



Health Insurance Enrollment Guide

Coverage effective January 1st, 2022

**For Non-Medicare
& Medicare Eligible
ASRS Retirees**



Please read this guide completely.

This guide is a summary of the official Arizona State Retirement System (ASRS) plan documents, contracts, Arizona statutes and federal regulations that govern the plans. Other important information regarding the benefits of the plans, including your rights to make claims and appeals regarding benefit decisions, are included in the official documents. You should keep a copy of this Enrollment Guide with your other important documents related to your coverage under the plans. If there is any discrepancy between the information in this guide and the official documents, the official documents will always govern. The ASRS reserves the right to change or terminate any of its plans, in whole or in part, at any time in accordance with state laws.

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Be aware that we have color-coded the information to indicate content that is applicable to either only non-Medicare retirees, Medicare eligible retirees, or both:

- Purple indicates information applicable to **all** retirees
- Blue indicates information applicable **only** to non-Medicare retirees
- Red indicates information applicable **only** to Medicare eligible retirees

Information for **ALL** Retirees

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Welcome to Open Enrollment

Welcome to the Arizona State Retirement System (ASRS) retiree group health insurance annual open enrollment period for calendar year 2022.

This Enrollment Guide has been designed to provide you with an overview of medical and dental insurance plan offerings, as well as other benefits afforded to you as an ASRS retiree.

There are three sections to the ASRS enrollment guide: one with information applicable to all retirees, including dental, one for Medicare-eligible retirees, and another for non-Medicare retirees.

You may participate in these medical and/or dental insurance plans if you retired from the ASRS, Public Safety Personnel Retirement System (PSPRS), Elected Officials' Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP), or the Optional Retirement Plans (ORP).

The Open Enrollment period runs the full month of November with new plan coverages beginning January 1, 2022 for the full calendar year of 2022.

This year is a 'passive' enrollment year, which means that if you are enrolled in an ASRS health insurance program and do not wish to make any changes you will be automatically re-enrolled in your current plan choices.

The same medical plans and dental plans – with the same vendors – will again be offered for calendar year 2022.

The Medicare group plans will have only slightly higher premiums for calendar year 2022, but will retain the same coverages and support programs.

The private marketplace for the non-Medicare plans required a 15 percent increase in premiums for calendar year 2022. In response, the ASRS will be directly managing various financial components of the non-Medicare plans, and as a result will now be able to offer the non-Medicare plans with no increase in premiums.

The ASRS used funds accumulated through a contractual arrangement between the ASRS and UnitedHealthcare (referred to as a Retrospective Rate Agreement or RRA) to keep premiums as low as possible. You can learn more about the RRA in this Enrollment Guide.

Please review this guide carefully for all the details. Despite an open enrollment period that will not include in-person meetings this year due to the ongoing pandemic, we are offering a host of virtual meetings and other web-based and telephonic learning opportunities, including webinars, on-demand videos and teleconferences.

The ASRS online health insurance application – available through your secure myASRS account – will allow you to view your current ASRS medical and dental elections, enroll in a new plan, terminate coverage, make changes to your plans, and add or remove dependents. You may also call us and request that a paper enrollment application be mailed to you – although this is a slower process. But remember, since this is a 'passive enrollment', you only need to submit an application if you want to change your plan. Otherwise you will be automatically re-enrolled in your current plan!

Please visit **AzASRS.gov** for much more information on open enrollment. As always, know that we are here to assist throughout the open enrollment process

Stay safe and healthy.

Paul Matson, Director
Arizona State Retirement System

2022 Benefit Highlights

The ASRS is committed to offering value-based health plans to eligible retirees and their families. Below are some plan highlights for 2022.

This year is a 'passive' enrollment year, which means that if you do not wish make any changes you will be automatically re-enrolled in your current plan choices.

Dental Plans

The dental benefit structure remains unchanged for all plan options and plan premiums remain unchanged for calendar year 2022.

- Beginning in 2022, the Cigna DHMO plan option will be available in two additional states, Idaho and West Virginia.

Non-Medicare: UnitedHealthcare Group Plans

The medical benefit structure remains unchanged for all plans and plan premiums remain unchanged in 2022.

- For calendar year 2022, the medical benefit structure remains unchanged for all plans. Monthly premiums also remain the same due to the ASRS now directly managing various financial components of the non-Medicare plans. The direct management of various financial components of the non-Medicare plans will produce savings of approximately 15 percent, offsetting proposed premium increases by the marketplace for these plans.
- Beginning in 2022, all non-Medicare plan options will be available Nationwide. This means that retirees that reside outside of Arizona will be able to enroll in any plan option and not just the Choice Plus PPO.

Medicare: UnitedHealthcare Group Medicare Advantage Plans

The medical benefit structure remains unchanged for both Medicare Advantage plans and plan premiums will increase in 2022.

- Please note the Centers for Medicare and Medicaid Services (CMS) have issued modified prescription drug coverage thresholds and stage limits for 2022. For more information on prescription drug coverage, see pages 34-36

Eligibility

The following are eligible to participate in ASRS health insurance plans:

- **Retirees of the...**

- Arizona State Retirement System (ASRS)
- Public Safety Personnel Retirement System (PSPRS)
- Corrections Officer Retirement Plan (CORP)
- Elected Officials' Retirement Plans (EORP DB Plan or EORP DC Plan)
- Optional Retirement Plans (ORP)
 - University Optional Retirement Plan (UORP)
 - Community College Optional Retirement Plan (CCORP)

- **Members on ASRS Long Term Disability**

- **Eligible dependents**

- **Eligible survivors**

ASRS provides the opportunity for its members to enroll in the plan, but there are eligibility restrictions for individuals enrolled in other health plans. This is known as “dual enrollment.” It is important that you understand those limitations as it may affect your (and your dependents’) eligibility to enroll in or remain enrolled in ASRS health plans. Individuals who are ASRS retirees, disabled ASRS members, surviving dependents of ASRS members, and their dependents may not be enrolled in the ASRS health plan at the same time they are enrolled in another group health and accident plan or program. Similarly, retired members of the Public Safety Personnel Retirement System (PSPRS), the Elected Officials’ Retirement System (EORP DB Plan or EORP DC Plan), the Correction Officer Retirement Plan (CORP), the University Optional Retirement Plan (UORP), or other retirement plans that might be offered by the community college districts, and their dependents may not be enrolled in an ASRS health plan while also enrolled in a health plan offered by the Arizona Department of Administration.

Some members may have more than one source of eligibility, however, individuals are limited to one enrollment at a time. For example, you may be eligible to enroll in a plan due to your participation in the ASRS and another eligible retirement plan, but you may only be enrolled in a plan in one capacity at a time—either as a member or dependent.

Additionally, if you and your spouse are both eligible to enroll in a plan, you cannot enroll each other as dependents, nor have your children enrolled twice.

- One spouse may elect coverage for the entire family, or each spouse may elect their own coverage.
- Dependent children can be on one spouse’s policy or divided between spouses.

If ASRS determines a participant has prohibited dual coverage, enrollment in the ASRS Plan will be terminated and no refunds for any premiums you paid will be issued.

Who is an eligible dependent?

- Your legal spouse
- Your natural child, legally adopted or placed for adoption child, or stepchild under age 26
- Foster children under age 26
- A child for whom legal guardianship has been awarded to you or your legal spouse, under age 26
- A child for whom insurance is required through a Qualified Medical Child Support Order, court order, or administrative order
- A child of any age who is, or becomes, disabled and is dependent upon you

Note: All dependents age 26 and older must be approved as a disabled dependent and you will be required to submit documentation as proof of guardianship.

Qualifying Life Events

For ASRS Medical or Dental Insurance

What is a Qualifying Life Event?

A qualifying life event allows you the opportunity to enroll and/or make changes to existing coverage for yourself or your dependents outside of the annual open enrollment period.

You must make these changes no later than 31 calendar days from the date the qualifying life event took place, unless a different deadline is indicated for a specific qualifying life event.

The following are the qualifying life events recognized by the ASRS for enrollment and/or changes to your existing coverage outside of the annual open enrollment period. ASRS has the sole discretion to determine whether a qualifying life event has occurred and whether your situation allows you to enroll or make changes to existing coverage.

- Retirement
- Participation in the ASRS Long Term Disability Program
- Change in marital status, dependent status, or primary residence that impacts your current ASRS coverage
- Change in eligibility for Medicaid/Children’s Health Insurance Program (CHIP) or Medicare. Medicare eligibility is NOT a qualifying life event for dental plans.
- Loss of coverage (Spouse, Employer, COBRA)

Voluntarily terminating your group or individual medical insurance plan is not a qualifying life event. Additional supporting documentation showing the reason for the qualifying life event is required within 31 days of the qualifying life event. All dependents age 26 and older will require proof of guardianship, and must be approved as a disabled dependent.

Your enrollment application must be submitted within 31 days of the date of your qualifying life event. Coverage becomes effective the first day of the month following receipt of your completed enrollment application, and all required proof of your qualifying life event.

For more detailed information, visit the ASRS website at **AzASRS.gov** by selecting “Healthcare” under the “Retirees” tab.

Important Time Frames

- The effective date for the 2022 plan year is January 1, 2022 through December 31, 2022.
- You must enroll no later than 31 calendar days after your retirement date or other qualifying life event date.
- Submit online enrollment applications no more than 90 days before the effective date.
- Coverage becomes effective the first day of the month following your qualifying life event and receipt of your completed enrollment application, and all required proof of your qualifying life event.

Pre-Enrollment Task List

Use this handy task list to help prepare for enrollment

Research and Choose a Plan

Carefully review the Enrollment Guide to help you determine what benefits you and your family require and then select your plan.

Attend a 'Know Your Insurance' Meeting

Learn about your health care options and meet your vendor representatives.

Locate Provider ID (if required)

Visit the plan carrier's website to select a provider and get the provider's ID number, if required.

Locate Medicare Card

If you or your dependent will be enrolling in a Medicare plan, have your Medicare card available.

You will need to provide your Medicare number as well as your Medicare Part A & B effective dates on your online enrollment application.

Gather Supporting Documentation

If required, proof *must* be received within 31 days of the qualifying life event or your application will be cancelled and you will need to wait for Open Enrollment or a qualifying life event to enroll.

Online Enrollment

You must complete the entire online process for your enrollment application to be submitted and processed. Your application cannot be saved and finished at a later time.

The online system will allow you to print a copy of your enrollment application and ASRS will send you a confirmation email that your application has been submitted. Check the status of your online enrollment in the **Pending Request** link in your secure myASRS account.

If you are retired from PSPRS, CORP, or EORP, you must contact their benefits office to request the correct enrollment application or your application will be cancelled and you will need to wait for the next open enrollment or a qualifying life event to enroll.

Complete the online Enrollment Application if you are:

- Enrolling for the first time with the ASRS
- Electing a different medical plan
- Electing a different dental plan
- Adding dependents
- Becoming Medicare eligible (*but not more than 90 days ahead of the effective date*)
- Currently enrolled with ASRS and you wish to cancel your coverage or dependent coverage. You may go online or send a letter to drop the coverage.
- Making a change due to a qualifying life event

Online Resources

Everything you want to know about ASRS Retiree Group Health Insurance can be found in one convenient place on the ASRS website at AzASRS.gov by selecting “Healthcare” under the “Retirees” tab.

There you can explore the insurance plans and benefits information including comparison charts, FAQs, Summary Plan Description (SPD), and more.

You will also find on-demand Health Insurance videos to assist you in selecting the plan that will best meet your healthcare needs. You have the freedom to navigate for specific topics of interest, view sections in any order, and return as many times as needed. You can learn at your own pace.

For more detailed information, watch the **What You Will Need for Online Health Insurance Enrollment** video found under the “Retirees” tab by selecting “Retiree Video” then the “Online Health Insurance Enrollment” video.

2022 Premium Savings

Retrospective Rate Agreement (RRA) Funds are funds that have accumulated as a result of a contractual agreement between the ASRS and UnitedHealthcare which requires that any revenue in excess of medical costs and negotiated expenses be returned to the ASRS, and which are then used to reduce retiree monthly premiums. This RRA agreement has resulted in reduced monthly premiums to our retirees. Each separate plan returned varying amounts, based on the revenues versus expenses of that particular plan.

Plan Year 2021 was the third year of the three-year planned distribution of funds accumulated through the RRA. In total, over the three-year planned distribution of funds during plan years 2019, 2020 and 2021, ASRS retirees saved nearly \$124 million in medical premiums. Moving forward, an annual analysis will be completed to determine if future reductions can be made each plan year to reduce medical premiums.

The table on this page shows the 2022 premiums for Medicare plans being offered. The premiums you will pay are under the column marked “NEW 2022 Monthly Premium”

The final premium shown here does not take into account any further reductions you may be entitled to from the Premium Benefit. See pages 12-13 for information on the Premium Benefit and eligibility.

Monthly Premium BEFORE Savings	2022 Monthly Savings due to the RRA	NEW 2022 Monthly Premium
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WITH MEDICARE A & B <i>You & your dependents have Medicare Part A and B</i>		
Group Medicare Advantage HMO (Single)	\$80	\$50
Group Medicare Advantage PPO (Single)	\$120	\$70

Monthly Dental Premiums

	Single	Family (Single +1)	Family (Single +2 or more)
DELTA DENTAL PPO - NATIONWIDE COVERAGE			
Delta Dental High Plan Option	\$ 35.75 a month	\$ 71.35 a month	\$ 100.97 a month
Delta Dental Low Plan Option	\$ 16.60 a month	\$ 35.09 a month	\$ 64.24 a month
CIGNA DHMO - SELECT STATES (EXCLUDES AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, AND WY.)			
Cigna DHMO	\$9.75 a month	\$ 15.99 a month	\$ 24.71 a month

Monthly Medical Premiums

From UnitedHealthcare

NON-MEDICARE PLANS (You and your dependent(s) DO NOT have Medicare Part A and B)			
	Single	Family (Single +1)	Family (Single +2 or more)
Choice Premier (Nationwide In-Network Only Coverage)	\$ 1,062.00 a month	\$ 2,124.00 a month	\$ 2,974.00 a month
Choice Value (Nationwide In-Network Only Coverage)	\$ 886.00 a month	\$ 1,772.00 a month	\$ 2,481.00 a month
Choice Economy (Nationwide In-Network Only Coverage)	\$ 775.00 a month	\$ 1,550.00 a month	\$ 2,170.00 a month
Choice Plus PPO (Nationwide In & Out-of-Network Coverage)	\$ 1,361.00 a month	\$ 2,722.00 a month	\$ 3,811.00 a month

MEDICARE PLANS (You and your dependent(s) HAVE Medicare Part A and B)			
	Single	Family (Single +1)	Family (Single +2)
Group Medicare Advantage HMO (Arizona In-Network Coverage Only)	\$ 50.00 a month	\$ 100.00 a month	\$ 150.00 a month
Group Medicare Advantage PPO (Nationwide In & Out-of-Network Coverage)	\$ 70.00 a month	\$ 140.00 a month	\$ 210.00 a month

COMBINATION FAMILY PLANS

(You, and your dependent(s), are a combination of non-Medicare and Medicare eligible)

- Combination Plans including the **Group Medicare Advantage HMO** are only available to members residing in the **state of Arizona**.
- Combination Plans including the **Group Medicare Advantage PPO** are available to members **nationwide**.
- All non-Medicare Choice plans are available to members nationwide
- In-Network & Out-of-Network coverage varies by plan and combination of plans - please refer to plan details

Combo Plans for only 1 person with Medicare	1 person with Medicare, & 1 without Medicare	1 person with Medicare, & 2+ without Medicare
Group Medicare Advantage HMO with Choice Premier	\$ 1,112.00 a month	\$ 2,174.00 a month
Group Medicare Advantage HMO with Choice Value	\$ 936.00 a month	\$ 1,822.00 a month
Group Medicare Advantage HMO with Choice Economy	\$ 825.00 a month	\$ 1,600.00 a month
Group Medicare Advantage HMO with Choice Plus PPO	\$ 1,411.00 a month	\$ 2,772.00 a month
Group Medicare Advantage PPO with Choice Premier	\$ 1,132.00 a month	\$ 2,194.00 a month
Group Medicare Advantage PPO with Choice Value	\$ 956.00 a month	\$ 1,842.00 a month
Group Medicare Advantage PPO with Choice Economy	\$ 845.00 a month	\$ 1,620.00 a month
Group Medicare Advantage PPO with Choice Plus PPO	\$ 1,431.00 a month	\$ 2,792.00 a month
Combo Plans for 2 people with Medicare	2 people with Medicare, & 1 without Medicare	2 people with Medicare, & 2+ without Medicare
Group Medicare Advantage HMO with Choice Premier	\$ 1,162.00 a month	\$ 2,224.00 a month
Group Medicare Advantage HMO with Choice Value	\$ 986.00 a month	\$ 1,872.00 a month
Group Medicare Advantage HMO with Choice Economy	\$ 875.00 a month	\$ 1,650.00 a month
Group Medicare Advantage HMO with Choice Plus PPO	\$ 1,461.00 a month	\$ 2,822.00 a month
Group Medicare Advantage PPO with Choice Premier	\$ 1,202.00 a month	\$ 2,264.00 a month
Group Medicare Advantage PPO with Choice Value	\$ 1,026.00 a month	\$ 1,912.00 a month
Group Medicare Advantage PPO with Choice Economy	\$ 915.00 a month	\$ 1,690.00 a month
Group Medicare Advantage PPO with Choice Plus PPO	\$ 1,501.00 a month	\$ 2,862.00 a month

Premium Benefit

What is it?

As part of your benefits, the ASRS provides a health insurance premium benefit to supplement the cost of retiree health insurance. The premium benefit is effective on the first day of the month following your enrollment or qualifying life event. Retirees and Long Term Disability members with five or more years of credited service who have health insurance through the ASRS or non-subsidized coverage through their former ASRS employer are eligible for a monthly premium benefit, which is paid to the health insurer or your former employer. A premium benefit also applies to eligible retirees participating in the ASRS health insurance plans from EORP, CORP, and PSPRS.

How does it work?

Your ASRS health insurance premiums will be automatically deducted each month from your ASRS pension payment, if your pension payment amount is greater than the net cost of your insurance premiums. The premium benefit may be delayed for one to three months while your pension is finalized. However, the eligible amount will be reimbursed or adjusted, as applicable, and will be retroactive to the beginning of the coverage.

The insurance carrier(s) will mail a bill directly to you and it will be your responsibility to pay premiums directly to the insurance carrier if you are:

- On Long Term Disability
- Choosing your employer's options (State of Arizona is an exception. That payment will be withheld from your ASRS pension payment.)
- Receiving a pension payment that does not cover the net cost of your insurance premiums

Optional Premium Benefit

If you are a new ASRS retiree you may elect to receive a reduced premium benefit that, upon your death, may be continued to your beneficiary. The Optional Premium Benefit is designed for those members who have a spouse or dependent who will want to continue to receive assistance with ASRS insurance premium costs.

Other things to note about the Optional Premium Benefit:

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

You can find out what your reduction would be by visiting the *Calculating Your Optional Premium Benefit* page of our website at www.bit.ly/Premium-Calc.

Premium Benefit: Determine Your Amount

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
Arizona State Retirement System (ASRS) Members						
5.0–5.9	\$75.00	\$130.00	\$50.00	\$85.00	\$107.50	\$107.50
6.0–6.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
7.0–7.9	\$105.00	\$182.00	\$70.00	\$119.00	\$150.50	\$150.50
8.0–8.9	\$120.00	\$208.00	\$80.00	\$136.00	\$172.00	\$172.00
9.0–9.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
10.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Elected Officials' Retirement Plan (EORP) Members						
5.0–5.9	\$90.00	\$156.00	\$60.00	\$102.00	\$129.00	\$129.00
6.0–6.9	\$112.50	\$195.00	\$75.00	\$127.50	\$161.25	\$161.25
7.0–7.9	\$135.00	\$234.00	\$90.00	\$153.00	\$193.50	\$193.50
8.0+	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Corrections Officer Retirement Plan (CORP) Members						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00
Public Safety Personnel Retirement System (PSPRS) Members						
<i>not applicable</i>	\$150.00	\$260.00	\$100.00	\$170.00	\$215.00	\$215.00

Monthly Health Insurance Cost Worksheet

The worksheet below will help you determine your monthly insurance premiums.

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

=

Your Net Premium (*C minus D*)

Additional Benefits

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

WellCard

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



Once you are retired, you simply go online to [AzASRS.gov/ Retirees/Healthcare/AdditionalBenefits](http://AzASRS.gov/Retirees/Healthcare/AdditionalBenefits) to register for your card. You will use the Group ID "ASRSH" when you register for the card. This isn't insurance, but a DISCOUNT program available for times when insurance does not pay for a service or prescription.

Offers powered by:



EXCLUSIVE SAVINGS & BENEFITS FOR RETIREES



Register for FREE today!

azretirees.perksconnection.com
Click "Activate your account now" to get started

Insurance & Benefits

Home/Auto Insurance, Long Term Care & more



Local & National Discounts

Get exclusive savings from popular national retailers – categories include entertainment, health & wellness, travel, electronics and more. You'll also get exclusive access to local merchants right in your community and surrounding area.



Dental Plans

A variety of dental plans for **both** non-Medicare and Medicare retirees from Delta Dental of Arizona and Cigna Dental.

**For All
ASRS Retirees**



Dental Plans Comparison

The ASRS offers dental plans from Delta Dental of Arizona and Cigna Dental.



Plans Available:

- **Delta Dental High Plan Option**
- **Delta Dental Low Plan Option**

Our dental PPO plans let you visit any licensed dentist, but you will save the most money if you see an in-network dentist. Services received from an out-of-network dentist may incur higher out-of-pocket costs. With more than 3,500 network dentists in Arizona and 157,878 network dentists nationwide, it's easy to find the right dentist for your family!

Plan Available:

- **Cigna DHMO**



Cigna's Dental Health Maintenance Organization (DHMO) plan offers you no deductibles or dollar limits and it is care that's easy to use at a wallet-friendly price. You choose a network general dentist to manage your overall care, pay a fixed^b portion of the cost per visit, and your plan picks up the rest. Remember, you won't be covered if you go to a dentist who is not in our network. Detailed procedure costs are outlined on your Patient Charge Schedule (PCS) which makes your coverage simple, straight forward and transparent! *(Plan not available in AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY.)*

	Delta Dental High Plan Option	Delta Dental Low Plan Option	Cigna DHMO
Individual/Family Deductible	\$50/\$150	\$50/\$150	No Deductible
Annual Maximum	\$2,000 per individual	\$1,000 per individual	No Annual Maximum
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100% ^{a,b}
	Plan Pays		Retiree Pays
Office Visit Fee	Not Applicable	Not Applicable	\$5 ^a
Fillings	80%*	80%*	\$22 ^b
Periodontal Cleanings	80%*	80%*	\$115 Scaling/Root planing ^b \$78 Maintenance ^b
Emergency Treatment	80%*	80%*	\$48 ^b
Implants	25%/50% ^{††}	Not Covered	Not Covered
Dentures	25%/50% ^{††}	Not Covered	\$770 ^{b,c}
Crowns	25%/50% ^{††}	Not Covered	\$470 ^{b,c}
Endodontics (Root Canal)	25%/50% ^{††}	Not Covered	\$530 ^b
Orthodontia	Not Covered	Not Covered	\$515 ^b

* Deductible applies to these services.

† These services will be covered at 25% in year one and 50% in year two and beyond.

a) Patient is responsible for a per patient per office visit fee of \$5 in addition to any other applicable patient charges.

b) Please refer to your Patient Charge Schedule (PCS) for full details, prices listed may not be comprehensive of treatment.

c) The co-payments for fixed and removable restorations (crowns, bridges, implant/abutment supported prosthetics, complete and partial dentures) do not include additional charges for material upgrades (such as gold/high noble metal or porcelain used in molar restorations), CAD/CAM services, complex rehabilitation or characterizations (for dentures). Any additional allowable charge for these upgrades is the patient's responsibility as specifically outlined in your Patient Charge Schedule (PCS). For questions regarding these charges you may contact Customer Service at 800.Cigna24 (800.244.6224).



The Cigna Dental Care® (DHMO¹) Plan

COSTS AND COVERAGE THAT WILL MAKE YOU SMILE

Plan not available in AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY.



Savings and predictability

- > Largest network of its kind in the nation²
- > No annual dollar maximum on covered services and no deductible before coverage begins
- > Set copays for covered services, outlined in your Patient Charge Schedule (PCS)
- > Advanced coverage on procedures such as crowns and bridges over implants

Important plan features

- > You'll choose a primary network general dentist who will coordinate all of your dental care needs. You can choose a different network general dentist for each enrolled family member and you can change your network general dentist at anytime.
- > If you have family members who live out of state, they can choose a provider close to where they live as long as the Cigna Dental Care plan is available in their state.
- > If you need to see a specialist, your network general dentist will coordinate a referral (referrals are not required to see a network orthodontist or for children under the age of 13 who see a network pediatric dentist)

Save with Cigna Healthy Rewards^{®3}

Get discounts on everyday health products and programs including meal delivery services, fitness memberships, lasik surgery and more. Visit www.cigna.com/rewards (password: savings) to learn more.

For more information, visit www.Cigna.com/ASRS

Rates for Arizona State Retirement System

Single	\$9.75
Family (Single + 1)	\$15.99
Family (Single + 2 or more)	\$24.71

More information

For more information, visit www.Cigna.com/ASRS

You can view the Patient Charge Schedule (PCS), search for dentists and learn more about the plan.

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care (DHMO) product availability varies by state and is subject to change. 2. Projected unique dentists for year-end 2022 as compared to competitor DHMO networks. 3. Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third parties who are solely responsible for their products, services and discounts.



DELTA DENTAL - PPO PLAN OPTIONS

Our number one goal is to provide exceptional dental benefits for our members. With nearly 50 years of experience insuring Arizona’s smiles, we’ve established ourselves as the dental benefits leader. We cover more than 1.2 million enrollees—and the number keeps growing!

Why Choose Delta Dental?

- More than 3,500 unique dentists in Arizona and 157,878 unique dentists nationwide¹
- Freedom to visit any licensed dentist (you don’t have to select a primary dentist)
- Local customer service, with more than 97% of inquiries resolved on the first call²

Find a Delta Dental Dentist

With more dentists than any other carrier, it’s likely your dentist is already in our network!

Visit deltadentalaz.com/asrs and use our provider search to find a dentist near you. You can also download the Delta Dental mobile app to search for a network dentist.

Plan Highlights

- ✓ **Preventive Care is 100% Covered** – Routine cleanings, exams and bitewing X-rays are fully covered for Delta Dental members.
- ✓ **Checkup Plus™** – Preventive and diagnostic services are not deducted from your annual maximum, giving you more money to use when you need it most.
- ✓ **No Missing Tooth Limitations³** – Your benefits are not limited due to any pre-existing conditions, like missing teeth.
- ✓ **Implant Coverage³** – Implants are covered under major services! And there are no missing tooth clauses to hold you back if you need implant treatment.

Delta Dental Plan Options and Rates

Delta Dental offers two great PPO plan options to choose from. Depending on the dental needs of you and your family, you may enroll in the Delta Dental High Plan Option or Delta Dental Low Plan Option.

	Single	Family (Single +1)	Family (Single +2 or More)
Delta Dental High Plan Option	\$35.75 per month	\$71.35 per month	\$100.97 per month
Delta Dental Low Plan Option	\$16.60 per month	\$35.09 per month	\$64.24 per month

¹Delta Dental National Provider File, March 2020.

²Delta Dental of Arizona internal data, January 2020.

³This benefit is only available with the Delta Dental High Plan Option.

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0821



Benefits Plan Overview

Both Delta Dental plan options cover preventive care, like routine exams and cleanings, at 100%. The Delta Dental High Plan Option works well for those who need more extensive dental care. The Delta Dental Low Plan Option is great if you visit the dentist twice a year and have the occasional cavity.

	Delta Dental High Plan Option	Delta Dental Low Plan Option
Individual/Family Deductible	\$50/\$150	\$50/\$150
Annual Maximum	\$2,000	\$1,000
Included Networks ⁴	PPO + Premier	PPO + Premier
Preventive Services	100%	100%
Basic Services ⁵	80%	80%
Major Services ^{5,6}	25%/50%	Not covered
Is patient responsible for dentist's total billed charges?	Only when visiting an out-of-network dentist	Only when visiting an out-of-network dentist

Basic Services

- Full Mouth and Periapical X-rays
- Fillings
- Emergency Treatment
- Periodontal Maintenance
- Occlusal Adjustment
- Simple Extractions

Major Services

- Root Canal Treatment
- Implants
- Bridges and Dentures
- Cone Beam Imaging
- Crowns, Inlays and Onlays
- Surgical Extractions

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist.



Out-of-network dentist



Premier dentist



PPO dentist

Questions?

Visit deltadentalaz.com/asrs for more information about your plan options and how to enroll.



Vision Discount Plan

Delta Dental members receive discounts on vision care services, including exams, frames, lenses, contacts and more! Visit eyemedvisioncare.com/deltadental to see the available savings.

⁴Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

⁵Deductible applies to these services.

⁶Major services will be covered at 25% in year one and 50% in year two and beyond.

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0821

Non-Medicare Plans

The following pages contain plan information that is applicable to retirees not yet eligible for Medicare

For Non-Medicare Retirees



Availability of “Summary of Benefit and Coverage (SBC)” Documents

In accordance with law, our plan provides you with a Summary of Benefits and Coverage (SBC). The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. To get a free copy of the most current Summary of Benefits and Coverage (SBC) documents for our medical plan options, and the Uniform Glossary that defines many terms in the SBC, go to [AzASRS.gov/content/non-medicare-plans](https://www.azasrs.gov/content/non-medicare-plans) or for a paper copy, contact the ASRS at 1-800-621-3778.

This section does not apply to retirees and dependents who are covered under a Medicare Advantage plan.

Medical Plans Comparison

You have four different plans to choose from, each with its own benefits. To compare the details of each plan, including coverage amounts, see the charts on the next few pages.

Medical Plan Details	Choice Premier	Choice Value	Choice Economy	Choice Plus PPO
In-Network Coverage Only You must receive care for covered benefits from contracted network providers. Out-of-Network coverage not available.	✓	✓	✓	
In and out-of-network benefits You may receive care and services from providers and facilities in and out-of-network, but staying in-network can help lower your costs.				✓
Virtual Visits Get care with Virtual Visits anywhere, on your computer or mobile device* for medical conditions like pink eye, the flu, and more. (*data rates may apply)	✓	✓	✓	✓
Nationwide Network UnitedHealthcare has access to a broad network of physicians and hospitals nationwide.	✓	✓	✓	✓
Pharmacy Benefits Order up to a 3-month supply of medications you take regularly and have them delivered right to your home, or 30-day retail.	✓	✓	✓	✓
Tier 1 Providers Use Tier 1 providers for lower copays. These PCPs & medical specialists meet national standard benchmarks for quality care and cost savings.	✓	✓		

More benefits that are part of the plans.

UnitedHealthcare’s digital tools and online resources help make managing your health - and health plan - easier and more convenient. Here are just a few examples of what’s included.

Access Your Plan Easily



myuhc.com® is your personalized health hub. Find a doctor, manage your claims, estimate costs, and more.

Get Your Info On-The-Go



Our **UnitedHealthcare**® **app** helps you find care, review and pay claims, and gives you a digital health plan ID card - all in the palm of your hand.

Have Fun & Get Healthier



Spark transformation with **Real Appeal**®, a free digital program that provides you with support for lasting weight loss. Start today at **success.realappeal.com**.

Connect with a Doctor Now



Get care with **Virtual Visits**® any time on your mobile device* for medical conditions like pink eye, the flu, and more.

**Data rates may apply*

Medical Plans Comparison

	Choice Premier <i>Nationwide In-Network Only</i>		Choice Value <i>Nationwide In-Network Only</i>		Choice Economy <i>Nationwide In-Network Only</i>	
	Single Only:	\$1,062	Single Only:	\$886	Single Only:	\$775
	Single +1:	\$2,124	Single +1:	\$1,772	Single +1:	\$1,550
	Single +2 or more:	\$2,974	Single +2 or more:	\$2,481	Single +2 or more:	\$2,170
Deductible (Calendar Year)	Medical	Pharmacy	Medical	Pharmacy	Medical	Pharmacy
Individual	\$500	\$0	\$4,000	\$0	\$5,250	\$250
Family (2 or more)	\$1000	\$0	\$8,000	\$0	\$11,500	\$500
Out-of-Pocket Limit						
Individual	\$4,000		\$6,000		\$8,000	
Family (2 or more)	\$8,000		\$12,000		\$16,000	
Doctors and Specialists						
Virtual Visit (online)	No Charge		No Charge		No Charge	
Office Visit - Primary Care	\$40 Copay* \$20 Copay* - Tier 1		\$80 Copay* \$40 Copay* - Tier 1		\$80 Copay*	
Office Visit - Specialist	\$100 Copay* \$50 Copay* - Tier 1		\$160 Copay* \$80 Copay* - Tier 1		\$160 Copay*	
Preventive Care						
Screening and Counseling	No Charge		No Charge		No Charge	
Immunizations	No Charge		No Charge		No Charge	
Well-Woman/Man Visits	No Charge		No Charge		No Charge	
Preventive Labs & Imaging Tests	No Charge		No Charge		No Charge	
Diagnostic Labs & Imaging Test						
Minor Lab & X-ray	\$10 Copay* at free-standing facility or Physician's office \$30 Copay* at hospital-based facility		\$20 Copay* at free-standing facility or Physician's office \$60 Copay* at hospital-based facility		\$20 Copay* at free-standing facility or Physician's office \$60 Copay* at hospital-based facility	
Major Diagnostic	\$150 Copay* at free-standing facility or Physician's office \$250 Copay* at hospital-based facility		\$250 Copay* at free-standing facility or Physician's office \$350 Copay* at hospital-based facility		\$250 Copay* at free-standing facility or Physician's office \$350 Copay* at hospital-based facility	
Emergency Care						
Urgent Care Visit	\$50 Copay*		\$75 Copay*		\$75 Copay*	
Emergency Room (waived if admitted)	\$150 Copay*		\$300 Copay*		\$300 Copay*	
Ambulance	No Charge		30%**		30%**	
Other Care						
Outpatient Mental Health	\$20 Copay*		\$40 Copay*		\$40 Copay*	
Inpatient Mental Health	\$100 copay* plus 30%		30%**		30%**	
Outpatient Surgery and Scopic Procedures	30%** at free-standing surgery center or Physician's office 40%** at a hospital-based facility		30%** at free-standing surgery center or Physician's office 40%** at a hospital-based facility		30%** at free-standing surgery center or Physician's office 40%** at a hospital-based facility	
Inpatient Hospital Expenses	\$100 copay* plus 30%		30%**		30%**	
Hearing Aids	30%**		30%**		30%**	
Vision Exam	\$30 Copay*		\$30 Copay*		\$30 Copay*	

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

* Per visit/occurrence

** After the medical deductible has been met

Medical Plans Comparison

Choice Plus PPO (Nationwide Coverage)					
		Single Only:	\$1,361		
		Single +1:	\$2,722		
		Single +2 or more:	\$3,811		
		In-Network		Out-of-Network	
Deductible (Calendar Year)	Medical	Pharmacy	Medical	Pharmacy	
Individual	\$3,750	\$250	\$5,625	\$250	
Family (2 or more)	\$7,500	\$500	\$11,250	\$500	
Out-of-Pocket Limit					
Individual	\$7,000		\$12,000		
Family (2 or more)	\$14,000		\$24,000		
Doctors and Specialists					
Virtual Visit (online)	No Charge		45%**		
Office Visit - Primary Care	\$80 Copay*		45%**		
Office Visit - Specialist	\$200 Copay*		45%**		
Preventive Care					
Screening and Counseling	No Charge		45%**		
Immunizations	No Charge		45%**		
Well-Woman/Man Visits	No Charge		45%**		
Preventive Labs & Imaging Tests	No Charge		45%**		
Diagnostic Labs & Imaging Test					
Minor Lab & X-ray	\$40 Copay* at free-standing facility or Physician's office		45%**		
	\$80 Copay* at hospital-based facility				
Major Diagnostic	20% at free-standing facility or physician's office		45%**		
	30% at hospital-based facility				
Emergency Care					
Urgent Care Visit	\$75 Copay*		45%**		
Emergency Room (waived if admitted)	\$300 Copay*		\$300 Copay*		
Ambulance	20%**		20%**		
Other Care					
Outpatient Mental Health	\$20 Copay*		45%**		
Inpatient Mental Health	30% [†]		45%**		
Outpatient Surgery and Scopic Procedures	30%** at free-standing surgery center or physician's office		45%**		
	40%** at a hospital-based facility				
Inpatient Hospital Expenses	30%**		45%**		
Hearing Aids	30%**		45%**		
Vision Exam	\$20 Copay*		45%**		

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

* Per visit/occurrence

** After the medical deductible has been met

[†] Medical deductible does not apply

Pharmacy Plans Comparison

The UnitedHealthcare Prescription Drug List (PDL) is the list of medications that are covered by the plan. The PDL is organized by cost levels, known as tiers. Choosing medications in the lower tiers may save you money. To find what tier your medication is on, go to whyuhc.com/ASRS.

	Choice Premier	Choice Value	Choice Economy	Choice Plus PPO
Pharmacy Deductible (Calendar Year)				
Individual	\$0	\$0	\$250	\$250
Family (2 or more)	\$0	\$0	\$500	\$500
Prescription Drug Tier				
Any Retail Pharmacy (up to 31-day supply)				
Tier 1	\$10	\$10	\$15**	\$20**
Tier 2	\$50	\$60	\$90**	\$90**
Tier 3	\$100	\$120	\$180**	\$180**
Mail Order (OptumRx) & In-Store (CVS) - 90-day supply				
Tier 1	\$25	\$25	\$37.50**	\$50**
Tier 2	\$125	\$150	\$225**	\$225**
Tier 3	\$250	\$300	\$450**	\$450**

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

** After the pharmacy deductible has been met

90-Day Supply of Prescriptions: Mail-Order (OptumRx) & In-Store (CVS)

OptumRx® and CVS Pharmacy® make it easy for you to get your maintenance medications and save money. The **CVS90 Saver Plus** program allows you to get 90-day supplies of your maintenance medications at CVS Pharmacy locations, while **OptumRx** offers home delivery - the choice is yours.

Whether you decide to get your maintenance medications from a CVS Pharmacy location or through OptumRX home delivery, getting started is easy!

If you choose OptumRx home delivery:



ePrescribe: Your doctor can send an electronic prescription.



Online: Register at myuhc.com.



Phone: Call the number on the back of your health plan ID card.

If you choose a CVS Pharmacy location:



In-Store: Bring in your prescriptions or empty prescription bottles and the pharmacist will do the rest.



Online: Transfer your prescriptions in a few simple steps. Just go to CVS.com/transfer.



Phone: Call your local CVS Pharmacy and a pharmacy staff member will help you.

Finding A Doctor

► How to find a doctor in our **Choice** and **Choice Plus** networks




Search and save: **online**, the **mobile app**, or **over the phone**

Here are three ways to start your search for in-network doctors, hospitals, pharmacies, labs, and other providers and facilities to avoid out-of-network health care costs.




Go Online

For **current members**:

1. Sign into your **myuhc.com**® account
2. Select “Find a provider.”
3. On the next screen, click on the **Find Care and Cost** tab.
4. Next, either type in the name of physician in the “search” field or click on **Medical or BehavioralHealth Directory** to search by provider specialty type.
5. Finally, look for the **Tier 1 Premium Provider** symbol  next to each physician for lower office copays. *(applies to Choice Premier and Choice Value plans only)*

If you are **not a member**:

1. Visit **whyuhc.com/ASRS**
2. Click on **Search For a Provider**.
3. Search the provider network for the plan you are interested in.
4. Next, enter the zip code, city, or address of search area.
5. Type in the name of physician in the “search” field or click on the **People** tile to search by provider specialty type.
6. Search for the two **Tier 1 Premium Provider** symbol  next to each physician for lower office copays. *(applies to Choice Premier and Choice Value plans only)*



Mobile App

1. Download the **UnitedHealthcare**® App.
2. Sign in or create account.
3. Follow the prompts to search for providers



Call Us: 800.509.6729

A customer care professional will be happy to help you with your doctor search over the phone!

If you are a member, you can also call the number on the back of your health plan ID card.

The Importance of “In-Network” vs “Out-of-Network”

What does **In-Network** mean?


In-Network means utilizing the group of doctors, hospitals, and other providers and facilities that have a contract with UnitedHealthcare, and have agreed to follow our guidelines and provide health care services to you at lower prices.

Why is this important?

If your plan is an **in-network only** plan and you seek services from a **non-network provider**, you will be 100% responsible for the costs.

Finding A Doctor

Access a national network with **Choice Premier and Choice Value** plans and save by using **Tier 1** providers

- **Pay less by using Tier 1 providers.** They have been recognized for providing the greatest value. 
- **There's no need to select a primary care physician (PCP) or get referrals to see a specialist.** However, by selecting a PCP, your PCP can be your partner in managing your care. They can help you avoid duplicating tests and services and connect you to a specialist.
- **Age appropriate preventive care** is covered 100% when using network providers.

How to Look for Tier 1 Providers

Your doctor's Tier 1 status may change throughout the calendar year. Please verify your doctor's Tier 1 status before you schedule your next appointment using **myuhc.com** (for members) or **whyuhc.com/ASRS** (if you are not a member.)

On whyuhc.com/ASRS

Example Listing:



Smith, John, MD
Internist | ASSIGN AS PCP
★★★★☆ 12 Reviews






1234 Any Street
 Any City, State 12345
 123-123-4567
 2.6 Miles Away

[View Additional Locations \(21\)](#)
[View Physician ID Number](#)

 Tier 1 Provider

 Accepting All Patients

On myuhc.com

Physician Tier Description	Members logged into myuhc.com will see:	Non-Members not logged into myuhc.com will see:
Premium Care Physician <i>The physician meets the criteria for providing quality and cost-efficient care.</i>		
Quality Care Physician <i>The physician meets the criteria for providing quality care.</i>	Non-Tier 1	
Not Evaluated for Premium Care <i>The physician's specialty is not evaluated in the UnitedHealth Premium program, the physician does not have enough claims data for program evaluation, or the physician's program evaluation is in process.</i>	Non-Tier 1	
Does Not Meet Premium Quality Criteria <i>The physician does not meet the criteria for providing quality care, so the physician is not eligible for the cost-efficient care designation.</i>	Non-Tier 1	

For a listing of the **UnitedHealth Premium Program** Tier 1 Providers that are evaluated, visit www.bit.ly/uhcPremiumProgram. Note that not all specialties are evaluated, including but not limited to Dermatology, Podiatry, Ophthalmology and Optometry. If your specialty is not evaluated, you will pay the higher copay.

Additional Programs & Services

At UnitedHealthcare®, we want to make it easier for you and your doctor to take care of your health. As a member, you have an array of programs and services available. Here are some of the ways we can help.



Virtual Doctor Visits - No Cost

See a doctor or a Behavioral Health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat - anytime, day or night.

With Virtual Doctor Visits you can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection.

Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction or depression

Register and then schedule an appointment. On your tablet or smartphone you can download the **UnitedHealthcare®**, **Doctor on Demand™**, **Teladoc®**, or **AmWell®** apps.



Real Appeal® - No Cost

Get help losing weight and keeping it off. Whether you want to lose a lot of weight or just a few extra pounds, Real Appeal® is designed to help with simple steps and support along the way for lasting weight loss.

As a benefit of your health plan, it includes:

- A personalized transformation coach will guide you and customize steps to fit your needs, personal preferences, medical history and goals.
- 24/7 online support and a mobile app to help you stay on track and help you reach your goals.
- A success kit featuring a personal blender, digital food scale and more.

Join Real Appeal at success.realappeal.com

Additional Programs & Services

At UnitedHealthcare®, we want to make it easier for you and your doctor to take care of your health. As a member, you have an array of programs and services available. Here are some of the ways we can help.



Quit For Life® - No Cost

Quit For Life is a clinically proven tobacco cessation program offered in collaboration with the American Cancer Society®. The program combines digital and telephonic tools and resources, along with physical, psychological and behavioral strategies to provide members with a personalized quit plan to overcome their tobacco addiction.

Get the support you need to quit your way:

- Personalized Quit Plan tailored to specific quit-tobacco goals.
- Flexible access to QuitCoach® staff through secure messages or phone.
- Multiple support options such as Text2Quit®, online learning and urge management tools.
- 24/7 support for easy access to coaching services.

Start living TOBACCO-FREE by enrolling today at **1-866-QUIT-4LIFE** or **quitnow.net**.



SilverSneakers® Fitness Program - No Cost

Designed for all fitness levels and abilities, SilverSneakers includes access to exercise equipment, classes and more at participating fitness locations.* SilverSneakers signature classes, offered at select locations, are led by certified instructors trained specifically in adult fitness.

Find a fitness location at **silversneakers.com** or call toll-free 888-423-4632, TTY 711, 8 a.m. - 8 p.m. ET, Monday – Friday.

**At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.*



Hear the moments that matter most with custom-programmed hearing aids

Your hearing is an important part of your overall well-being and can impact not only your health, but the way you communicate with those around you. Treating your hearing loss helps you to stay connected so you don't miss out on the moments that matter most. With UnitedHealthcare Hearing, you have access to a wide selection of hearing aid styles and technology from name brand and private label manufacturers at significant savings. Plus, you'll receive personalized care from experienced hearing providers along with professional support every step of the way, helping you to hear better and live life to the fullest.

Learn more now at 855-523-9355 or **uhchearing.com**.

Medicare Plans

The following pages contain plan information that is applicable to retirees eligible for Medicare

**For Medicare
Eligible Retirees**



Becoming Medicare Eligible

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

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

Medicare is the federal health insurance program for individuals age 65 or older and some disabled individuals under age 65. It is administered by the Centers for Medicare and Medicaid Services (CMS). You become eligible for Medicare the first day of the month in which you turn age 65 unless your birthday falls on the first of the month, in which case you become Medicare-eligible the first of the prior month.

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

When you (and/or your covered dependents) become eligible for Medicare, Parts A and B must be elected and retained in order to enroll in the Medicare plans offered by ASRS. Medicare Part D is included in both of the ASRS Medicare plans offered.

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

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

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

Medicare has different parts that help cover specific services:

PART
A 

Medicare Part A
Hospital Insurance

+

PART
B 

Medicare Part B
Medical Insurance

+

PART
C 

Medicare Part C
Medicare Advantage plans

+



Medicare Part D
Outpatient prescription drug coverage

Medical Plans Comparison

For 2022, UnitedHealthcare® continues to be the sole carrier through the Arizona State Retirement System. Depending upon where you live and if you are eligible for Medicare, the following plans are available:

UnitedHealthcare® Group Medicare Advantage HMO Plan – Arizona only

Each covered individual must choose a Primary Care Physician (PCP) from the HMO’s network of providers. The HMO has several networks inside of it to choose from. All the physicians, specialists or facilities you use must be contracted with the same network. Keep in mind, providers in the network may change at any time. The online directory of providers is available at www.UHCRetiree.com/asrs.

- When a covered individual needs health care, he or she must visit their PCP. The PCP will either provide care or refer the individual to a specialist in the HMO network.
- If care is received from the PCP or a referred network physician, you generally will pay a copay. If care is received from a non-network provider, you’ll have to pay the full cost. If your PCP refers you to a specialist or other physician, it’s important that you always check first to be sure the physician is a network provider.

UnitedHealthcare® Group Medicare Advantage PPO Plan – Nationwide

With this plan, you have access to our nationwide coverage. You can see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare. No referral is needed to see a specialist. If you need to find a new doctor or specialist, consider a doctor in our network. We work closely with our network of doctors to give them access to resources and tools that can help them work with you to make better health care decisions.

Plans Comparison Chart

The medical plan comparison charts on the following pages contain a partial listing of the benefits offered for Medicare-eligible retirees, members on long term disability, and eligible dependents. Please remember that benefits are subject to plan limitations and exclusions. For a full list of covered benefits for each plan, please visit www.UHCRetiree.com/asrs.

After you enroll for coverage

UnitedHealthcare® will send you a Member ID card and a Quick Start Guide for your Group Medicare Advantage HMO plan or PPO plan. Please review these documents before you start using services so you understand the terms and conditions of the plan you selected.

If you have any questions about your plan, call UnitedHealthcare® Customer Service at the number on the back of your Member ID card. Their number is also listed on the inside back cover of this guide.



Important: Both these Medicare Advantage plans include a Medicare Part D drug benefit. You automatically receive prescription drug coverage when you enroll in either of these plans.

Medical Plans Comparison

Medical Benefits	UnitedHealthcare® Group Medicare Advantage HMO plan – Arizona only	UnitedHealthcare® Group Medicare Advantage PPO plan – Nationwide
Monthly Premium	Single \$50 Family (Single +1) \$100	Single \$70 Family (Single +1) \$140
Network	In-Network-only coverage, except for emergency or Urgent Care	Any willing Medicare provider
Annual Medical Out-of-Pocket Maximum (this is the most you could pay in your medical copays)	\$4,000	\$5,000
Doctor Visits		
Primary Care Provider	\$15 copay	\$15 copay
Specialist	\$30 copay	\$25 copay
Routine Annual Physical	\$0 copay	\$0 copay
Virtual Doctor Visits	\$0 copay	\$0 copay
Outpatient Services		
Lab Services	\$0 copay	\$0 copay
Outpatient X-ray Services	\$0 copay	\$0 copay
Diagnostic (MRIs, CT scans)	\$50 copay	\$0 copay
Outpatient rehabilitation (physical, occupational, or speech/language therapy)	\$15 copay	\$0 copay
Outpatient Hospital & Surgical Services	\$100 copay	\$50 copay
Inpatient Services		
Inpatient hospital care (including mental health)	\$100 copay per admission	\$0 copay after \$150 deductible on first inpatient hospitalization annually
Emergency Services		
Ambulance services	\$25 copay	\$0 copay
Urgently needed services (waived if admitted)	\$15 copay	\$25 copay
Emergency care (waived if admitted)	\$50 copay	\$50 copay
Additional Benefits and Programs		
Foreign Travel Benefit (emergency or urgently needed services)	Worldwide Coverage — same copays apply as if care was received in U.S.*	Worldwide Coverage — same copays apply as if care was received in U.S.*

*You will pay for the cost of the services in full. Send a copy of the itemized bill or an itemized receipt to UnitedHealthcare® for reimbursement.

Medical Plans Comparison

Medical Benefits	UnitedHealthcare® Group Medicare Advantage HMO plan – Arizona only	UnitedHealthcare® Group Medicare Advantage PPO plan – Nationwide
Vision Services (find in-network providers at medicare.myuhcvision.com)		
Routine eye exam (refraction) Limited to one routine eye exam every 12 months	\$20 copay	In-Network: \$20 copay Out-of-Network: \$80 allowance
Routine eyewear or contact lenses allowance is every 12 months combined	In-Network: Standard lenses covered at 100% \$130 allowance for frames OR \$105 allowance for contacts in lieu of glasses	In-Network: Standard lenses covered at 100% \$130 allowance for frames OR \$105 allowance for contacts in lieu of glasses Out-of-Network: \$100 allowance for standard lenses \$100 allowance for frames OR \$100 allowance for contacts in lieu of glasses
Hearing Services		
Routine hearing exams Limited to one routine hearing exam every 12 months	\$0 copay (must use in-network providers, including UnitedHealthcare® Hearing providers for exam)	\$0 copay
Hearing Aid Allowance	Up to \$500 (every 36 months) must use UnitedHealthcare® Hearing for hearing aids	Up to \$500 (every 36 months)
Other Services		
Real Appeal®	Included	Included
Post Discharge Meals	Included	Included
Fitness Program	SilverSneakers®	SilverSneakers®
HouseCalls Program	Included	Included



Important Note: This is only a brief summary of benefits. Please refer to the plan’s Evidence of Coverage for a list of benefits and exclusions specific to the ASRS retiree medical plan. The Evidence of Coverage can be found online at UHCRetiree.com/asrs

Prescription Drug Coverage

Here are Medicare's rules about what types of coverage you can add or combine with a group-sponsored Medicare Advantage plan. Both of the Medicare Advantage plans offered by ASRS include prescription drug coverage. They have coverage that is equal to or more than the standard Medicare Part D coverage.

✓ One plan at a time

- You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time.
- The plan you enroll in last is the plan that Centers for Medicare & Medicaid Services (CMS) considers to be your final decision.
- If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in the ASRS plan, you and your dependents, if applicable, will be disenrolled from the ASRS plan(s).

Remember: If you drop or are disenrolled from ASRS retiree coverage, you may not be able to re-enroll in medical insurance with the ASRS unless you have a qualifying life event or until the next open enrollment period.



Important: 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.

Prescription Drug Coverage

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

Prescription drug plan features:

- No prescription drug plan deductible
- Standard UnitedHealthcare® Group Medicare Advantage formulary applies. Your ASRS group plans offer a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan’s drug list (formulary). The drug tier for each prescription drug is shown on the list.
- To view the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you, visit www.UHCRetiree.com/asrs.
- Convenient prescription by mail program.

UnitedHealthcare® Group Medicare Advantage HMO Plan

Tier	Prescription Drug Type	Your Costs	
Coverage Gap	Continue to pay your copay in the coverage gap (see page 36)	Retail (30-day supply)	OptumRx Mail Order (90-day supply)
Tier 1	Generic and some Brands	\$10 copay	\$20 copay
Tier 2	Preferred Brands and some generics	\$40 copay	\$80 copay
Tier 3	Non-Preferred Brands and some generics	\$40 copay	\$80 copay
Tier 4	Specialty Drugs and some generics	\$40 copay	\$80 copay

UnitedHealthcare® Group Medicare Advantage PPO Plan

Tier	Prescription Drug Type	Your Costs	
Coverage Gap	Coinsurance in the coverage gap (25% for generics/25% for brand)** (see page 36)	Retail (30-day supply)	OptumRx Mail Order (90-day supply)
Tier 1	Generic and some Brands	\$10 copay	\$20 copay
Tier 2	Preferred Brands and some generics	\$35 copay	\$70 copay
Tier 3	Non-Preferred Brands and some generics	\$35 copay	\$70 copay
Tier 4	Specialty Drugs and some generics	\$35 copay	\$70 copay

**Member pays copay up to \$4,430 in Total Drug Expenditures. Member then pays 25% of prescription costs until \$7,050 in Out-of-Pocket costs has been met. Member then pays \$3.95 generic, \$9.85 brand copay or 5% of drug cost, whichever is greater.

Prescription Drug Coverage

Prescription drug payment stages

Annual deductible: Your plans do not have an annual deductible.

Initial Coverage	Coverage Gap (Donut Hole)	Catastrophic Coverage
<p>In this drug payment stage:</p> <p>You pay your copay for each prescription you fill and the plan pays the rest.</p> <p>You stay in this stage until total drug costs (paid by you and the plan) reach \$4,430. If this amount is reached you move into the Coverage Gap.</p>	<p>In this drug payment stage (after total drug costs reach \$4,430):</p> <p>HMO only: You continue to pay your copay as you did in the initial coverage stage.</p> <p>You stay in this stage until out-of-pocket costs reach \$7,050. This includes all copays paid by you in the Initial Coverage and Coverage Gap stages, plus the manufacturer discount (about 70%) on brand name drugs.</p> <hr/> <p>PPO only: You pay 25% of the cost of brand name or generic drugs</p> <p>You stay in this stage until out-of-pocket costs reach \$7,050. This includes copays you paid in the Initial Coverage stage, the 25% you paid in the Coverage Gap, plus the manufacturer discount (about 70%) on brand name drugs.</p>	<p>After out-of-pocket costs reach \$7,050:</p> <p>You pay your \$3.95 generic copay, \$9.85 brand name copay or 5% of the drugs cost — whichever is higher.</p> <p>You stay in this stage for the rest of the plan year.</p>

Additional Programs

At UnitedHealthcare,[®] we want to make it easier for you and your doctor to take care of your health. As a member of one of the UnitedHealthcare plans, you have an array of programs and services, many available at no additional cost. Here are some of the ways we can help.



Annual Wellness Visit¹ and many preventive services at \$0 copay

An Annual Wellness Visit with your doctor is one of the best ways to stay on top of your health. Take control by scheduling your annual physical and wellness visit early in the year to give you the most time to take action. You and your doctor can work as a team to create a preventive care plan, review medications and talk about any health concerns. You may also be eligible to earn a reward for completing your Annual Wellness Visit through Renew Rewards.



HouseCalls

With UnitedHealthcare[®] HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost. A HouseCalls visit is designed to support, but not take the place of, your regular doctor's care.

Every visit includes tailored recommendations on health care screenings and a chance to:

- Review current medications
- Receive education, prevention tips, care and resource assistance, if needed
- Get advice and ask questions on how to manage health conditions
- Receive referrals to other health services and more
- At the end of the visit, our health care practitioner will leave a personalized checklist and send a summary to your regular doctor.



Video visits from UnitedHealthcare[®] Housecalls

A HouseCalls video visit uses technology to connect plan members with a health care practitioner for up to a full hour to review your health history and current medications, discuss important health screenings, identify health risks and provide health education at no extra cost.



SilverSneakers^{®2}

Stay active at network fitness centers with a SilverSneakers membership. There are no fees when you visit a network location and use basic membership services*.

Find a fitness location at [silversneakers.com](https://www.silversneakers.com) or call toll-free **1-888-423-4632**, TTY **711**, 8 a.m. – 8 p.m. ET, Monday – Friday.

*At-home kits are offered for members who want to start working out at home or for those who can't get to a fitness location due to injury, illness or being homebound.

¹ If additional tests are required, there may be a copay or coinsurance.

² SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

Additional Programs



Telephonic Nurse Support¹

Speak to a registered nurse about your medical concerns at no additional cost to you. Call the number on the back of your member ID card 24 hours a day, 7 days a week.



Hear the moments that matter most with custom-programmed hearing aids

Your hearing health is important to your overall well-being and can help you stay connected to those around you. With UnitedHealthcare Hearing, you'll get access to hundreds of name-brand and private-labeled hearing aids — available in person at any of our 7,000+ UnitedHealthcare Hearing providers nationwide or delivered to your doorstep with Right2You direct delivery and virtual care (select products only) — so you'll get the care you need to hear better and live life to the fullest.

For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only — other hearing exam providers are available in our network. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.



Real Appeal®

Real Appeal® is a simple, step-by-step online program that helps make losing weight fun. The program offers tools that may help you lose weight, reduce your risk of developing serious health conditions, gain energy and achieve your long-term health goals, at no additional cost.

When you enroll in Real Appeal, you will receive:

- A transformation coach who leads weekly online group sessions
- Online tools to help you track your food, activity and weight-loss progress
- A Success Kit with food and weight scales, recipes, workout DVDs and more —shipped directly to your door

**1-844-924-7325, TTY 711,
uhc.realappeal.com**



Post Discharge Meals

Our post-discharge meal delivery program provides freshly made meals to your home after you have been discharged from the hospital or skilled nursing facility, at no additional cost. The program provides up to 84 meals immediately following an inpatient hospital discharge or skilled nursing facility stay when referred by a UnitedHealthcare advocate. Learn more at **MomsMeals.com**. Call **1-855-428-6667** to place your order.

¹ Telephonic Nurse Support service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Additional Programs



Virtual Visits

See a doctor or a behavioral health specialist using your computer, tablet or smartphone. With Virtual Visits, you're able to live video chat from your computer, tablet or smartphone — anytime, day or night. You will first need to register and then schedule an appointment. On your tablet or smartphone, you can download the Amwell®, Doctor On Demand™ and Teledoc® apps.

Virtual doctor visits included on both plans for \$0 copay.

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. Virtual Doctor Visits are good for minor health concerns like:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachache
- Bladder/urinary tract infections, rashes

Virtual Behavioral Health Visits Included on the HMO plan for \$30 copay, and the PPO plan for \$0 copay

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Medication management
- Addiction or depression
- Trauma and loss
- Stress or anxiety



Go beyond the plan benefits to help live your best life

Explore Renew by UnitedHealthcare,® our member-only health and wellness experience. Renew helps inspire you to take charge of your health and wellness every day by providing a wide variety of useful resources and activities, including:

Brain games, healthy recipes, fitness activities, learning courses, Rewards and more — all at no additional cost. Sign in at UHCRetiree.com/ASRS for more details.

Statements of Understanding

By enrolling in this plan, I agree to the following:

- ✓ **This is a Medicare Advantage plan and has a contract with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and/or Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.
- ✓ **For members of the UnitedHealthcare® Group Medicare Advantage (HMO) plan only.**

This plan covers a specific service area. If I plan to move out of the area, I will call my plan sponsor or this plan to disenroll and get help finding a new plan in my area. I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- ✓ **For members of the UnitedHealthcare® Group Medicare Advantage (PPO) plan only.**

The service area includes the 50 United States, the District of Columbia and all U.S. territories. I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under this plan, when I am outside of the U.S. I am covered for emergency or urgently needed care.
- ✓ **I can only have one Medicare Advantage or Prescription Drug plan at a time.**
 - Enrolling in this plan will automatically disenroll me from any other Medicare health plan.
 - If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
 - If I disenroll from this plan, I will be automatically transferred to Original Medicare.
 - Enrollment in this plan is for the entire plan year. I may leave this plan only at certain times of the year or under special conditions.

Statements of Understanding

✓ **For members of the Group Medicare Advantage plan.**

I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

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

Starting on the date my coverage begins, I must get all of my health care from UnitedHealthcare Group Medicare Advantage (HMO) contracted providers. The only exceptions are emergency or urgently needed services, or out-of-area dialysis services.

Notes

Telephone Numbers & Websites

When calling these insurance carriers, be sure to tell them you are an ASRS retiree.

Medical Carrier - UnitedHealthcare

Group Medicare Advantage HMO & PPO Plans

(Weekdays, 8 AM-8 PM, local time)

844-876-6161/ TTY: 711, when prompted: 844-876-6161

Medicare Internet Addresses:

- **Medicare Plans:** uhcretiree.com/asrs
- **Medicare Virtual Education Center:** uhcvirtualretiree.com/asrs
- **Behavioral Health:** liveandworkwell.com
- **UnitedHealthcare Vision:** medicare.myuhcvision.com

Non-Medicare Choice and Choice Plus Plans

(Weekdays, 8 AM-8 PM, local time)

800-509-6729

Non-Medicare Internet Addresses:

- **Non-Medicare Plans:** myuhc.com
- **Non-Medicare Virtual Education Center:** uhcvirtualretiree.com/asrspre65

Dental Carriers

Delta Dental of Arizona (Delta Dental High Plan Option & Delta Dental Low Plan Option)

- **Website:** deltadentalaz.com/asrs
- **PPO Dental Customer Service & Claims:** 833-335-8201, TTY: 711 (Weekdays, 8 AM - 5 PM, MST)
- **Vision Discount Services (via EyeMed, Group #9231093):** 866-246-9041 or eyemedvisioncare.com/deltadental

Cigna Dental Care (DHMO) Plan

- **Customer Service and Claims:** 800-244-6224 (Available 24/7)
- **Website:** Cigna.com/ASRS

Prescription Discount Card

WellCard (Available 24/7) 800-562-9625 / WellCardHealth.com

ASRS Member Services

Phoenix Area: 602-240-2000 (M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST) / AzASRS.gov

Tucson Area: 520-239-3100 (M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST) / AzASRS.gov

Out-Of-Area: 800-621-3778 (M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST) / AzASRS.gov

PSPRS, CORP & EORP Benefits Office

(Weekdays, 8 AM - 5 PM, MST) 602-255-5575 / PSPRS.com

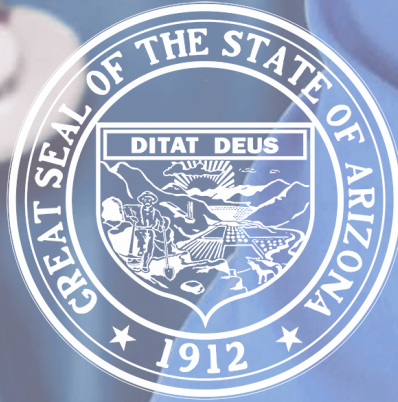
ADOA Benefits Office

(Weekdays, 8 AM - 5 PM, MST) 602-542-5008 / 800-304-3687 / BenefitOptions.AZ.gov

Other Helpful Numbers & Websites

Social Security 800-772-1213 / SSA.gov

Medicare 800-633-4227 / Medicare.gov



An agency of the State of Arizona

ARIZONA STATE RETIREMENT SYSTEM

Your money. Your future. Secure for your lifetime.

Find us online at [AzASRS.gov](https://www.azasrs.gov)



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Phoenix, AZ 85012

**For Non-Medicare
& Medicare Eligible
ASRS Retirees**



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