get participating counties.*



# MyAdvocate®

## *2014 Update from Social Service Coordinators (SSC)*

**Beginning January 1<sup>st</sup>, 2014 SSC will transition its name to “My Advocate®”. The transition will be gradual with reference to SSC in all member communications through 2014 (both in mailing materials and scripting) to minimize any potential confusion with members. Our Services will remain the same with the exciting addition of enhanced community program assistance (Golden Touch) to more members.**

### **Who is SSC/ My Advocate?**

As the leading provider of outreach and advocacy in the United States, SSC/My Advocate is contracted with UnitedHealthcare (UHC) to help MA/MAPD members apply and submit applications for Medicare Savings Programs (MSPs), Extra Help (Low Income Subsidy) and other community assistance programs.

### **What exactly does SSC/My Advocate do?**

SSC/My Advocate reaches out to (UHC) Medicare beneficiaries who may be eligible for – but not enrolled in – a broad range of government and other community assistance programs. SSC/My Advocate uses a proprietary scoring algorithm to identify UHC MA/MAPD members with a higher probability of program qualification, and engages them by mail and outbound phone calls from Miami Lakes, FL. UHC realizes there are thousands of eligible members who are unaware of and not enrolled in assistance programs that can positively impact their circumstances. Participation impacts some of the financial challenges of Medicare eligibles which in part can close gaps in care and promote living a healthier life. **UHC ASRS members may also call 1-877-218-4967 for education and enrollment assistance.**

**Medicare Savings Complete®** is our service that assists eligible members with applying for Medicare Savings Programs (MSPs). Enrollment in a MSP results in reimbursement of a member’s Part-B Medicare Premium - \$104.90 per month in 2013. These programs include Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Individual (QI-1) and Qualified Disabled and Working Individual (QDWI).

**Part D Complete®**: SSC will screen members for the Medicare Part D – LIS/Extra Help Program and electronically submit the application to Social Security for members who qualify.

Individuals who are eligible have an income up to **150%** of Federal Poverty Level:

<b>Income Limits:</b>	<b>\$1456.25/Single &amp; \$1958.75/Couple</b>
<b>Asset Limits:</b>	<b>\$13,300/Single &amp; \$26,580/Couple</b>

**Golden Touch®**, a social advocacy program designed to assist Medicare beneficiaries gain a greater understanding of what public or private benefits and services are available to them. SSC can help members find financial relief and assistance through thousands of programs including:

- Energy Assistance
- Transportation Assistance
- Telephone Assistance
- Rx Discount
- Nutrition Resources

**SSC/My Advocate helps UHC MA/MAPD members (at no cost to them) apply for Medicare Savings Programs, Extra Help/LIS and community based programs**

*SSC/My Advocate is a division of Altegra Health*



## Don't let hearing loss make you lose out on life.

Hearing aids at a much lower cost through hi HealthInnovations.



### Hearing and your health.

If you've started to notice a change in your hearing, you're not alone. Hearing loss is the third most common chronic condition, affecting 1 in 5 Americans age 12 and older.<sup>1</sup> It impacts how you connect with your family, friends and the world around you. Left untreated, it can contribute to social isolation, lower general health and safety concerns.

**The good news:** Early treatment can help, and more than 90% of people with hearing loss can be treated with hearing aids.<sup>2</sup>



### Pay a fraction of retail.

As a member of this plan, you're able to purchase digital hearing aids at a discount through hi HealthInnovations,<sup>3</sup> potentially saving you thousands of dollars.<sup>3</sup>



HealthInnovations<sup>SM</sup>



UnitedHealthcare

## Two simple steps to help you achieve better hearing:

### 1 Get your hearing tested and submit your results.

You can get a hearing test (audiogram) from an Ear, Nose & Throat (ENT) doctor, audiologist or a primary care physician who provides this service. hi HealthInnovations can also locate other hearing test providers for you. If you've already had a hearing test within the past year, you can submit your results (audiogram) via fax (fastest) at 1-877-955-4336 or mail to: hi HealthInnovations, 3022 Momentum Place, Chicago, IL 60689-5330.

Please be sure to include your name, phone number and whether or not you have worn hearing aids before. If you have worn hearing aids before, indicate the type of hearing aid(s) you wear/have worn and if you wear/have worn earmolds.

### 2 Order from recommended hearing aids. Additional models are available.

A week after submitting your hearing test results, please call 1-855-523-9355 to find out the type of hearing aid that hi HealthInnovations hearing professionals have recommended for you.

#### hi ITC<sup>SM</sup> (In-The-Canal)

Nearly invisible. Fits comfortably in your ear canal.



**\$799\***

#### hi BTE<sup>SM</sup> power (Behind-The-Ear)

Thin and lightweight. Fits comfortably behind the ear.



**\$599\***

Every hearing test result and hearing aid order is reviewed by a licensed hearing professional to ensure suitability. For certain types of hearing loss, ear molds may be needed at approximately \$75 each.

\*Shipping and sales tax may be applicable

### Order your personalized hearing aids in two ways:



#### Call Customer Service.

1-855-523-9355, TTY 711

9 a.m. to 5 p.m. CT, Monday through Friday



#### Order online at

[www.hiHealthInnovations.com/medicare](http://www.hiHealthInnovations.com/medicare).

#### Each hearing aid comes with:

- Free batteries and ear tubes/wax guards that last most users six months.
- 70-day money-back guarantee.
- One-year manufacturer's warranty.

#### A UnitedHealthcare<sup>SM</sup> Medicare Solution

<sup>1</sup>[http://www.hopkinsmedicine.org/news/media/releases/one\\_in\\_five\\_americans\\_has\\_hearing\\_loss](http://www.hopkinsmedicine.org/news/media/releases/one_in_five_americans_has_hearing_loss); 2011

<sup>2</sup>Better Hearing Institute, 2011

<sup>3</sup>[www.HealthyHearing.com](http://www.HealthyHearing.com), 5/2010

hi HealthInnovations<sup>SM</sup> is an affiliate of United Healthcare 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.



## TWO SIMPLE STEPS TO BETTER HEARING

1

### GET YOUR HEARING TESTED AND SUBMIT YOUR RESULTS.

- Call *hi HealthInnovations* for help locating a hearing test provider, or
- Ask your doctor for a hearing test, or
- Call the number on your health plan ID card for an Ear, Nose & Throat (ENT) doctor or audiologist

If you've had a hearing test within the past year, you can submit your results (audiogram) via fax (fastest) at 1-877-955-4336 or mail to: *hi HealthInnovations*, 3022 Momentum Place, Chicago, IL 60689.

Please include (a) your name, phone number, and if applicable, your health plan name and I.D. number, (b) if you've worn hearing aids before. If so, the type of aid and if you have worn ear molds.

2

### ORDER FROM RECOMMENDED HEARING AIDS A week after submitting your test results, call 855-523-9355 to find out the type of hearing aids that *hi HealthInnovations* hearing professionals have recommended for you. Other models available.

**hi ITC™**  
(In-The-Canal)



**\$999** each

**hi BTE™**  
(Behind-The-Ear)



**\$799** each

Each hearing aid comes with:

- FREE batteries and ear tubes/wax guards that will last most users six months
- 70 day money-back guarantee
- One-year manufacturer's warranty

To order your hearing aids and access customer support:

[hiHealthInnovations.com](http://hiHealthInnovations.com)

1-855-523-9355, 9 am to 5 pm CT, Monday - Friday

*hi HealthInnovations* is a UnitedHealth Group company, whose mission is to help people live healthier lives.



## PAYING LESS SHOULDN'T MEAN GETTING LESS.

Each personal hearing aid is custom programmed to your unique hearing needs.

	BLACK	CHAMPAGNE	SILVER	BEIGE	
<b>hi ITC</b> (In-The-Canal)	✓			✓	Nearly invisible. Fits comfortably in your ear canal.
<b>hi BTE</b> (Behind-The-Ear)	✓	✓	✓		Thin and lightweight, it fits comfortably behind the ear.

Other models available.

### QUESTIONS? ASK AN EXPERT.

Learn how treating hearing loss may help improve your health and well-being.

Join a free telephonic seminar led by a *hi HealthInnovations* hearing expert, Monday – Thursday at 6 p.m. CT (7 p.m. ET, 4 p.m. PT) or Fridays at 10 a.m. CT (11 a.m. ET, 8 a.m. PT). Call 1-888-844-7278.

When prompted, enter this special access code: 9428061#

<b>Comfortable Open-Fit Design</b>	Does not obstruct the ear canal, providing a more natural sound quality
<b>Directional Processing</b>	Enhances the sounds in front of you while reducing distracting background noise
<b>Tri-Mode Noise Reduction System</b>	Helps you to better understand speech by reducing distracting environmental noise such as fans or motors
<b>Advanced Feedback Manager</b>	Allows for greater amplification without creating feedback or whistling
<b>Automatic Gain Control</b>	Helps you hear soft sounds while keeping loud noises at a comfortable level

# How to Complete Your 2014 Enrollment Form

*Complete an ASRS 2014 Enrollment Form if you are* enrolling for the first time, electing new coverage, or changing existing coverage. Submission of a properly completed enrollment form is required to enroll in an ASRS medical and/or dental plan. Please complete the enclosed enrollment form as outlined below:

## Step 1

- Effective date of your coverage will be the first of the month following receipt of the enrollment form unless a future date is specified.
- Check the box that applies: Open Enrollment, New Retiree, Qualifying Event.
- If you do not want ASRS medical coverage, check Decline Medical Coverage.
- If you do not want ASRS dental coverage, check Decline Dental Coverage.
- Check the box that applies: Retired, Disabled, Survivor.

## Step 2

- Provide your name, social security number, address, etc.

## Step 3

- If you are enrolling, indicate which Medical Insurance Plan you are electing.

## Step 4

- If you are enrolling, indicate which Dental Insurance Plan you are electing.
- Prepaid Dental Plans ONLY: include Dentist ID# from Assurant's Provider Directory.
- If you are unsure what to include, please contact Assurant at (800) 443-2995.

## Step 5

- List yourself and all other eligible individuals you are including as dependents.
- For the Group Medicare Advantage (HMO) Plan ONLY: indicate the names of the Primary Care Physician and Network you are choosing. These are listed in the Group Medicare Advantage (HMO) Provider Directory. If you are unsure what to list, please call (866) 208-3248.

## Step 6

- Sign and date the form.
- KEEP THE PINK COPY FOR YOUR RECORDS.**

### ADDITIONAL INFORMATION YOU MAY NEED TO PROVIDE:

- If you are enrolling for the first time in either ASRS Medicare plan, you need to provide a **copy of your Medicare card** along with your enrollment form.
- If you are terminating your Group Medicare Advantage (HMO) or Senior Supplement plan, send a signed letter to the ASRS.

# Cost for Coverage

## Medical Plan Premiums

(January 1 through December 31, 2014)

Use this chart to determine how your medical plan election will affect your pension check.

### MONTHLY PREMIUMS – MEDICAL PLANS PROVIDED BY UNITEDHEALTHCARE

UnitedHealthcare®	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
	Retiree Only	Retiree & Dependents	Retiree Only	Retiree & Dependents	Retiree & Dependent(s) One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without

#### Maricopa, Pima and Pinal Counties

Choice (#717191-0013)	<input type="checkbox"/> \$713.00	<input type="checkbox"/> \$1426.00			<b>Please see next page for combination premiums.</b>		
Senior Supplement & PDP <sup>(2)</sup>						<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 <sup>(1)</sup>
Group Medicare Advantage HMO						<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$380.00 <sup>(1)</sup>

#### All Remaining Counties

Choice (#717191-0013)	<input type="checkbox"/> \$713.00	<input type="checkbox"/> \$1426.00			<b>Please see next page for combination premiums.</b>		
Senior Supplement & PDP <sup>(2)</sup>						<input type="checkbox"/> \$342.00	<input type="checkbox"/> \$684.00 <sup>(1)</sup>
Group Medicare Advantage HMO						<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$520.00 <sup>(1)</sup>

#### Out-of-State

Choice Plus PPO (#717191-0003)	<input type="checkbox"/> \$999.00	<input type="checkbox"/> \$1998.00			<b>Please see next page for combination premiums.</b>
Senior Supplement & PDP <sup>(2)</sup>					

#### Notes applicable to Cost of Coverage

**(1)** Retiree and Dependents monthly premium is a multiple of the number of lives covered and the Retiree Only 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, you are also cancelling your Medicare Part D prescription drug coverage.

# Cost for Coverage

## Medical Plan Premiums

(January 1 through December 31, 2014)

Use this chart to determine how your medical plan election will affect your pension check.

### MONTHLY PREMIUMS – MEDICAL PLANS PROVIDED BY UNITEDHEALTHCARE

COMBINATIONS		
	Retiree & Dependent(s) One with Medicare, the other(s) without	Retiree & Dependent with Medicare, other dependent(s) without

#### Maricopa, Pima and Pinal Counties

Senior Supplement & PDP <sup>(2)</sup> w/Choice (#717191-0014)	<input type="checkbox"/> \$1055.00	<input type="checkbox"/> \$1397.00 <sup>(1)</sup>
Group Medicare Advantage HMO w/Choice (#717191-0014)	<input type="checkbox"/> \$903.00	<input type="checkbox"/> \$1093.00 <sup>(1)</sup>

#### All Remaining Counties

Senior Supplement & PDP <sup>(2)</sup> w/Choice (#717191-0014)	<input type="checkbox"/> \$1055.00	<input type="checkbox"/> \$1397.00 <sup>(1)</sup>
Group Medicare Advantage HMO w/Choice (#717191-0014)	<input type="checkbox"/> \$973.00	<input type="checkbox"/> \$1233.00 <sup>(1)</sup>

#### Out-of-State

Senior Supplement & PDP <sup>(2)</sup> w/Choice Plus PPO (#717191-0009)	<input type="checkbox"/> \$1341.00	<input type="checkbox"/> \$1683.00 <sup>(1)</sup>
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#### Notes applicable to Cost of Coverage

**(1)** Retiree and Dependents monthly premium is a multiple of the number of lives covered and the Retiree Only 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, you are also cancelling your Medicare Part D prescription drug coverage.

# Cost for Coverage *Dental Plan Premiums*

(January 1 through December 31, 2014)

Use this chart to determine how your dental plan election will affect your pension check.

## MONTHLY PREMIUMS – DENTAL PLANS PROVIDED BY ASSURANT EMPLOYEE BENEFITS

 <b>DENTAL INSURANCE PLANS</b>	<b>Retiree Only</b>	<b>Retiree &amp; 1 Dependent</b>	<b>Retiree &amp; 2 or more Dependents</b>
Freedom Advance (High Option)	<input type="checkbox"/> \$35.51	<input type="checkbox"/> \$70.87	<input type="checkbox"/> \$100.29
Freedom Basic (Low Option)	<input type="checkbox"/> \$16.67	<input type="checkbox"/> \$35.25	<input type="checkbox"/> \$64.54
Prepaid (AZ Only)-DHMO Dental Plan 220	<input type="checkbox"/> \$13.96	<input type="checkbox"/> \$23.34	<input type="checkbox"/> \$39.23
Prepaid (AZ Only)-Heritage Secure w/SBA	<input type="checkbox"/> \$10.61	<input type="checkbox"/> \$17.41	<input type="checkbox"/> \$26.90
Prepaid (Other States Where Available)	<input type="checkbox"/> \$10.21	<input type="checkbox"/> \$17.27	<input type="checkbox"/> \$27.24

## Calculating Your Monthly Health Insurance Cost

Each retiree or LTD recipient’s circumstances are different. The ASRS offers retiree health insurance plans as does the Arizona Department of Administration and more than 200 participating employers to allow retirees to remain on their active employee coverage. Premium benefits vary depending on a retiree’s years of service. They also vary among the four state retirement systems and plans. Premiums also differ depending on the plan in which the retiree is enrolled and whether single or family coverage is elected.

Use the worksheet on the next page to determine the monthly cost of health insurance based on the plans you have selected and any applicable

premium benefit amount. Amounts for insurance premiums will be deducted from your monthly pension check or you will be required to pay to the insurance carrier(s) or your employer directly.

If you log into your personal homepage on the ASRS website, you can see your monthly pension payment summary. It displays any basic premium benefit (HI PREM BENEFIT) and the full amount of your health insurance premium (HLTH INS PREM). However, only your **net health insurance cost (NET PREMIUM)** is being deducted from your pension check.

# Net Monthly Health Insurance Cost Worksheet

Your monthly medical plan premium from pages 50-51.

\$  **A**

Your monthly dental plan premium from page 52.

+ \$  **B**

**Total Premium** (A plus B)

\$  **C**

Your Basic Premium Benefit (See chart on page 54).

- \$  **D**

**Your Net Premium** (C minus D)

= \$  **E**

# Retiree Health Insurance Premium Benefit Program

## *Basic Premium Benefit Amounts*

The monthly premiums shown in the charts on pages 50-51 are the full cost for the medical and dental coverages. The Arizona State Retirement System, Public Safety Personnel Retirement System, Elected Officials' Retirement Plan, and Corrections Officer Retirement Plan will provide payment toward insurance premiums for eligible members and their dependents. The chart below reflects the maximum monthly basic premium benefit available for eligible members and their dependents.

No basic premium benefit is provided to retirees in the University Optional Retirement Plans and the DC Corp plan.

To determine your basic premium benefit, you need to know your years of credited service in your retirement system or plan; your coverage type, i.e., single or family coverage; and, whether you and covered family members are eligible for Medicare.

Years of Service	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
<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 - <i>Defined Benefit Plan Only</i></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>						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
<b>Public Safety Personnel Retirement System (PSPRS)</b>						
not applicable	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

# Optional Health Insurance Premium Benefit Program

**E**ffective January 1, 2004, a new ASRS retiree may elect to receive a reduced premium benefit that, upon his or her death, may be continued to the retiree's contingent annuitant. There are certain restrictions applicable to this benefit:

- election of a joint and survivor or period certain pension option is required;
- the contingent annuitant must receive, upon the death of the retiree, a continuing monthly pension benefit;
- the contingent annuitant must either be participating or eligible to participate in the retiree's health care program at the time of the retiree's death;
- the reduced premium benefit will remain in effect as long as the contingent annuitant receives a monthly pension benefit and remains enrolled in an eligible health care plan; and
- the retiree may cancel in writing the election at anytime and be eligible for the unreduced premium benefit payable for the retiree's lifetime and as provided by law.

The law also provides that members have a "one-time" opportunity to elect this benefit when they retire. Therefore, the election to participate in this program is made at the time the retiree completes his or her ASRS retirement application.

This benefit is applied in the following manner depending on your election of either a joint and survivor or period certain pension option:

## **Joint and Survivor Pension Option**

If the retiree elects a Joint and Survivor option, the retiree would receive a reduced premium benefit based on a factor determined by the ages of the retiree and the contingent annuitant. Upon the death of the retiree, the contingent annuitant would receive either 100%, 66 2/3%, or 50% of the reduced premium benefit. This benefit would be further reduced if a change from family coverage to single coverage occurs.

## **Period Certain and Life Pension Option**

If the retiree elects a period certain option, the retiree would receive a reduced premium benefit based on a factor determined by the ages of the retiree and the contingent annuitant. Upon the death of the retiree, the contingent annuitant would receive the reduced premium benefit the retiree was receiving only for the remainder of the period certain. This benefit would be further reduced if a change from family coverage to single coverage occurs.

**Please use the worksheet on page 53 to calculate an estimate of your optional premium benefit and what continuing amount may be applicable to your contingent annuitant.**

**It is very important to remember** that the ASRS will not know **exactly** how much the premium benefit will be for the contingent annuitant at the time of the retired member's death. Adding or deleting dependents, changes to the statute which provides premium benefits and going from non-Medicare to Medicare eligible status affect the amount of premium benefit to which the retiree or contingent annuitant is entitled.

# Calculating Your Optional Premium Benefit

Completing the worksheet on the next page will assist you in understanding the reduction(s) to your premium benefit if you elect to participate in this program. Please remember that participation is voluntary. If you elect to participate, you may rescind your election at a later date and your unreduced premium benefit will be reinstated and will continue to be applied for the remainder of your lifetime and as provided by law.

In order to complete this worksheet, you need to know the dollar amount of the unreduced premium benefit to which you are entitled, the pension option you will elect, and the age of your contingent annuitant. The unreduced amount of your premium benefit is a function of your years of credited service, where you live, whether you are Medicare eligible and your election of family or single coverage.

# Calculating Your Optional Premium Benefit Worksheet

Total **unreduced** Premium Benefit to which you are entitled:

**Family Coverage**

**Single Coverage**

Pension option chosen: \_\_\_\_\_

\$

**A**

**A**

\$

Your age at retirement: \_\_\_\_\_

Your contingent annuitant's age at your retirement: \_\_\_\_\_

Factor from appropriate Table:  
(Factor Tables begin on page 69-74).

**B**

**B**

**Reduced** Premium Benefit payable during your lifetime or as provided by law.

**A times B**

\$

**C**

**C**

\$

Effective on the first day of the month following your date of death, your contingent annuitant is entitled to a reduced premium benefit, based on your chosen pension option, equal to:

## For Joint and Survivor Options:

Option Chosen: (100%, 66 2/3% or 50%)

**D**

**D**

If **family coverage** remains in effect, the contingent annuitant is entitled to:

**C times D**

\$

**E**

If **single coverage** becomes effective, the contingent annuitant is entitled to a recalculation based on a single unreduced premium benefit X the factor X the J&S pension option.

**C times D**

**E**

\$

## For Period Certain and Life Options:

If **family coverage** remains in effect, the contingent annuitant is entitled to:

**Box C Amount**

\$

**F**

If **single coverage** becomes effective, the contingent annuitant is entitled to a recalculation based on the single unreduced premium benefit X the factor.

**Box C Amount**

**F**

\$

# Pension Benefits

If you have enrolled in ASRS or ADOA retiree health care coverage, don't forget to verify your direct deposit summary by logging on to the ASRS website for the correct premium for the coverage(s) you elected. If you feel that your summary is not

accurate, you must notify ASRS (or PSPRS, if applicable), Member Services within 30 days of your effective date. **Changes or additions requested beyond 30 days will only be allowed if there is a Qualifying Event (see page 5).**

## Direct Deposit

The ASRS strongly encourages retirees to use electronic direct deposit for payment of your monthly ASRS benefit. It's a safe, secure and efficient way to receive your benefit each month. New retirees can provide their banking information with their retirement application to affect a smooth transition of benefit payments. Current retirees may also set up direct deposit, or change their direct deposit, at any time.

To sign up for or make a change to your direct deposit on the ASRS website:

1. Log onto the ASRS website at [www.azasrs.gov](http://www.azasrs.gov)

2. Click on the Login button located near the bottom of the page. You must then log in to the secure section of the ASRS website. To do this, enter your information and click "Login to Secure Home Page"
3. Once you are logged into your secure home page, click "Payment Information" (located on the left menu bar).
4. Click on "Enroll in Direct Deposit" and follow the simple instructions.

If you are unable to update your information online, you may complete a Direct Deposit form and mail it to the ASRS. This form can be downloaded from the ASRS website or you may call the ASRS to have the form mailed to you.

## ASRS Benefit Card

The Arizona State Retirement System does not issue monthly benefit payments with paper checks. Instead, for those who do not use Direct Deposit, benefits are paid to a debit-type plastic card, which will be "loaded" each month with your benefit payment. The ASRS Benefit Card is issued through Bank of America which allows direct deposit of retirement payments to those who do not have a traditional bank account. This is a prepaid debit card with your ASRS pension benefit, not a credit card. To learn more about the ASRS Benefit

Card program, please view our website or to begin the process, visit <https://www.azasrs.gov/web/Login.do>.



# Direct Deposit Summary

Below is an example of an ASRS direct deposit summary for a retiree with ASRS or ADOA coverage. Please note, under the Payment Sources column, the inclusion of additional monies reflected in the premium benefit (HI PREM BENEFIT). Also note, under the Deductions column, the full health insurance premium for your medical and/or dental coverage (HLTH INS PREM).

However, retirees are only paying the net premium after the premium benefit is applied.



Arizona State Retirement System  
P.O. Box 33910  
Phoenix, AZ 85067-3910

**IMPORTANT NOTICE**

RETAIN FOR YOUR RECORDS THIS IS NOT A CHECK

Contact Us:  
(602) 240-2000 (within metro Phoenix)  
(520) 239-3100 (within metro Tucson)  
(800) 821-3778 (toll free outside metro Phoenix and Tucson)  
www.asrs.gov

JOHN Q PUBLIC  
1234 E FIRST ST  
MESA AZ 85205-6801

ACCOUNT ID ASR-PMM  
PLAN NAME ASRS ANNUITY - PLAN MEMBER

CRP16 AQ001 MNT

DIRECT DEPOSIT SUMMARY					
PAYMENT DATE	SOCIAL SECURITY NUMBER		NET PAYMENT		
OCTOBER 01, 2010	000-00-0000		2,259.76		

PAYMENT DETAIL					
PAYMENT SOURCES	CURRENT	YEAR-TO-DATE	DEDUCTIONS	CURRENT	YEAR-TO-DATE
ANNUITY	2,078.42	20,784.20	FEDERAL TAX	606.00	6,050.00
PBI/EPBI	921.12	9,211.20	STTAX-AZ	153.00	1,498.00
NONTAX EXCLU	113.83	1,138.30	HLTH INS PREM	194.61	1,946.10
HI PREM BENEFIT	100.00	1,000.00			
<b>GROSS PAYMENT</b>	<b>3,213.37</b>	<b>32,133.70</b>	<b>TOTAL DEDUCTIONS</b>	<b>953.61</b>	<b>9,494.10</b>

**HI PREM BENEFIT:** Premium Benefit provided to you which is applied to the cost of the monthly health insurance premium for your medical and dental plan coverage.

**HLTH INS PREM:** Total Health Insurance Premium for the medical and dental plans in which you are enrolled before **HI PREM BENEFIT** is applied.

YOUR PAYMENT HAS BEEN ELECTRONICALLY TRANSMITTED:

Deposit Account: Bank TR#  
00000000000000000000 000000000000

WIH ELECTIONS: FED CALCULATED - S10+250.00  
STATE FLAT PERCENTAGE - 5%

**NON - NEGOTIABLE**

# Frequently Asked Questions

1. *What is the best way to determine which medical plan is right for me?*

There's a lot to consider. The key is to look at your own situation, study what the plans offer, and their corresponding premiums, where the plans offer coverage (i.e., in which Arizona county or out-of-state), and decide what is best for you.

2. *What is coordination of benefits?*

When a retiree or LTD member has more than one health plan, or is considered a covered dependent under another plan, benefits are coordinated so that no more than 100% of the claim is paid to a medical provider. One plan will be considered the primary and the other will be considered secondary. If you are enrolled in Medicare, Medicare will be your primary plan and ASRS will be your secondary plan.

3. *What is the Long Term Disability program?*

This plan provides you with a monthly benefit designed to partially replace income lost during periods of total disability resulting from a covered injury, sickness or pregnancy. It is provided as a benefit under your plan with the ASRS. The ASRS has contracted with Sedgewick for administration of this plan.

4. *I'm enrolling in the Group Medicare Advantage (HMO) plan. What kind of doctors are available from which to choose when selecting a PCP? Must I choose a Primary Care Physician (PCP) for myself and for my whole family?*

Your medical plan PCP is responsible for coordinating all of your medical care, including referrals to specialists

and obtaining necessary prior authorizations. PCPs are Family Practice, General Practice or Internal Medicine. Women may self-refer to an in-network OB/GYN.

While you may select one PCP for your whole family, you may want to choose different PCPs for each family member. Each covered family member may have his or her own PCP. You will need to record a PCP for each covered family member, even if you all use the same one, on the Enrollment Form in the "listing of eligible individuals to be enrolled" section near the bottom of the form.

5. *How can I get a directory of medical providers?*

For Group Medicare Advantage (HMO) call 866-208-3428 or visit **UHCretiree.com/ASRS**. For Choice or Choice Plus call 800-357-0971 or visit **UHC.com**. Please remember that a copy of a provider directory is only accurate as of the date it is printed. Updated provider information is available online. You may call the physician you wish to select to verify their participation and availability.

6. *Is there a pre-existing condition clause under the health insurance plans ASRS offers?*

A pre-existing condition is generally considered an illness a person has prior to applying for health insurance. Currently ASRS does not deny health insurance for any reason relating to a pre-existing condition.

# Frequently Asked Questions

## 7. *What is the best way to determine which dental plan is right for me?*

You should consider your own situation and type of dental care you typically need during the year (and, if you are covering any dependents, you will want to factor in their dental care needs, too). In particular, if you are considering enrolling in one of the indemnity plans, be sure that you compare the differences in the two plans and the type of coverage each plan offers. If you are thinking about choosing one of the Prepaid dental plans offered in Arizona only, be sure you compare the copayment schedules of the two plans and factor in those costs along with the annual premium amounts when making your decision.

## 8. *What kind of dentist may I choose when selecting a General Dentist?*

Prepaid Dental: With your Assurant prepaid dental plan, you must select a General Dentist from the list of contracted providers. Simply choose a provider from the provider directory and list the dentist ID# on your Enrollment Form. To get a directory, please call the Assurant ASRS onsite representative at the number listed on the inside back cover of this guide or visit the Assurant website dedicated to ASRS at [AssurantEmployeeBenefits.com/ASRS](http://AssurantEmployeeBenefits.com/ASRS). When you are selecting your dentist, be sure you select the correct Prepaid dental network for the plan you are choosing. In Arizona, you will choose either the network from “Heritage Series” (for the Heritage Secure w/ SBA) or “DHMO Dental Series” (for the DHMO Dental Plan

220 w/ Ortho copayments).

Indemnity Dental: With your Assurant indemnity dental plan, you have complete freedom-of-choice in dental providers. You may visit any licensed general dentist or specialist in the United States. However, you also have the option to 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 get a directory, please call the Assurant ASRS on-site representative at the number listed on the inside back cover of this guide or visit the Assurants website dedicated to ASRS at [AssurantEmployeeBenefits.com/ASRS](http://AssurantEmployeeBenefits.com/ASRS).

## 9. *I'm enrolling for family coverage in one of the Assurant prepaid dental plans. May I select a General Dentist for my whole family?*

Prepaid Dental: While you may select one General Dentist for everyone, you may want to choose a different General Dentist for each family member. Each covered family member can have his or her own General Dentist. Just be sure to include the dentist ID# for each covered family member on your Enrollment Form.

## 10. *How do I change my General Dentist?*

Prepaid Dental: Call Assurant at 800.443.2995 to change your General Dentist. Requests must be received by the 20th of the month to be effective the 1st day of the following month.

# Frequently Asked Questions

Requests received after the 20th of the month will be effective on the 15th day of the following month. Remember, if you would like to change your General Dentist, you must contact Assurant before making an appointment with your new General Dentist. You should also confirm that you are on your General Dentist's monthly roster when you make your dental appointment.

Indemnity Dental: The plan provides complete freedom-of-choice in providers. No selection is necessary.

## **11. How do I use my General Dentist?**

Prepaid Dental: Your General Dentist is responsible for maintaining your dental health. Should you need to see a specialist (periodontist, endodontist, oral surgeon, orthodontist), you may self-refer for dental care. You are encouraged to discuss all your dental health needs with your General Dentist. He or she will be happy to work with you to assure you understand your dental health needs. Assurant's provider directory lists all dental providers who participate with the plan. The contracted providers are credentialed to assure they meet Assurant's corporate standards.

Indemnity Dental: You may receive dental care from any licensed dentist or specialist in the United States. However, you also have the option to 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. Assurant strongly

recommends that whenever the cost of any proposed dental treatment exceeds \$300, a pre-treatment estimate be submitted for review before treatment begins. This pre-estimate of benefits will inform you of your expected out-of-pocket costs.

## **12. What is the procedure if I need to see a specialist?**

Prepaid Dental: You do not need a referral from your General Dentist to see a participating Plan Specialty Dentist. Plan Specialty Dentists are listed in the Assurant provider directory with their specialty type. If you enroll in the Heritage Secure w/ SBA plan in Arizona, there are specific procedures identified in the Schedule of Benefits that have a set copayment when performed by a Plan Specialty Dentist who accepts the SBA plan. The SBA Plan Specialty Dentists are indicated with an "S" in the directory listing. For services that are not listed on the SBA copayment list, the Plan Specialty Dentists will offer a 25% discount (15% for endodontic care) off their usual and customary charge (UCR). Benefits for specialty care are not available from non-Plan dentists. Orthodontic care is offered to adults and children at a 25% discount from the participating orthodontist's UCR fee.

If you enroll in the DHMO Dental Plan 220 with Ortho copayments in Arizona, many common specialty procedures can be performed by a participating network General Dentist or Plan Specialty Dentist for the same fixed copayment and are identified as such in the copayment listing with the symbol "(S)" after the applicable Service

# Frequently Asked Questions

**Description.** In addition, many of these same common specialty procedures can also be performed by a Non-Plan Specialty Dentist. The specific procedures are listed in the copayment schedule. For these specific procedures, you will submit a claim to Assurant and receive reimbursement up to a maximum amount based on the procedure code performed. For dental services obtained from a Plan Specialty Dentist that are not listed in the copayment schedule, the Plan Specialty Dentist will offer a 25% discount (15% for endodontic care). Orthodontic care is provided for a set copayment for certain orthodontic procedures as listed in the copayment schedule for adults and children. Other orthodontic care is offered to adults and children at a 25% discount from the participating orthodontist's UCR fee.

**Indemnity Dental:** You can receive your dental care from any licensed dentist or specialist in the United States. However, you also have the option to 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. Assurant strongly recommends that whenever the cost of any proposed dental treatment exceeds \$300, a pre-treatment estimate plan be submitted for review before treatment begins. This pre-estimate of benefits will inform you of your expected out-of-pocket costs.

**13. *How much and when do I have to pay for my dental visit?***

**Prepaid Dental:** You will be charged according to your Schedule of Benefits on the Prepaid Dental Plan, depending on which plan you choose. You should carefully review your Evidence of Coverage and copayment listing and discuss all charges with your Plan dentist before the services are performed. Payment for dental services is due at the time treatment is rendered or in accordance with the Plan dentist's billing procedures. Except for certain specialty procedures as listed in the DHMO Dental Plan 220 copayment schedule, any services performed by a Non-Plan Dentist are NOT covered.

**Indemnity Dental:** Most dentists will file your dental claims for you and charge you your coinsurance and any deductible that may apply. You will receive an Explanation of Benefits after Assurant pays the claim which will show you what benefits have been covered and the amount for which you are responsible. Assurant strongly recommends that whenever the cost of any proposed pre-treatment estimate exceeds \$300, a dental treatment plan be submitted for review before treatment begins. This pre-estimate of benefits will inform you of your expected out-of-pocket costs. You should review your Certificate of Coverage and discuss your proposed dental treatment options with your dentist before the services are performed.

**14. *What should I do if I have a dental emergency?***

**Prepaid Dental:** First, contact your Plan General Dentist to make an appointment. If your Plan General Dentist is unable to see you, you may seek treat-

# Frequently Asked Questions

ment from any licensed dentist in the United States. Please be informed that the emergency benefit in your plan is limited to the temporary relief of pain and has limited benefits.

**Indemnity Dental:** You can receive your dental care from any licensed dentist or specialist in the United States. If your regular dentist cannot see you in an emergency, the dentist who treats you may require that you pay for your emergency dental care at the time treatment is rendered and then you will submit a claim directly to Assurant.

**15. How can I get a directory of participating dentists?**

**Prepaid Dental:** Call Assurant's ASRS on-site representative OR Assurant's customer service department at the numbers listed in the back of this guide or visit Assurant's dedicated web site at [AssurantEmployeeBenefits.com/ASRS](http://AssurantEmployeeBenefits.com/ASRS) and select the directory listing for the Prepaid Dental plan you have selected.

**Indemnity Dental:** You can receive your dental care from any licensed dentist or specialist in the United States. However, you also have the option to use a dentist who participates in the Assurant Dental Network to receive additional savings on all your covered dental treatments and services. Call Assurant's ASRS on-site representative OR Assurant's customer service department at the numbers listed in the back of this guide or visit Assurant's dedicated web site at [AssurantEmployeeBenefits.com/ASRS](http://AssurantEmployeeBenefits.com/ASRS) and select the directory listing for the Assurant Dental Network of dentists.

**16. Can I enroll in one of the ASRS-sponsored dental plans if I do not enroll in one of the ASRS-sponsored medical plans?**

Yes, all eligible public sector retirees, LTD recipients and eligible dependents are eligible to enroll in one of the dental plans offered by Assurant Employee Benefits even if they do not enroll in an ASRS medical plan. The ASRS does not require enrollment in an ASRS medical plan in order for you to be eligible to enroll in a dental plan through the ASRS. Although some retirees maintain their employer's medical plan and others may be enrolled on their spouse's medical coverage, they are still eligible to enroll in a dental plan through the ASRS. When you are enrolled in one of the ASRS-sponsored dental plans, the Premium Benefit to which you are entitled will be applied to your dental plan premium first. If you are also enrolled in an eligible medical plan, the remainder of the Premium Benefit will then be applied to the medical plan's premium.

# Frequently Asked Questions

**17. How much are the 2014 monthly premiums for Medicare Part B?**

Your monthly premium will be higher if you file an individual tax return and your annual income is more than \$85,000, or if you are married (file a joint tax return) and your annual income is more than \$170,000.

If you meet these criteria, Social Security will use income from three years ago. For example, the income reported on your 2011 tax return will be used to determine your monthly Part B premium in 2014. If your income has decreased since 2011, you

can ask that the income from a more recent tax return be used to determine your premium, but you must meet certain criteria.

At the end of each year, Social Security Administration should have sent to you a letter if your Part B premium will increase based on the level of your income and to tell you what you can do if you disagree.

For more information about Part B premiums based on income, call Social Security at 800-772-1213. TTY users should call 800-325-0778.

## If you are retiring in 2014...

You Pay:	If Your Yearly Income Is:	
\$104.90 \$146.90 \$209.80 \$272.70 \$335.70	<b>SINGLE</b>	<b>MARRIED COUPLE</b>
	\$85,000 or less	\$170,000 or less
	\$85,001 - \$107,000	\$170,001 - \$214,000
	\$107,001 - \$160,000	\$214,001 - \$320,000
	\$160,001 - \$214,000	\$320,001 - \$428,000
\$104.90 \$146.90 \$209.80 \$272.70 \$335.70	<b>If Married But Filing a Separate Tax Return, and Your Yearly Income Is:</b>	
	\$170,000 or less	
	\$170,001 - \$214,000	
	\$214,001 - \$320,000	
	\$320,001 - \$428,000	
Above \$428,000		

# Glossary

**Allowable Amount** Term used by some health care plans (both medical and dental plans) to determine the amount of the Billed Charge which would be considered Usual, Customary, and Reasonable (see definition below). Term may also be known as the allowable charge.

**Balance Billing** Billing a patient for the difference between the dentist's actual charge and the amount allowed or paid by the patient's dental benefits plan. Balance billing for an amount other than the discounted fee for the covered service(s) performed is not allowed with DHA participating dentists.

**Billed Charge** The amount the provider bills for services rendered.

**Coinsurance** The percent of the allowable amount to be paid by the insurance company and the patient; i.e., 60/40 or 80/20. The first percentage is paid by the company; 60% or 80% and the second percentage paid by the patient: 40% or 20%.

**Copayment** The fixed fee that must be paid to the provider at the time services are provided, such as the pharmacy for a prescription or the network dentist for a prepaid dental plan.

**Deductible** The initial amount the patient must pay out of their pocket for covered services before benefits are payable by the insurance carrier.

**Emergency** Defined by each plan in accordance with their standard definitions.

**Health Maintenance Organization (HMO)** A medical plan providing comprehensive medical benefits, including preventive care, when you agree to use a select group of network providers. Generally, all care is directed by your chosen Primary Care Physician (PCP). Your PCP will refer you to a specialist if medically appropriate.

**Indemnity Dental Plan** A dental plan that allows you to choose any eligible licensed provider in the United States to receive care. Members and dentists are reimbursed for eligible dental expenses according to the benefit schedule in effect, allowing for deductibles and coinsurance.

**In-Network** Services provided by a contracted provider in accordance with all plan requirements.

**Medicaid** A state-run health insurance program designed primarily to help those with low income and little or no resources. The federal government helps pay for Medicaid, but each state has its own rules about who is eligible and what is covered under Medicaid. Some people qualify for both Medicare and Medicaid.

**Medicare** Our country's health insurance program for people age 65 or older, certain people with disabilities who are under age 65 and people of any age who have permanent kidney failure. It provides basic protection against the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care.

Medicare is financed by a portion of Federal Insurance Contributions Act (FICA) taxes, or payroll taxes, paid by workers and their employers. It also is financed in part by monthly premiums paid by beneficiaries.

The Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for managing both Medicare and Medicaid.

There are three parts of Medicare. They are:

- **Hospital Insurance** (also called Medicare "Part A"), helps pay for care in a hospital and skilled nursing facility, home health care and hospice care.

# Glossary (continued)

- **Medical Insurance** (also called Medicare “Part B”), helps pay for doctors, out-patient hospital care and other medical services. Medicare requires that you pay a monthly premium for Part B coverage.
- **Prescription Drug Insurance** (also called Medicare “Part D”), helps pay for a portion of the prescription drug expense after satisfying a calendar year deductible. Medicare requires that you pay a monthly premium for the "Part D" coverage. ASRS enrolled members do not have to purchase separate "Part D" coverage as each ASRS Medicare eligible medical plan provides a similar prescription drug program.

**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 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.

**Non-Participating Provider** A provider with no contractual limitation on what he or she may bill and thus may practice balance-billing, as well as require payment at the time services are rendered.

**Participating Specialty Dentist** A specialized provider, such as an endodontist, oral surgeon, orthodontist, pedodontist, periodontist or prosthodontist, with a contractual limitation on what he or she may bill the patient for services covered by the prepaid dental plan or that offers discounts on covered services for members enrolled in one of the indemnity dental plans.

**Pre-Estimate of Benefits (Indemnity Dental plan only)** Whenever the estimated cost of a recommended Dental Treatment Plan exceeds \$300, the treatment plan should be submitted to the insurance carrier for review. This permits the carrier to review the treatment plan for alternative treatment procedures, which may be less costly, provided they do not affect the quality of care. The member knows in advance what his or her financial responsibility for the treatment will be prior to the actual services being performed.

**Preferred Provider** A provider who has signed an agreement with the insurance carrier not to charge that carrier’s members more than the insurer’s Allowable Amount.

**Prepaid Dental Plan** A dental plan that offers fixed copayments or discounts for dental services for members who agree to use dentists in the plan's provider network. Members select a general dentist from the network of dentists as their primary dentist and are listed as a member on the dentists' roster (the roster is a list of eligible members that is provided to the dentist on the 1st and 15th of every month). The member will receive a list of covered services and the amount he / she will pay to their selected Plan dentist (or Plan specialist) at the time services are rendered (referred to as the copayment).

# Glossary (continued)

**Primary Care Physician (PCP)** The physician responsible in an Group Medicare Advantage (HMO) plan for directing all patient care including referrals to specialists and obtaining necessary pre-certifications. This physician is a General Practice, Family Practice, Pediatric or Internal Medicine specialist. Women can self-refer to an in-network OB/GYN.

**Prophylaxis** A routine cleaning procedure that includes light scraping (scaling) of the teeth to remove plaque and calculus/tartar. This procedure should be performed at least every six months.

**Rehabilitation** Usually physical therapy, speech therapy and/or occupational therapy.

**Senior Supplement Plan** is for members who are enrolled in both Medicare Parts A and B. With this plan you have the freedom to obtain medical care from any physician or hospital that accepts Medicare.

**Specialty Benefit Amendment** An amendment added to the Arizona Heritage Secure Prepaid Dental Plans Schedule of Benefits that allows members to receive select major dental services from Assurant contracted specialty dentists for a specific copayment; available to Arizona residents only.

**Precertification Review** A process that verifies the medical necessity and appropriateness of proposed services or supplies.

**Preferred Provider Organization (PPO) Plan** A plan that provides benefits in an indemnity fashion, but pays a higher percentage of the cost of services if patients use a PPO network provider than if they use a non-PPO provider. **If you go to a provider who is a member of the PPO network**, after you first satisfy a deductible, the plan generally pays 80 percent of the cost for care and you pay 20 percent. **If you go to a provider who is not a member of the PPO network**, after you first satisfy a deductible, the plan generally pays 60 percent of the cost for care and you pay 40 percent.

**Usual, Customary and Reasonable (UCR)** A charge which is based on the general level of charges made by other providers in the area for like treatment, procedures, services, and/or supplies, also known as the Allowable Amount or allowable charge. The insurance carrier's determination of the UCR is final for the purpose of determining benefits payable under the insurance carrier's policy.

# Optional Premium Benefit Program Factor Table 100% Joint & Survivor Factors

Age of Retiree\*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9640	0.9606	0.9569	0.9527	0.9482	0.9432	0.9376	0.9315	0.9247	0.9171	0.9087	0.8994	0.8891	0.8776	0.8647	0.8537	0.8420	0.8296	0.8166	0.8030
52	0.9654	0.9620	0.9584	0.9544	0.9500	0.9451	0.9397	0.9337	0.9271	0.9197	0.9115	0.9024	0.8923	0.8810	0.8684	0.8576	0.8461	0.8340	0.8212	0.8078
53	0.9667	0.9635	0.9599	0.9560	0.9518	0.9470	0.9418	0.9359	0.9295	0.9223	0.9143	0.9054	0.8955	0.8844	0.8721	0.8614	0.8502	0.8383	0.8258	0.8125
54	0.9680	0.9648	0.9614	0.9577	0.9535	0.9489	0.9438	0.9381	0.9318	0.9248	0.9170	0.9083	0.8986	0.8878	0.8757	0.8653	0.8542	0.8426	0.8303	0.8173
55	0.9692	0.9662	0.9629	0.9592	0.9552	0.9507	0.9458	0.9403	0.9341	0.9273	0.9197	0.9112	0.9017	0.8911	0.8792	0.8690	0.8582	0.8468	0.8347	0.8220
56	0.9704	0.9675	0.9643	0.9608	0.9569	0.9526	0.9477	0.9424	0.9364	0.9297	0.9223	0.9140	0.9047	0.8943	0.8827	0.8727	0.8621	0.8509	0.8391	0.8266
57	0.9716	0.9688	0.9657	0.9623	0.9585	0.9543	0.9496	0.9444	0.9386	0.9321	0.9249	0.9167	0.9077	0.8975	0.8860	0.8762	0.8659	0.8549	0.8433	0.8310
58	0.9728	0.9700	0.9671	0.9637	0.9601	0.9560	0.9515	0.9464	0.9407	0.9344	0.9273	0.9194	0.9105	0.9005	0.8892	0.8797	0.8695	0.8587	0.8473	0.8353
59	0.9739	0.9712	0.9683	0.9651	0.9616	0.9576	0.9532	0.9483	0.9428	0.9366	0.9297	0.9219	0.9132	0.9034	0.8923	0.8829	0.8729	0.8623	0.8511	0.8393
60	0.9749	0.9724	0.9696	0.9665	0.9630	0.9592	0.9549	0.9501	0.9447	0.9387	0.9319	0.9243	0.9157	0.9061	0.8951	0.8859	0.8761	0.8656	0.8546	0.8429
61	0.9758	0.9734	0.9707	0.9677	0.9644	0.9606	0.9564	0.9518	0.9465	0.9406	0.9340	0.9265	0.9181	0.9085	0.8977	0.8886	0.8789	0.8686	0.8577	0.8462
62	0.9767	0.9744	0.9718	0.9688	0.9656	0.9620	0.9579	0.9533	0.9482	0.9424	0.9359	0.9285	0.9202	0.9108	0.9001	0.8911	0.8815	0.8713	0.8605	0.8490
63	0.9775	0.9752	0.9727	0.9699	0.9667	0.9632	0.9592	0.9547	0.9497	0.9440	0.9375	0.9303	0.9220	0.9127	0.9020	0.8931	0.8835	0.8734	0.8626	0.8513
64	0.9782	0.9760	0.9735	0.9708	0.9677	0.9642	0.9603	0.9559	0.9509	0.9453	0.9389	0.9317	0.9235	0.9142	0.9035	0.8946	0.8851	0.8749	0.8641	0.8527
65	0.9788	0.9766	0.9742	0.9715	0.9685	0.9651	0.9612	0.9569	0.9520	0.9464	0.9400	0.9328	0.9246	0.9152	0.9044	0.8955	0.8859	0.8757	0.8648	0.8533
66	0.9798	0.9777	0.9754	0.9728	0.9699	0.9667	0.9630	0.9588	0.9541	0.9487	0.9426	0.9356	0.9276	0.9185	0.9080	0.8992	0.8899	0.8799	0.8693	0.8580
67	0.9807	0.9788	0.9766	0.9741	0.9714	0.9683	0.9647	0.9607	0.9562	0.9510	0.9451	0.9384	0.9306	0.9217	0.9115	0.9030	0.8939	0.8841	0.8737	0.8627
68	0.9817	0.9798	0.9777	0.9754	0.9728	0.9698	0.9664	0.9626	0.9582	0.9533	0.9476	0.9411	0.9336	0.9250	0.9150	0.9068	0.8979	0.8884	0.8782	0.8674
69	0.9826	0.9808	0.9788	0.9766	0.9741	0.9713	0.9681	0.9644	0.9602	0.9555	0.9500	0.9437	0.9365	0.9282	0.9185	0.9105	0.9018	0.8926	0.8827	0.8722
70	0.9834	0.9818	0.9799	0.9778	0.9754	0.9727	0.9697	0.9662	0.9622	0.9576	0.9524	0.9463	0.9394	0.9313	0.9219	0.9141	0.9058	0.8968	0.8872	0.8769

\*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

# Optional Premium Benefit Program Factor Table 66-2/3% Joint & Survivor Factors

Age of Retiree\*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9757	0.9734	0.9708	0.9680	0.9648	0.9614	0.9575	0.9532	0.9485	0.9432	0.9372	0.9306	0.9232	0.9149	0.9055	0.8974	0.8888	0.8796	0.8698	0.8594
52	0.9766	0.9744	0.9719	0.9691	0.9661	0.9627	0.9590	0.9548	0.9502	0.9450	0.9392	0.9328	0.9255	0.9174	0.9082	0.9003	0.8919	0.8828	0.8732	0.8631
53	0.9775	0.9753	0.9729	0.9703	0.9673	0.9640	0.9604	0.9564	0.9518	0.9468	0.9412	0.9349	0.9278	0.9199	0.9109	0.9032	0.8949	0.8861	0.8767	0.8667
54	0.9784	0.9763	0.9739	0.9714	0.9685	0.9653	0.9618	0.9579	0.9535	0.9486	0.9431	0.9370	0.9300	0.9223	0.9135	0.9060	0.8979	0.8892	0.8801	0.8703
55	0.9793	0.9772	0.9750	0.9725	0.9697	0.9666	0.9632	0.9594	0.9551	0.9503	0.9450	0.9390	0.9323	0.9247	0.9161	0.9087	0.9008	0.8924	0.8834	0.8738
56	0.9801	0.9781	0.9759	0.9735	0.9708	0.9679	0.9645	0.9608	0.9567	0.9520	0.9468	0.9410	0.9344	0.9270	0.9186	0.9114	0.9036	0.8954	0.8866	0.8773
57	0.9809	0.9790	0.9769	0.9745	0.9720	0.9691	0.9658	0.9622	0.9582	0.9537	0.9486	0.9429	0.9365	0.9292	0.9210	0.9139	0.9064	0.8983	0.8897	0.8806
58	0.9817	0.9798	0.9778	0.9755	0.9730	0.9702	0.9671	0.9636	0.9597	0.9553	0.9503	0.9448	0.9385	0.9314	0.9233	0.9164	0.9090	0.9011	0.8927	0.8838
59	0.9824	0.9806	0.9787	0.9765	0.9741	0.9713	0.9683	0.9649	0.9611	0.9568	0.9520	0.9465	0.9404	0.9334	0.9255	0.9187	0.9115	0.9038	0.8955	0.8868
60	0.9831	0.9814	0.9795	0.9774	0.9750	0.9724	0.9695	0.9662	0.9624	0.9583	0.9535	0.9482	0.9422	0.9353	0.9276	0.9209	0.9138	0.9062	0.8981	0.8895
61	0.9838	0.9821	0.9803	0.9782	0.9760	0.9734	0.9705	0.9673	0.9637	0.9596	0.9550	0.9498	0.9438	0.9371	0.9294	0.9229	0.9159	0.9084	0.9004	0.8919
62	0.9844	0.9828	0.9810	0.9790	0.9768	0.9743	0.9715	0.9684	0.9648	0.9608	0.9563	0.9512	0.9453	0.9387	0.9311	0.9246	0.9177	0.9103	0.9024	0.8940
63	0.9849	0.9834	0.9816	0.9797	0.9776	0.9751	0.9724	0.9693	0.9659	0.9619	0.9575	0.9524	0.9466	0.9400	0.9325	0.9261	0.9192	0.9119	0.9040	0.8957
64	0.9854	0.9839	0.9822	0.9803	0.9782	0.9759	0.9732	0.9702	0.9667	0.9629	0.9585	0.9534	0.9477	0.9411	0.9335	0.9272	0.9203	0.9130	0.9051	0.8968
65	0.9858	0.9843	0.9827	0.9808	0.9788	0.9764	0.9738	0.9708	0.9675	0.9636	0.9592	0.9542	0.9484	0.9418	0.9342	0.9278	0.9209	0.9135	0.9056	0.8971
66	0.9864	0.9850	0.9835	0.9817	0.9798	0.9775	0.9750	0.9722	0.9689	0.9652	0.9610	0.9561	0.9506	0.9441	0.9367	0.9305	0.9238	0.9166	0.9089	0.9006
67	0.9871	0.9858	0.9843	0.9826	0.9807	0.9786	0.9762	0.9735	0.9704	0.9668	0.9627	0.9580	0.9527	0.9464	0.9392	0.9332	0.9267	0.9197	0.9121	0.9041
68	0.9877	0.9864	0.9850	0.9835	0.9817	0.9797	0.9774	0.9748	0.9718	0.9683	0.9644	0.9599	0.9547	0.9487	0.9417	0.9358	0.9295	0.9227	0.9154	0.9075
69	0.9883	0.9871	0.9858	0.9843	0.9826	0.9807	0.9785	0.9760	0.9731	0.9699	0.9661	0.9618	0.9567	0.9509	0.9441	0.9385	0.9324	0.9257	0.9186	0.9110
70	0.9889	0.9878	0.9865	0.9851	0.9835	0.9816	0.9796	0.9772	0.9745	0.9713	0.9677	0.9636	0.9587	0.9531	0.9465	0.9411	0.9351	0.9287	0.9218	0.9144

\*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

# Optional Premium Benefit Program Factor Table 50% Joint & Survivor Factors

Age of Retiree\*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9817	0.9799	0.9779	0.9758	0.9734	0.9707	0.9678	0.9645	0.9609	0.9568	0.9522	0.9470	0.9413	0.9348	0.9274	0.9211	0.9142	0.9069	0.8991	0.8907
52	0.9824	0.9807	0.9788	0.9767	0.9743	0.9718	0.9689	0.9657	0.9622	0.9582	0.9537	0.9487	0.9431	0.9367	0.9296	0.9233	0.9166	0.9095	0.9018	0.8937
53	0.9831	0.9814	0.9796	0.9775	0.9753	0.9728	0.9700	0.9669	0.9634	0.9596	0.9552	0.9503	0.9449	0.9387	0.9317	0.9256	0.9190	0.9120	0.9046	0.8966
54	0.9837	0.9821	0.9803	0.9784	0.9762	0.9738	0.9711	0.9681	0.9647	0.9609	0.9567	0.9520	0.9466	0.9406	0.9337	0.9278	0.9214	0.9146	0.9073	0.8995
55	0.9844	0.9828	0.9811	0.9792	0.9771	0.9748	0.9721	0.9692	0.9660	0.9623	0.9582	0.9535	0.9483	0.9424	0.9357	0.9299	0.9237	0.9170	0.9099	0.9023
56	0.9850	0.9835	0.9818	0.9800	0.9780	0.9757	0.9732	0.9703	0.9672	0.9636	0.9596	0.9551	0.9500	0.9442	0.9377	0.9320	0.9259	0.9194	0.9125	0.9051
57	0.9856	0.9842	0.9826	0.9808	0.9788	0.9766	0.9742	0.9714	0.9683	0.9649	0.9610	0.9566	0.9516	0.9460	0.9396	0.9340	0.9281	0.9218	0.9150	0.9077
58	0.9862	0.9848	0.9833	0.9815	0.9796	0.9775	0.9751	0.9725	0.9695	0.9661	0.9623	0.9580	0.9531	0.9476	0.9414	0.9360	0.9302	0.9240	0.9173	0.9102
59	0.9868	0.9854	0.9839	0.9823	0.9804	0.9784	0.9760	0.9735	0.9705	0.9673	0.9635	0.9594	0.9546	0.9492	0.9431	0.9378	0.9321	0.9260	0.9195	0.9126
60	0.9873	0.9860	0.9845	0.9829	0.9812	0.9792	0.9769	0.9744	0.9716	0.9684	0.9647	0.9606	0.9560	0.9507	0.9447	0.9395	0.9339	0.9280	0.9216	0.9148
61	0.9878	0.9865	0.9851	0.9836	0.9819	0.9799	0.9777	0.9753	0.9725	0.9694	0.9659	0.9618	0.9573	0.9521	0.9461	0.9410	0.9356	0.9297	0.9234	0.9167
62	0.9882	0.9870	0.9857	0.9842	0.9825	0.9806	0.9785	0.9761	0.9734	0.9703	0.9669	0.9629	0.9584	0.9533	0.9474	0.9424	0.9370	0.9312	0.9250	0.9184
63	0.9886	0.9875	0.9862	0.9847	0.9831	0.9812	0.9792	0.9768	0.9742	0.9712	0.9678	0.9639	0.9594	0.9543	0.9485	0.9435	0.9382	0.9324	0.9263	0.9197
64	0.9890	0.9879	0.9866	0.9852	0.9836	0.9818	0.9798	0.9775	0.9749	0.9719	0.9685	0.9647	0.9602	0.9552	0.9493	0.9444	0.9390	0.9333	0.9271	0.9205
65	0.9893	0.9882	0.9869	0.9855	0.9840	0.9822	0.9802	0.9780	0.9754	0.9725	0.9691	0.9652	0.9608	0.9557	0.9498	0.9448	0.9395	0.9337	0.9275	0.9208
66	0.9898	0.9887	0.9876	0.9862	0.9847	0.9831	0.9812	0.9790	0.9765	0.9737	0.9704	0.9667	0.9625	0.9575	0.9518	0.9469	0.9417	0.9361	0.9301	0.9236
67	0.9903	0.9893	0.9882	0.9869	0.9855	0.9839	0.9821	0.9800	0.9776	0.9749	0.9718	0.9682	0.9641	0.9593	0.9537	0.9490	0.9440	0.9385	0.9326	0.9263
68	0.9908	0.9898	0.9887	0.9875	0.9862	0.9847	0.9829	0.9809	0.9787	0.9761	0.9731	0.9696	0.9657	0.9610	0.9556	0.9511	0.9462	0.9409	0.9352	0.9290
69	0.9912	0.9903	0.9893	0.9882	0.9869	0.9854	0.9838	0.9819	0.9797	0.9772	0.9744	0.9710	0.9672	0.9627	0.9575	0.9531	0.9484	0.9433	0.9377	0.9317
70	0.9916	0.9908	0.9898	0.9888	0.9876	0.9862	0.9846	0.9828	0.9807	0.9783	0.9756	0.9724	0.9687	0.9644	0.9594	0.9551	0.9506	0.9456	0.9402	0.9344

\*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

# Optional Premium Benefit Program Factor Table 15 Years Period Certain & Life Factors

Age of Retiree\*

	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
Age 51 of Contingent Annuitant*	0.9850	0.9835	0.9819	0.9800	0.9778	0.9754	0.9726	0.9694	0.9657	0.9614	0.9565	0.9508	0.9443	0.9368	0.9281	0.9202	0.9116	0.9021	0.8919	0.8808
53	0.9860	0.9846	0.9830	0.9812	0.9792	0.9770	0.9743	0.9713	0.9679	0.9639	0.9592	0.9539	0.9477	0.9406	0.9323	0.9248	0.9166	0.9077	0.8979	0.8874
54	0.9864	0.9850	0.9835	0.9818	0.9799	0.9777	0.9751	0.9722	0.9688	0.9650	0.9605	0.9553	0.9493	0.9423	0.9343	0.9270	0.9190	0.9103	0.9008	0.8905
55	0.9868	0.9855	0.9840	0.9823	0.9805	0.9783	0.9759	0.9730	0.9698	0.9660	0.9616	0.9565	0.9507	0.9439	0.9361	0.9290	0.9212	0.9127	0.9034	0.8934
56	0.9871	0.9859	0.9844	0.9828	0.9810	0.9789	0.9765	0.9738	0.9706	0.9669	0.9626	0.9577	0.9520	0.9454	0.9377	0.9308	0.9232	0.9149	0.9059	0.8961
57	0.9875	0.9862	0.9848	0.9833	0.9815	0.9794	0.9771	0.9744	0.9713	0.9677	0.9636	0.9588	0.9532	0.9467	0.9392	0.9324	0.9250	0.9169	0.9081	0.8985
58	0.9878	0.9865	0.9852	0.9836	0.9819	0.9799	0.9776	0.9750	0.9720	0.9685	0.9644	0.9597	0.9542	0.9479	0.9405	0.9339	0.9266	0.9187	0.9100	0.9007
59	0.9880	0.9868	0.9855	0.9840	0.9823	0.9803	0.9781	0.9755	0.9725	0.9691	0.9651	0.9605	0.9551	0.9488	0.9416	0.9351	0.9279	0.9202	0.9117	0.9025
60	0.9882	0.9871	0.9858	0.9843	0.9826	0.9807	0.9785	0.9759	0.9730	0.9696	0.9657	0.9611	0.9558	0.9496	0.9424	0.9360	0.9290	0.9213	0.9130	0.9039
61	0.9884	0.9873	0.9860	0.9845	0.9828	0.9809	0.9788	0.9762	0.9733	0.9700	0.9661	0.9615	0.9563	0.9501	0.9430	0.9366	0.9297	0.9221	0.9139	0.9049
62	0.9885	0.9874	0.9861	0.9846	0.9830	0.9811	0.9789	0.9764	0.9735	0.9702	0.9663	0.9618	0.9565	0.9504	0.9432	0.9369	0.9300	0.9225	0.9143	0.9054
63	0.9886	0.9874	0.9861	0.9847	0.9830	0.9812	0.9790	0.9765	0.9736	0.9702	0.9663	0.9618	0.9565	0.9503	0.9431	0.9368	0.9299	0.9223	0.9141	0.9052
64	0.9885	0.9874	0.9861	0.9846	0.9830	0.9811	0.9789	0.9764	0.9735	0.9701	0.9661	0.9615	0.9562	0.9499	0.9425	0.9362	0.9292	0.9215	0.9132	0.9042
65	0.9884	0.9872	0.9859	0.9845	0.9828	0.9809	0.9786	0.9761	0.9731	0.9696	0.9656	0.9609	0.9554	0.9490	0.9414	0.9349	0.9278	0.9200	0.9115	0.9023
66	0.9885	0.9874	0.9861	0.9846	0.9830	0.9811	0.9789	0.9764	0.9734	0.9700	0.9660	0.9614	0.9560	0.9496	0.9421	0.9356	0.9286	0.9209	0.9125	0.9033
67	0.9887	0.9875	0.9863	0.9848	0.9832	0.9813	0.9792	0.9767	0.9738	0.9704	0.9665	0.9619	0.9565	0.9502	0.9428	0.9364	0.9295	0.9218	0.9135	0.9045
68	0.9888	0.9877	0.9864	0.9850	0.9834	0.9816	0.9795	0.9770	0.9742	0.9709	0.9670	0.9625	0.9572	0.9509	0.9436	0.9373	0.9304	0.9229	0.9147	0.9058
69	0.9890	0.9879	0.9867	0.9853	0.9837	0.9819	0.9798	0.9774	0.9746	0.9714	0.9675	0.9631	0.9579	0.9517	0.9444	0.9382	0.9314	0.9240	0.9159	0.9071
70	0.9891	0.9881	0.9869	0.9855	0.9840	0.9822	0.9802	0.9778	0.9751	0.9719	0.9681	0.9637	0.9586	0.9525	0.9453	0.9392	0.9326	0.9252	0.9173	0.9086

\*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007

# Optional Premium Benefit Program Factor Table 10 Years Period Certain & Life Factors

Age of Retiree\*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9904	0.9895	0.9886	0.9875	0.9864	0.9849	0.9833	0.9813	0.9790	0.9764	0.9732	0.9696	0.9653	0.9603	0.9544	0.9491	0.9433	0.9370	0.9300	0.9223
52	0.9904	0.9895	0.9886	0.9876	0.9864	0.9850	0.9833	0.9813	0.9791	0.9764	0.9733	0.9696	0.9653	0.9603	0.9544	0.9492	0.9434	0.9370	0.9301	0.9224
53	0.9904	0.9895	0.9886	0.9876	0.9864	0.9850	0.9833	0.9814	0.9791	0.9764	0.9733	0.9696	0.9654	0.9603	0.9544	0.9492	0.9434	0.9371	0.9301	0.9225
54	0.9904	0.9895	0.9886	0.9876	0.9864	0.9850	0.9833	0.9814	0.9791	0.9764	0.9733	0.9697	0.9654	0.9604	0.9545	0.9493	0.9435	0.9372	0.9302	0.9226
55	0.9904	0.9896	0.9886	0.9876	0.9865	0.9850	0.9833	0.9814	0.9791	0.9765	0.9734	0.9697	0.9655	0.9604	0.9546	0.9493	0.9436	0.9373	0.9303	0.9227
56	0.9909	0.9901	0.9892	0.9882	0.9871	0.9857	0.9841	0.9823	0.9801	0.9776	0.9746	0.9712	0.9671	0.9623	0.9566	0.9516	0.9461	0.9400	0.9333	0.9260
57	0.9913	0.9905	0.9896	0.9887	0.9877	0.9864	0.9849	0.9831	0.9810	0.9786	0.9758	0.9725	0.9685	0.9639	0.9585	0.9537	0.9484	0.9425	0.9361	0.9291
58	0.9917	0.9909	0.9901	0.9892	0.9882	0.9869	0.9855	0.9838	0.9818	0.9795	0.9768	0.9736	0.9698	0.9654	0.9601	0.9555	0.9504	0.9448	0.9386	0.9318
59	0.9920	0.9912	0.9905	0.9896	0.9886	0.9874	0.9860	0.9844	0.9825	0.9803	0.9777	0.9746	0.9709	0.9666	0.9615	0.9571	0.9521	0.9467	0.9407	0.9342
60	0.9922	0.9915	0.9908	0.9899	0.9890	0.9879	0.9865	0.9849	0.9831	0.9809	0.9784	0.9754	0.9718	0.9676	0.9627	0.9583	0.9536	0.9483	0.9425	0.9361
61	0.9925	0.9918	0.9910	0.9902	0.9893	0.9882	0.9869	0.9853	0.9835	0.9814	0.9789	0.9760	0.9725	0.9684	0.9635	0.9593	0.9546	0.9494	0.9438	0.9375
62	0.9926	0.9919	0.9912	0.9904	0.9895	0.9884	0.9871	0.9856	0.9838	0.9817	0.9792	0.9763	0.9729	0.9688	0.9640	0.9598	0.9552	0.9501	0.9445	0.9384
63	0.9927	0.9920	0.9913	0.9905	0.9896	0.9885	0.9872	0.9857	0.9839	0.9818	0.9794	0.9764	0.9730	0.9689	0.9640	0.9599	0.9553	0.9502	0.9446	0.9385
64	0.9926	0.9920	0.9912	0.9904	0.9896	0.9884	0.9871	0.9856	0.9838	0.9817	0.9792	0.9762	0.9727	0.9686	0.9636	0.9594	0.9547	0.9496	0.9439	0.9377
65	0.9925	0.9918	0.9911	0.9903	0.9894	0.9882	0.9869	0.9853	0.9835	0.9813	0.9787	0.9757	0.9720	0.9677	0.9625	0.9582	0.9534	0.9481	0.9423	0.9359
66	0.9925	0.9918	0.9911	0.9903	0.9894	0.9883	0.9869	0.9854	0.9836	0.9814	0.9788	0.9758	0.9722	0.9679	0.9627	0.9584	0.9536	0.9484	0.9426	0.9362
67	0.9926	0.9919	0.9912	0.9904	0.9895	0.9883	0.9870	0.9855	0.9837	0.9815	0.9790	0.9760	0.9724	0.9681	0.9629	0.9586	0.9539	0.9487	0.9429	0.9366
68	0.9926	0.9919	0.9912	0.9904	0.9895	0.9884	0.9871	0.9856	0.9838	0.9816	0.9791	0.9761	0.9726	0.9683	0.9632	0.9589	0.9542	0.9490	0.9433	0.9370
69	0.9927	0.9920	0.9913	0.9905	0.9896	0.9885	0.9872	0.9857	0.9839	0.9818	0.9793	0.9763	0.9728	0.9685	0.9634	0.9592	0.9545	0.9494	0.9437	0.9374
70	0.9927	0.9921	0.9913	0.9906	0.9897	0.9886	0.9873	0.9858	0.9840	0.9820	0.9795	0.9765	0.9730	0.9688	0.9637	0.9595	0.9549	0.9498	0.9441	0.9379

\*For factors outside these age ranges, please contact the ASRS Member Services Division Date: January 1, 2007

# Optional Premium Benefit Program Factor

## Table 5 Years Period Certain & Life Factors

Age of Retiree\*

Age of Contingent Annuitant*	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
51	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9870	0.9850	0.9825	0.9795	0.9770	0.9743	0.9713	0.9680	0.9643
52	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9870	0.9850	0.9825	0.9795	0.9770	0.9743	0.9713	0.9680	0.9643
53	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9825	0.9795	0.9770	0.9743	0.9713	0.9680	0.9644
54	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9826	0.9795	0.9771	0.9743	0.9713	0.9680	0.9644
55	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9925	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9826	0.9795	0.9771	0.9743	0.9713	0.9680	0.9644
56	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9918	0.9910	0.9901	0.9887	0.9871	0.9850	0.9826	0.9795	0.9771	0.9743	0.9713	0.9680	0.9644
57	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9910	0.9901	0.9887	0.9871	0.9851	0.9826	0.9795	0.9771	0.9744	0.9714	0.9681	0.9644
58	0.9955	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9911	0.9901	0.9888	0.9871	0.9851	0.9826	0.9796	0.9771	0.9744	0.9714	0.9681	0.9644
59	0.9956	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9911	0.9901	0.9888	0.9871	0.9851	0.9826	0.9796	0.9771	0.9744	0.9714	0.9681	0.9645
60	0.9956	0.9951	0.9947	0.9942	0.9937	0.9932	0.9926	0.9919	0.9911	0.9901	0.9888	0.9871	0.9851	0.9826	0.9796	0.9771	0.9744	0.9714	0.9681	0.9645
61	0.9960	0.9956	0.9952	0.9948	0.9943	0.9938	0.9932	0.9926	0.9919	0.9910	0.9898	0.9883	0.9864	0.9841	0.9813	0.9791	0.9766	0.9738	0.9708	0.9674
62	0.9963	0.9959	0.9955	0.9952	0.9947	0.9943	0.9937	0.9932	0.9925	0.9917	0.9905	0.9891	0.9874	0.9853	0.9826	0.9805	0.9782	0.9756	0.9728	0.9697
63	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9922	0.9910	0.9897	0.9880	0.9859	0.9834	0.9814	0.9792	0.9767	0.9740	0.9710
64	0.9965	0.9962	0.9959	0.9955	0.9951	0.9947	0.9942	0.9936	0.9930	0.9923	0.9912	0.9898	0.9882	0.9861	0.9835	0.9815	0.9793	0.9769	0.9742	0.9713
65	0.9964	0.9961	0.9958	0.9954	0.9950	0.9945	0.9940	0.9935	0.9928	0.9921	0.9909	0.9895	0.9878	0.9856	0.9828	0.9808	0.9785	0.9760	0.9732	0.9701
66	0.9964	0.9961	0.9958	0.9954	0.9950	0.9945	0.9941	0.9935	0.9928	0.9921	0.9910	0.9895	0.9878	0.9856	0.9829	0.9808	0.9785	0.9760	0.9732	0.9702
67	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9921	0.9910	0.9896	0.9878	0.9857	0.9829	0.9809	0.9786	0.9760	0.9733	0.9702
68	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9921	0.9910	0.9896	0.9879	0.9857	0.9830	0.9809	0.9786	0.9761	0.9733	0.9703
69	0.9965	0.9961	0.9958	0.9954	0.9950	0.9946	0.9941	0.9935	0.9929	0.9922	0.9910	0.9896	0.9879	0.9857	0.9830	0.9810	0.9787	0.9762	0.9734	0.9704
70	0.9965	0.9962	0.9958	0.9954	0.9950	0.9946	0.9941	0.9936	0.9929	0.9922	0.9910	0.9897	0.9879	0.9858	0.9830	0.9810	0.9787	0.9762	0.9735	0.9704

\*For factors outside these age ranges, please contact the ASRS Member Services Division. Date: January 1, 2007





# Telephone Numbers & Websites

## FOR RETIREES, LTD RECIPIENTS & ELIGIBLE DEPENDENTS

**REMEMBER** WHEN CALLING THE INSURANCE CARRIERS, TELL THEM YOU ARE AN ASRS MEMBER.

CARRIER	MEMBER SERVICES	INTERNET ADDRESS
<b>MEDICAL PROVIDER</b>		
<b>UnitedHealthcare of Arizona</b> (M-F 7 AM-8 PM, MST)		<b>Behaviorial Health:</b> LiveAndWorkWell.com
OptumHealth Vision	800-638-3120	OptumHealthVision.com
Choice Plan (in-state)	800-357-0971	UHCretiree.com/ASRS
Choice Plus PPO Plan (out-of-state)	800-509-6729	MyUHC.com
Senior Supplement Plan (M-F, 8 AM-8 PM, MST)	866-480-1087	
Group Medicare Advantage (HMO) Plan (M-F, 8 AM-8 PM, MST)	866-208-3248	
<b>OptumRx</b> (Avail 24/7)	800-377-5154	
<b>Group Medicare Advantage (HMO) Prescription Drug Plan</b> (M-F 8 AM-8 PM, MST)	866-208-3248	
TTY: 711, when prompted:	866-208-3248	
		<b>UnitedHealthcare MedicareRX for Groups Medicare Prescription Drug Plan</b> (offered with UnitedHealthcare Senior Supplement) 888-556-6648 (Available 24/7) TTY: 711, when prompted: 888-556-6648 UnitedHealthRxForGroups.com
<b>DENTAL PROVIDER</b>		
<b>Assurant Employee Benefits (Group #000G933)</b> (Monday-Thursday 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
<b>ASRS retirees may also call the ASRS On-Site Representatives</b> (Weekdays 8 AM-5 PM, MST)		
Phoenix Area	602-240-2000, ext. 2032	
Tucson Area	520-239-3100, ext. 2032	
Out-of-Area	800-621-3778, ext. 2032	
<b>PRESCRIPTION DISCOUNT CARD</b>		
<b>WellCard</b> (Available 24/7)	800-479-2000	WellCard.com
<b>HEARING BENEFITS</b>		
<b>Arizona HearCare Network</b> (Weekdays 8 AM-4:30 PM, MST)	800-532-3331	ArizonaHearCare.com
<b>ASRS MEMBER SERVICES</b> (Weekdays 8 AM-5 PM, MST)		
Phoenix Area	602-240-2000	AzASRS.gov
Tucson Area	520-239-3100	
Out-of-Area	800-621-3778	
<b>PSPRS, CORP &amp; EORP BENEFITS OFFICE</b> (Weekdays 8 AM-5 PM, MST)		
	602-255-5575	PSPRS.com
<b>ADOA BENEFITS OFFICE</b> (Weekdays 8 AM-5 PM, MST)		
	602-542-5008 800-304-3687	BenefitOptions.az.gov
<b>OTHER HELPFUL NUMBERS &amp; WEBSITES</b>		
Social Security	800-772-1213	SSA.gov
Medicare	800-633-4227	MediCare.gov
SilverSneakers (M-F 8 AM-8 PM, EST)	888-423-4632	SilverSneakers.com



## Arizona State Retirement System

### **PHOENIX MEMBER SERVICES**

3300 North Central Avenue  
Phoenix, AZ 85012

### **TUCSON MEMBER SERVICES**

7660 East Broadway Boulevard, Suite 108  
Tucson, AZ 85710

*Effective January 1, 2014*