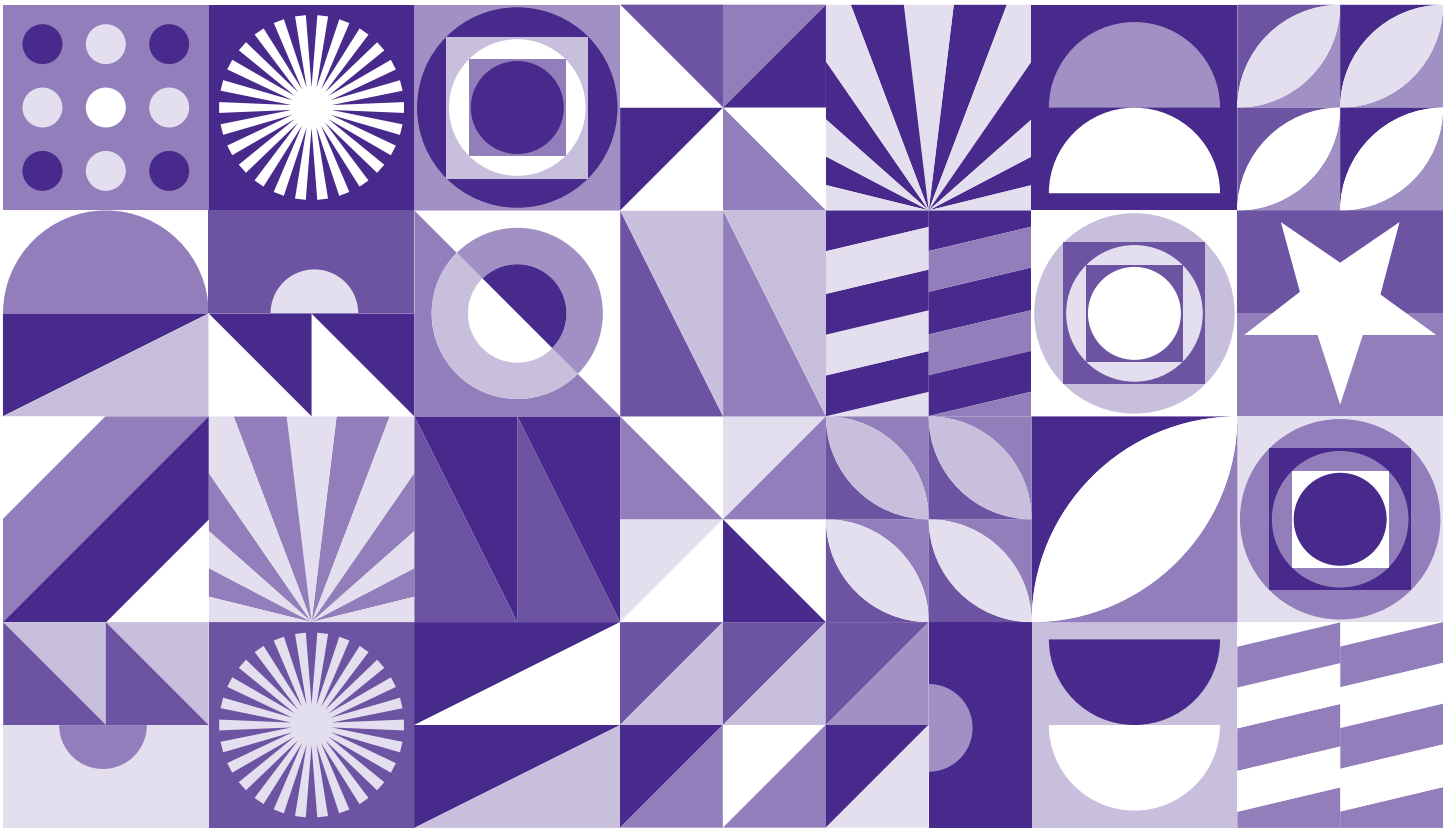
ARIZONA STATE RETIREMENT SYSTEM

Your investment.
Your future.
Secure for your lifetime.

Health Insurance Enrollment Guide

Non-Medicare and Medicare-Eligible ASRS Retirees

FOR PLAN YEAR
2024



Please review 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.

Additional 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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Arizona State Retirement System
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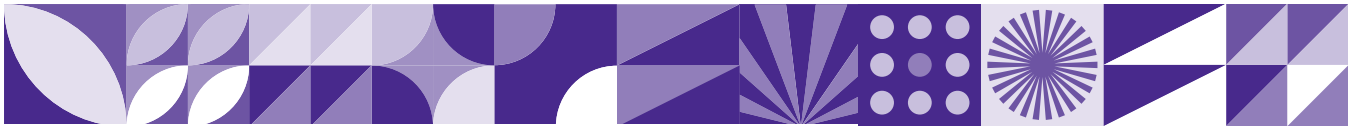

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NOTE: We have color-coded the information to indicate content that is applicable to:

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

Information for All Retirees

Dental Plans for All Retirees

Non-Medicare Plans

Medicare Plans

WELCOME FROM THE DIRECTOR

Welcome to the Arizona State Retirement System's Health Insurance Enrollment Guide, outlining plans for the 2024 calendar year.

This Enrollment Guide has been designed to provide you with an overview of the medical and dental insurance plan offerings 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 non-Medicare retirees, and another for Medicare retirees.

Please pay particular attention to the color-coding of the sections and pages throughout this guide, which indicate content that applies to everybody (purple), non-Medicare retirees (blue), and Medicare retirees (orange).

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, 2024.

This year is a passive enrollment year, meaning that if you do not wish make any changes via the online health insurance enrollment form, then you will be automatically re-enrolled in your current plan choices.

Although medical and dental insurance plan offerings remain the same as the 2023 offerings, premiums for some plans have changed so make sure to review monthly premiums on pages 10 and 11.

Please review this Enrollment Guide carefully for all the details.

The ASRS will be hosting in-person meetings for retirees to come and learn more about the ASRS health insurance programs. There will be four days of in-person meetings and a host of other educational 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. Again, if you do not wish to make any changes, there is no need to fill out the online enrollment form.

Please visit the Healthcare page in the Retiree section of AzASRS.gov for much more information on open enrollment.

As always, know that we are here to assist throughout the open enrollment process.

To your good health,

Paul Matson, Director

Arizona State Retirement System

2024 BENEFIT HIGHLIGHTS

The ASRS is committed to offering value-based health plans to eligible retirees and their families.

Here are some plan highlights for 2024.

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

Dental Plans

The dental benefit structures remain unchanged and monthly premiums for the Delta Dental plans have increased.

See page 15

Non-Medicare: UnitedHealthcare Group Plans

The medical benefit structures remain unchanged and monthly premiums have changed for most plan options.

See page 21

Medicare: UnitedHealthcare Group Medicare Advantage Plans

The medical benefit structure remains unchanged for the Medicare Advantage HMO plan. For the Medicare Advantage PPO plan, we made one benefit change mentioned below. The monthly premiums for both plans will increase in 2024 due to a year over year reduction in the Retrospective Rate Agreement funds available for premium reduction.

For the Medicare Advantage PPO plan, the member's cost share on inpatient hospital care (including inpatient mental health) is changing from a one-time $150 member cost share on the first inpatient hospitalization annually to a copay of $100 per admission.

Please note the Centers for Medicare and Medicaid Services (CMS) have issued modified prescription drug coverage thresholds and stage limits for 2024. For more information on prescription drug coverage, see the section starting on **page 36**

See page 31

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 a 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 covered, or 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 Optional Retirement Plan (ORP), 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 requested by each carrier.

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 calendar days of the qualifying life event. All dependents age 26 and older must be approved as a disabled dependent and you will be required to submit documentation as requested by each carrier.

Your enrollment application must be submitted within 31 calendar 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.

Notice of COBRA Qualifying Life Events

If you and your dependents are enrolled in an ASRS non-Medicare plan and/or an ASRS dental plan, your enrolled dependents can continue medical and/or dental coverage temporarily in certain circumstances where coverage would otherwise end. In accordance with federal guidelines, ASRS provides your dependents opportunities for the continuation of coverage through COBRA following specific qualifying life events. If your dependents experience one of the qualifying life events listed below, written notice must be sent to the ASRS no later than 60 days after the date upon which coverage would be lost under the Plan as a result of the COBRA Qualifying Life Event.

- When a participant divorces or legally separates from his or her spouse, a copy of the court document acknowledging the legal separation or divorce must be included with the written notice.
- When a dependent child ceases to be covered under the Plan (including turning age 26).

Failure to provide this notice within the time frame described above may prevent your dependents from obtaining or extending the COBRA coverage.

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

IMPORTANT TIME FRAMES

Know when to enroll and the effective dates of your plan

- The effective date for the 2024 plan year is January 1, 2024 through December 31, 2024.
- 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.
- Medicare enrollments must be completed online (or signed if using a paper enrollment form) no later than the last day of the month before coverage is to begin. A Medicare enrollment completed online or signed on the first of the month will not be processed for enrollment until the first day of the following month.

PRE-ENROLLMENT CHECKLIST

Use this handy list to 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 calendar days of the qualifying life event or your application will be canceled 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.

Once submitted, the online system will allow you to print a copy of your enrollment application and the 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 the PSPRS benefits office to request the correct enrollment form.

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 signed letter if you prefer not to use the online application.
- 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.

MONTHLY MEDICAL PREMIUMS

From UnitedHealthcare

Non-Medicare Plans (You and your dependent(s) DO NOT have Medicare Part A and B)	Single **Per Month:**	Family (Single +1) **Per Month:**	Family (Single +2 or more) **Per Month:**
Choice Premier (Nationwide In-Network Only Coverage)	$1,132.00	$2,264.00	$3,170.00
Choice Value (Nationwide In-Network Only Coverage)	$886.00	$1,772.00	$2,481.00
Choice Economy (Nationwide In-Network Only Coverage)	$660.00	$1,320.00	$1,848.00
Choice Plus PPO (Nationwide In & Out-of-Network Coverage)	$1,408.00	$2,816.00	$3,942.00
Medicare Plans (You and your dependent(s) HAVE Medicare Part A and B)	Single **Per Month:**	Family (Single +1) **Per Month:**	Family (Single +2) **Per Month:**
Group Medicare Advantage HMO (Arizona In-Network Coverage Only)	$72.70	$145.40	$218.10
Group Medicare Advantage PPO (Nationwide In & Out-of-Network Coverage)	$114.25	$228.50	$342.75

Combination Family Plans (You or 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 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 and 1 without Medicare, **per month**:	1 person with Medicare and 2+ without Medicare, **per month:**
Group Medicare Advantage **HMO** with **Choice Premier**	$1,204.70	$2,336.70
Group Medicare Advantage **HMO** with **Choice Value**	$958.70	$1,844.70
Group Medicare Advantage **HMO** with **Choice Economy**	$732.70	$1,392.70
Group Medicare Advantage **HMO** with **Choice Plus PPO**	$1,480.70	$2,888.70
Group Medicare Advantage **PPO** with **Choice Premier**	$1,246.25	$2,378.25
Group Medicare Advantage **PPO** with **Choice Value**	$1,000.25	$1,886.25
Group Medicare Advantage **PPO** with **Choice Economy**	$774.25	$1,434.25
Group Medicare Advantage **PPO** with **Choice Plus PPO**	$1,522.25	$2,930.25
Combo Plans for 2 people with Medicare	2 people with Medicare and 1 without Medicare **per month**:	2 people with Medicare and 2+ without Medicare **per month**:
Group Medicare Advantage **HMO** with **Choice Premier**	$1,277.40	$2,409.40
Group Medicare Advantage **HMO** with **Choice Value**	$1,031.40	$1,917.40
Group Medicare Advantage **HMO** with **Choice Economy**	$805.40	$1,465.40
Group Medicare Advantage **HMO** with **Choice Plus PPO**	$1,553.40	$2,961.40
Group Medicare Advantage **PPO** with **Choice Premier**	$1,360.50	$2,492.50
Group Medicare Advantage **PPO** with **Choice Value**	$1,114.50	$2,000.50
Group Medicare Advantage **PPO** with **Choice Economy**	$888.50	$1,548.50
Group Medicare Advantage **PPO** with **Choice Plus PPO**	$1,636.50	$3,044.50

MONTHLY DENTAL PREMIUMS

	Single **Per month**	**Family** (Single +1) **Per month**	**Family** (Single +2 or more) **Per month**
Delta Dental PPO Nationwide Coverage			
Delta Dental High Plan Option	$37.54	$74.92	$106.02
Delta Dental Low Plan Option	$17.43	$36.84	$67.45
Cigna DHMO Select States (Excludes AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY)			
Cigna DHMO	$9.75	$15.99	$24.71

PREMIUM BENEFIT

What is it and how it works:

What is it?

As part of your benefits, the ASRS provides a health insurance Premium Benefit to help supplement the cost of retiree health insurance. 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. When you retire, 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.

Premium Benefit (Continued)

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
- Electing 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 your election at a later date and your 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 at the time of election.

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

Monthly Health Insurance Cost Worksheet

Fill out the boxes below to help determine your monthly insurance premiums.

Start	**A**	**Monthly medical plan premium from page 10**	
			+
Add	**B**	**Add monthly dental plan premium from page 11**	
			=
Total (A+B)	**C**	**Total premium: medical plus dental plan premium**	
			-
Minus	**D**	**Subtract your Premium Benefit from the chart on page 13**	
			=
Net (C-D)		**Your Net Premium**	

PREMIUM BENEFIT

Determine your Amount

	WITHOUT MEDICARE		WITH MEDICARE A & B		COMBINATIONS	
	Retiree Only	Retiree & Dependent(s)	Retiree Only	Retiree & Dependent(s)	Retiree & Dependent(s) One with Medicare, the other(s) without	Retiree & Dependent(s) 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						
not applicable	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00
Public Safety Personnel Retirement System (PSPRS) Members						
not applicable	$150.00	$260.00	$100.00	$170.00	$215.00	$215.00

Notes

Contact Us

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**

ASRS Member Services

M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST

Phoenix Area: **602-240-2000**
AzASRS.gov

Tucson Area: **520-239-3100**
AzASRS.gov

Out-Of-Area: **800-621-3778**
AzASRS.gov

PSPRS, CORP & EORP Benefits Office

Weekdays, 8 AM - 5 PM, MST

602-255-5575 Online: **PSPRS.com**

Other Helpful Numbers & Websites

Social Security 800-772-1213 / SSA.gov

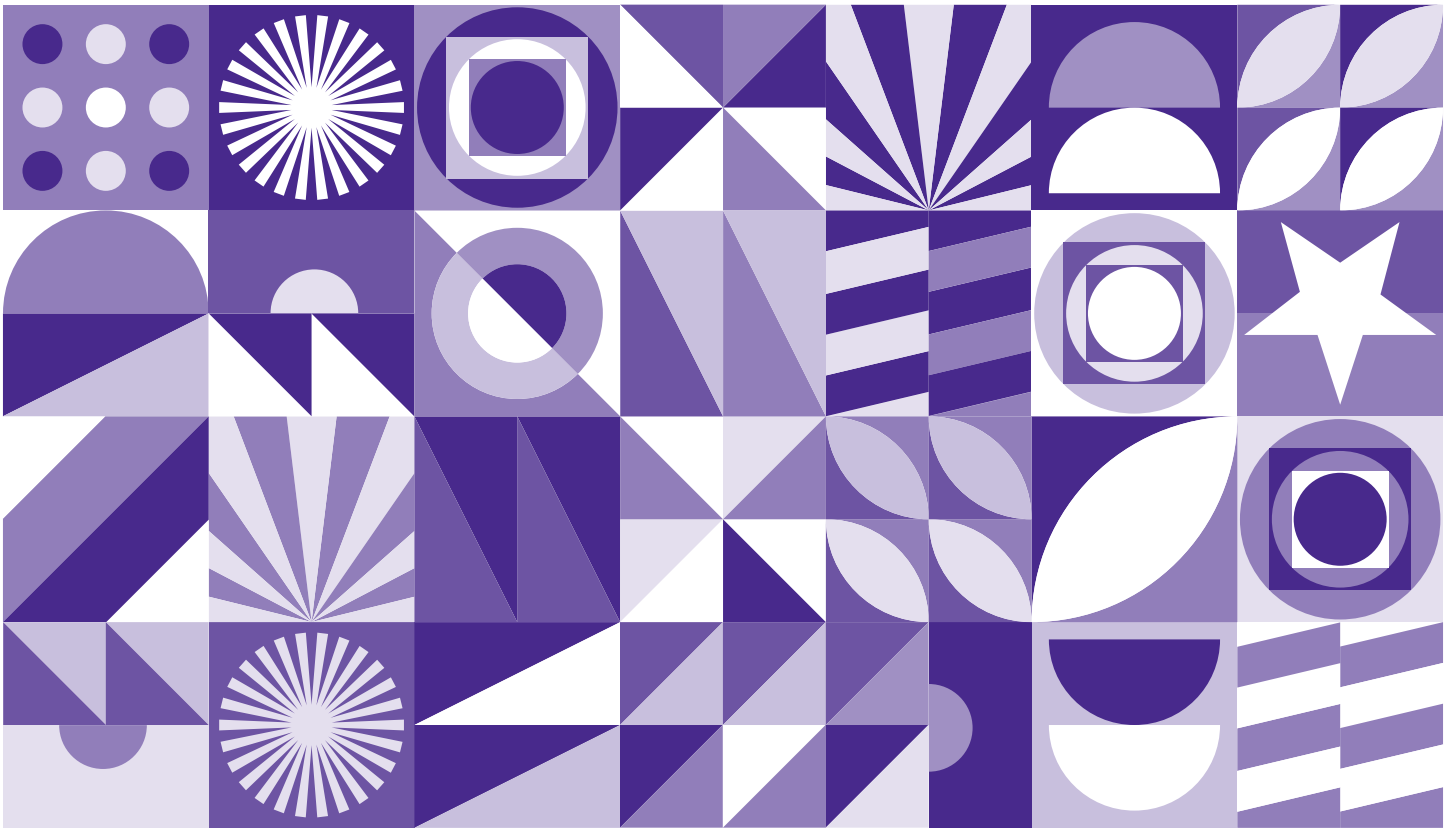
Medicare 800-633-4227 / Medicare.gov

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

Dental Plans for All Retirees

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

FOR PLAN YEAR
2024



DENTAL PLAN COMPARISON

Plans from DELTA DENTAL and cigna healthcare

Plans Available:

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

Our Delta 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 3,700 network dentists in Arizona and 154,000 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).

We've got a plan to make you smile.

The Cigna Dental Care® (DHMO*) Plan on the Access Plus Network.

Enjoy savings and predictability.

- One of the largest DHMO networks in the nation.**
- 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.

Get to know 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 any time.
- If you have family members who live out of state, they can choose a provider close to where they live as long as our dental 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.

Rates for Arizona State Retirement System

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

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

You can view the PCS, search for dentists and learn more about the plan.

Save with Healthy Rewards®.***

Get discounts on everyday health products and programs, including meal delivery services, fitness memberships, LASIK surgery and more. Visit **Cigna.com/discoverhealthyrewards** to learn more.

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

cigna healthcare

Offered by Cigna Health and Life Insurance Company or its affiliates.

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

*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. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network. **Projected unique dentists for year-end 2022 as compared to competitor DHMO networks. ***Healthy Rewards programs are NOT insurance. Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna Healthcare representative.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT.) (CHLIC), and Cigna Dental Health, Inc. and its subsidiaries, including Cigna Dental Health Plan of Arizona, Inc. Policy forms: OK – HP-POL99/HP-POL-388, POL115; OR – HP-POL68/HP-POL352, HP-POL121 04-10; TN – HP-POL69/HC-CER2V1/HP-POL389, et al., HP-POL134/HC-CER17V1 et al.

DELTA DENTAL - PPO PLAN OPTIONS

Our number one goal is to provide exceptional dental benefits for our members. With over 50 years of experience insuring Arizona's smiles, we've established ourselves as the dental benefits leader. We cover more than 1.4 million enrollees—and the number keeps growing!

Why Choose Delta Dental?

- More than 3,700 unique dentists in Arizona and 154,000 unique dentists nationwide[1]
- Freedom to visit any licensed dentist (you don't have to select a primary dentist)
- Local customer service, with more than 99% of inquiries resolved on the first call[2]

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 Limitations**[3] – Your benefits are not limited due to any pre-existing conditions, like missing teeth.
- ✓ **Implant Coverage**[3] – Implants are covered under major services! And there are no missing tooth clauses to hold you back if you need implant treatment.

Delta Dental of Arizona Plan Options and Monthly Premiums

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	$37.54 per month	$74.92 per month	$106.02 per month
Delta Dental Low Plan Option	$17.43 per month	$36.84 per month	$67.45 per month

[1]Delta Dental National Provider File, July 2023.
[2]Delta Dental of Arizona internal data, December 2022.
[3]This benefit is only available with the Delta Dental High Plan Option.
Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0723

DELTA DENTAL®

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

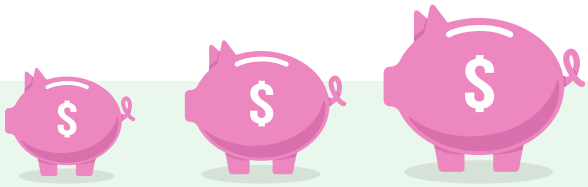
Basic Services

- 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.

[4]Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.
[5]Deductible applies to these services.
[6]Major 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-rev0723

DELTA DENTAL®

Notes

Contact Us

UnitedHealthcare Non-Medicare Choice and Choice Plus Plans

Weekdays, 8 AM-8 PM, local time

(800) 509-6729

Non-Medicare Internet Addresses:

- Non-Medicare Plan Information and Education: **whyuhc.com/asrs**
- UHC Member Sign-in: **myuhc.com**

ASRS Member Services
M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST

Phoenix Area: **602-240-2000**
AzASRS.gov

Tucson Area: **520-239-3100**
AzASRS.gov

Out-Of-Area: **800-621-3778**
AzASRS.gov

PSPRS, CORP & EORP Benefits Office

Weekdays, 8 AM - 5 PM, MST

602-255-5575 Online: **PSPRS.com**

Other Helpful Numbers & Websites

Social Security 800-772-1213 / SSA.gov

Medicare 800-633-4227 / Medicare.gov

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

Non-Medicare Plans

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

FOR PLAN YEAR
2024

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 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 from one of five exclusive providers listed on page 28. (*data rates may apply)	✓	✓	✓	✓
Nationwide Network UnitedHealthcare has access to a broad network of physicians and hospitals nationwide.	✓	✓	✓	✓
Pharmacy Benefits Obtain your 30 to 90-day supply of medications from a retail pharmacy or get your 90-day supply of maintenance medications delivered right to your home.	✓	✓	✓	✓
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 additional benefits included:

Easily Access Your Plan

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

Get Your Info On-the-Go

The **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 and Get Healthier

Spark transformation with **Real Appeal**®, a free digital program that provides you with support for lasting weight loss. Go to: **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. Select from one of five exclusive providers listed on page 28

*Data rates may apply

MEDICAL PLANS COMPARISON

	Choice Premier Nationwide In-Network Only		**Choice Value** Nationwide In-Network Only		**Choice Economy** Nationwide In-Network Only	
	Single Only: $1,132		Single Only: $886		Single Only: $660	
	Single +1: $2,264		Single +1: $1,772		Single +1: $1,320	
	Single +2 or more: $3,170		Single +2 or more: $2,481		Single +2 or more: $1,848	
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						
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	
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: $1,408 Single +1: $2,816 Single +2 or more: $3,942			
	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				
Office Visit - Primary Care	$80 Copay*		45%**	
Office Visit - Specialist	$200 Copay*		45%**	
Preventive Care				
Screening and Counseling	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 $80 Copay* at hospital-based facility		45%**	
Major Diagnostic	20% at free-standing facility or physician's office 30% at hospital-based facility		45%**	
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 40%** at a hospital-based facility		45%**	
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

	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				
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 (Optum Home Delivery) **& Retail Pharmacy** (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 (Optum Home Delivery) & Retail Pharmacy

Optum Home Delivery and the 90-Day Retail program makes it easy for you to get your maintenance medications and save money. The 90-Day Retail program allows you to get 90-day supplies of your maintenance medications at retail pharmacy locations, while Optum Home Delivery offers delivery right to your home - the choice is yours.

Whether you decide to get your maintenance medications from a retail pharmacy location or through Optum Home Delivery, getting started is easy!

If you choose Optum 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 retail pharmacy location:

In-Store:
Bring in your prescription from your doctor or have them call it in and the pharmacist will do the rest.

Online:
Transfer your prescriptions in a few simple steps. Just go to the pharmacy website for instructions.

Phone:
Call your local retail 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 Behavioral Health Directory to search by provider specialty type.
5. Finally, look for the Tier 1 Premium Provider symbol (Tier 1) 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 (Tier 1) next to each physician for lower office copays. (applies to Choice Premier and Choice Value plans only)

Mobile App

- Download the UnitedHealthcare® App.
- Sign in or create account.
- Follow the prompts to search for providers

Call 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.

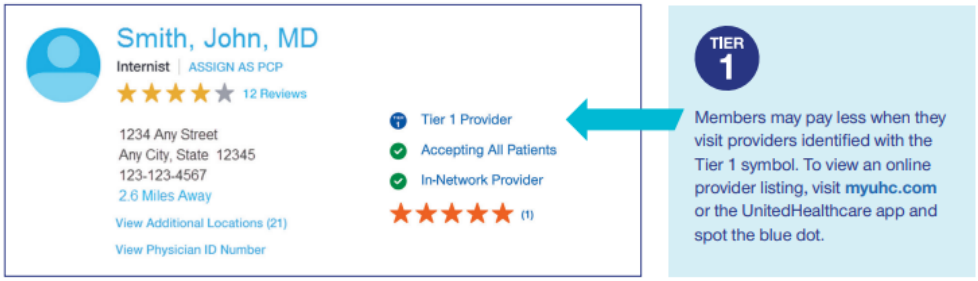
Access a national network with Choice Premier and Choice Value plans and save by using Tier 1 providers

- **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.

Find 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** (for non-members).

▸ On whyuhc.com/asrs and myuhc.com (example)



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 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 - 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 (no cost) are appropriate for minor health concerns like:

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

Virtual Behavioral Health Visits (Outpatient Mental Health copay applies) 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® app, and choose from one of five providers; Walmart Health Virtual Health, Optum Virtual Care, Doctor On Demand, Teladoc Health or Amwell.

AbleTo virtual behavioral coaching

AbleTo is here to help. Gaining control of worries. Facing tough challenges head-on. Releasing tension. AbleTo is ready to help you move forward with a tailored-to-you 8-week coaching program, including:

- A dedicated mental health coach for 1-on-1 support that's focused on your needs and goals
- Digital activities for practice and progress between sessions
- Confidential, convenient weekly meetings with a coach via phone or video chat
- 24/7 unlimited access to resources and tools — like breathing exercises and meditations — on your smartphone, tablet or computer

Get Started

Visit **ableto.com/exploremore**

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.

One Pass® No Cost Fitness Program

One Pass™ gives you everything you need for a healthy body and mind with the convenience of a single program. It goes beyond a gym membership, supporting optimal physical, mental, and social health — all at no additional cost to ASRS non-Medicare UHC plan members. Must be 18 years or older to participate.

Every aspect of One Pass is designed to empower you to live your best life by fitting your unique needs and interests. So, whether it's in-studio yoga Mondays, live-streamed strength class Wednesdays, or cardio in the gym Fridays, you can have an experience that's all your own.

Find a fitness location at rallyhealth.com/onepass/asrs or call toll-free 1-877-504-6830, TTY 711, 8 a.m. - 9 p.m. CT, Monday – Friday.

Hearing Help

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.

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 free Success Kit with all the tools you need delivered right to your door.

Join Real Appeal at success.realappeal.com

Notes

Contact Us

UnitedHealthcare Group Medicare Advantage HMO & PPO Plans

Weekdays, 8 AM-8 PM, local time

844-876-6161/ TTY: 711

Medicare Internet Addresses:

- Medicare Plans: **retiree.uhc.com/asrs**
- Medicare Virtual Education Center: **uhcvirtualretiree.com/asrs**
- UnitedHealthcare Hearing: **uhchearing.com/retiree**
- UnitedHealthcare Vision: **medicare.myuhcvision.com**

ASRS Member Services

M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST

Phoenix Area: **602-240-2000**
AzASRS.gov

Tucson Area: **520-239-3100**
AzASRS.gov

Out-Of-Area: **800-621-3778**
AzASRS.gov

PSPRS, CORP & EORP Benefits Office

Weekdays, 8 AM - 5 PM, MST

602-255-5575 Online: **PSPRS.com**

Other Helpful Numbers & Websites

Social Security 800-772-1213 / SSA.gov

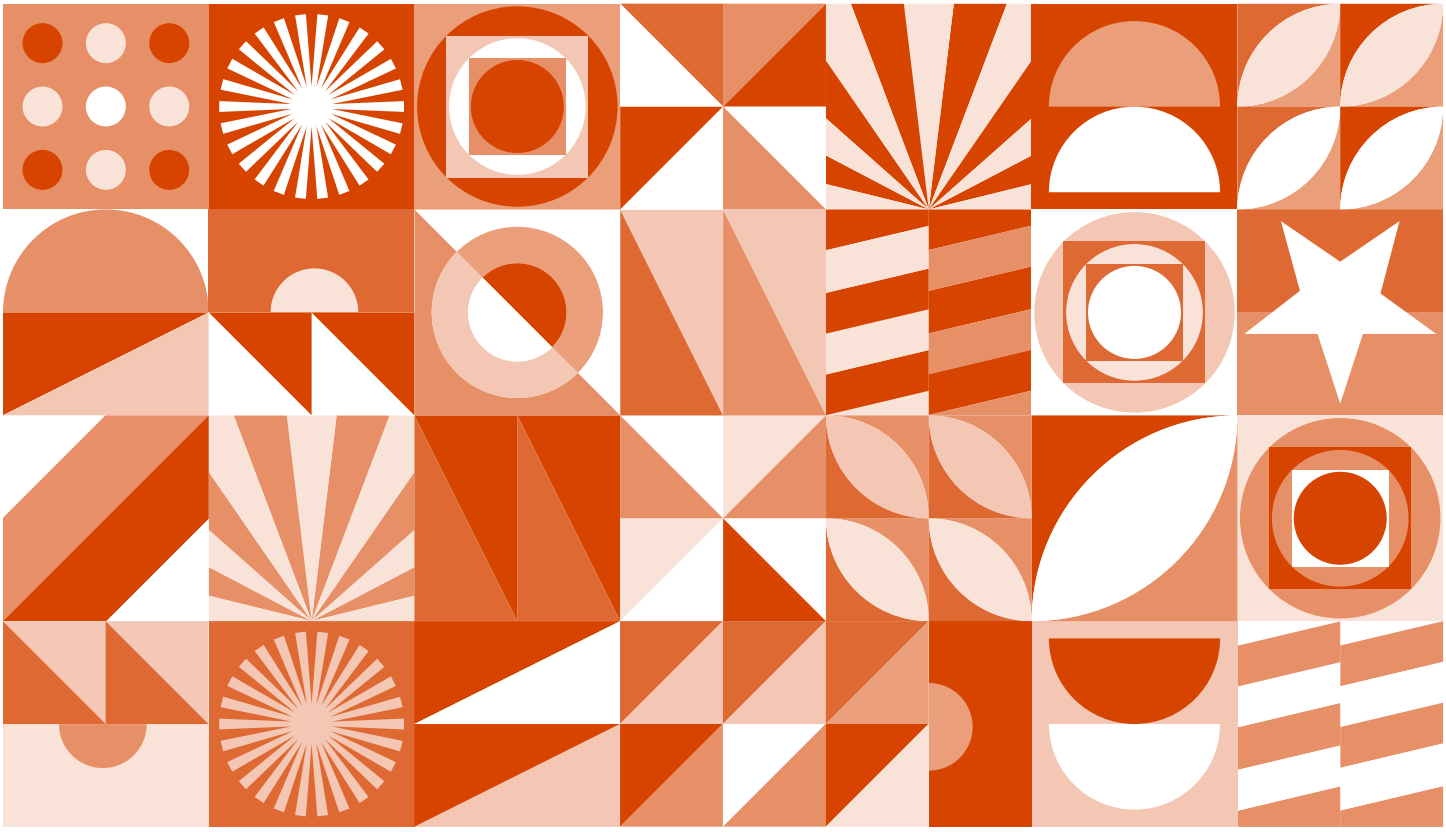
Medicare 800-633-4227 / Medicare.gov

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

Medicare Plans

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

FOR PLAN YEAR
2024



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.

If you are enrolled in an ASRS non-Medicare plan and do not switch to a Medicare plan, your non-Medicare medical coverage will be terminated, 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.

Know to Enroll

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)

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

Part D

Medicare Part D
Outpatient prescription drug coverage

MEDICAL PLANS COMPARISON

For 2024, 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 **retiree.uhc.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 of each ASRS Medicare Advantage plan. Please remember that benefits are subject to plan limitations and exclusions. For a full list of covered benefits for each plan, please visit **retiree.uhc.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 of 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 $72.70 Family (Single +1) $145.40	Single $114.25 Family (Single +1) 228.50
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
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 inpatient mental health)	$100 copay per admission	$100 copay per admission
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 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% and $130 allowance for frames OR $105 allowance for contacts in lieu of glasses	**In-Network**: Standard lenses covered at 100% and $130 allowance for frames OR $105 allowance for contacts in lieu of glasses **Out-of-Network**: $100 allowance for lenses and $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 to be eligible for the $500 allowance	Up to $500 (every 36 months)
Additional Programs and Services		
Real Appeal®	Included	Included
UnitedHealthcare Healthy At Home	Included	Included
Fitness Program	Renew Active®	Renew Active®
HouseCalls	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 retiree.uhc.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 will be disenrolled from the ASRS plan(s).

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

Important Note: ⚠

When an eligible 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.

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 full formulary drug list, bonus drug list, and the national network of contracted retail pharmacy locations (national chains and local pharmacies) near you visit retiree.uhc.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 38)	**Retail** (30-day supply)	**Optum Home Delivery** (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 38)	**Retail** (30-day supply)	**Optum Home Delivery** (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 $5,030 in Total Drug Expenditures. Member then pays 25% of prescription costs until $8,000 in Out-of-Pocket costs has been met, at which time, the plan then pays the full cost for your covered drugs. You pay nothing.

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
In this drug payment stage: You pay your copay for each prescription you fill and the plan pays the rest. You stay in this stage until **total drug costs** (paid by you and the plan) reach $5,030. If this amount is reached you move into the Coverage Gap. **Definition:** **total drug costs** is the total paid by you and the plan	In this drug payment stage (after **total drug costs** reach $5,030): **HMO only:** **You continue to pay your copay as you did in the initial coverage stage.** You stay in this stage until **out-of-pocket** cost reaches $8,000. **Out-of-pocket** cost includes all copays paid by you in the Initial Coverage and Coverage Gap stages, plus the manufacturer discount (about 70%) on brand name drugs. **PPO only:** **You pay 25% of the cost of brand name or generic drugs** You stay in this stage until **out-of-pocket** cost reaches $8,000. **Out-of-pocket** cost 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.	After **out-of-pocket costs** reach $8,000: The plan pays the full cost for your covered drugs. You pay nothing. You stay in this stage for the rest of the plan year.

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 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 Visit[1] 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 rewards for completing and reporting your eligible health-related activities.

In-Home Preventive Care Visit from UnitedHealthcare® HouseCalls

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

The visit takes up to an hour and is tailored to your needs. It includes select health screenings and a chance to:

- Review medications
- Receive health 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 of the visit to your regular doctor.

UnitedHealthcare® HouseCalls Video Visit

A HouseCalls video visit uses a computer, tablet or smartphone to connect you with a licensed health care practitioner for up to a full hour to review your health history and medications, discuss important health screenings, identify health risks and provide health education at no extra cost.

UnitedHealthcare Fitness Program

Renew Active® is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to on-demand workout videos and live streaming classes, social activities, and access to an online Fitbit® Community for Renew Active (no Fitbit device is needed) and an online brain health program from AARP® Staying Sharp®. Visit UHCRenewActive.com to find participating fitness locations. Must be 18 years or older to participate.

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

ADDITIONAL PROGRAMS & SERVICES

24/7 Nurse Support[1]

Speak to a registered nurse 24/7 over the phone about your medical concerns at no additional cost to you.

Hearing Aids

With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national network of 7,000+ hearing providers and a wide variety of prescription hearing aid models to choose from, as well as a selection of audiologist-selected non-prescription hearing aids at **UHCHearing.com/retiree** and virtual appointment options. UnitedHealthcare Hearing helps give you the flexibility and confidence to choose the hearing care that's right for you - so you 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.

Visit **UHCHearing.com/retiree** for more details

Real Appeal® Online Weight-Loss Program

Real Appeal® is an online weight loss program proven to help you achieve lifelong results. It's available to you at no additional cost and includes:

- Online group sessions led by a coach
- A health coach who will partner with you and guide you to a healthier, happier you
- A community of members to keep you motivated and accountable
- Goal-setting tools, trackers and weekly content to help you learn and stay engaged
- A Success Kit with all the tools you need delivered right to your door

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

Let's Move by UnitedHealthcare

Let's Move helps keep your mind, body and social life active. With simple resources, tools, events and personalized support, Let's move helps you explore ways to eat well, get fit, beat the blues and stay connected - all at no cost to you.

[1] 24/7 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.

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™ or Teladoc® Health (medical visits only) 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 appropriate 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
- Behavioral Health medication management
- Addiction or depression
- Trauma and loss
- Stress or anxiety

Stay Healthy at Home

UnitedHealthcare® Healthy at Home provides you with the support you may need to recover post-discharge from hospital and skilled nursing facility stays all at no cost to you. As a Medicare Advantage plan member, you are eligible to receive the following benefits for up to 30 days after each inpatient hospital and skilled nursing facility discharge:

- 28 home-delivered meals when referred by a UnitedHealthcare Advocate*
- 12 one-way trips to medical appointments and to the pharmacy when referred by a UnitedHealthcare Advocate*
- 6 hours of non-medical personal care to assist with daily activities provided, no referral needed.

*A new referral is required after every discharge to access your meal and transportation benefit.

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.

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.

Telephone Consent

I give consent for all entities under UnitedHealthcare, its affiliates, and any outside vendor used by UnitedHealthcare to call the phone number(s) I have provided using an autodialer and/or prerecorded voice.

TELEPHONE NUMBERS & WEBSITES

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

UnitedHealthcare Group Medicare Advantage HMO & PPO Plans

Weekdays, 8 AM-8 PM, local time

844-876-6161, TTY: 711

- Medicare Plans: **retiree.uhc.com/asrs**
- Medicare Virtual Education Center: **uhcvirtualretiree.com/asrs**
- UnitedHealthcare Hearing: **uhchearing.com/retiree**
- UnitedHealthcare Vision: **medicare.myuhcvision.com**

UnitedHealthcare Non-Medicare Choice and Choice Plus Plans

Weekdays, 8 AM-8 PM, local time

800-509-6729

- Non-Medicare Plan Information and Education: **whyuhc.com/asrs**
- UHC Member Sign-in: **myuhc.com**

Dental Carriers

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

- 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**
- Website: **deltadentalaz.com/asrs**

Cigna Dental Care (DHMO) Plan

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

ASRS Member Services

M-W 8 AM - 5 PM, TH-F 8 AM - 4 PM, MST

Phoenix Area: **602-240-2000**
AzASRS.gov

Tucson Area: **520-239-3100**
AzASRS.gov

Out-Of-Area: **800-621-3778**
AzASRS.gov

PSPRS, CORP & EORP Benefits Office

Weekdays, 8 AM - 5 PM, MST

602-255-5575 Online: **PSPRS.com**

Other Helpful Numbers & Websites

Social Security 800-772-1213 / SSA.gov

Medicare 800-633-4227 / Medicare.gov

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

ARIZONA STATE RETIREMENT SYSTEM

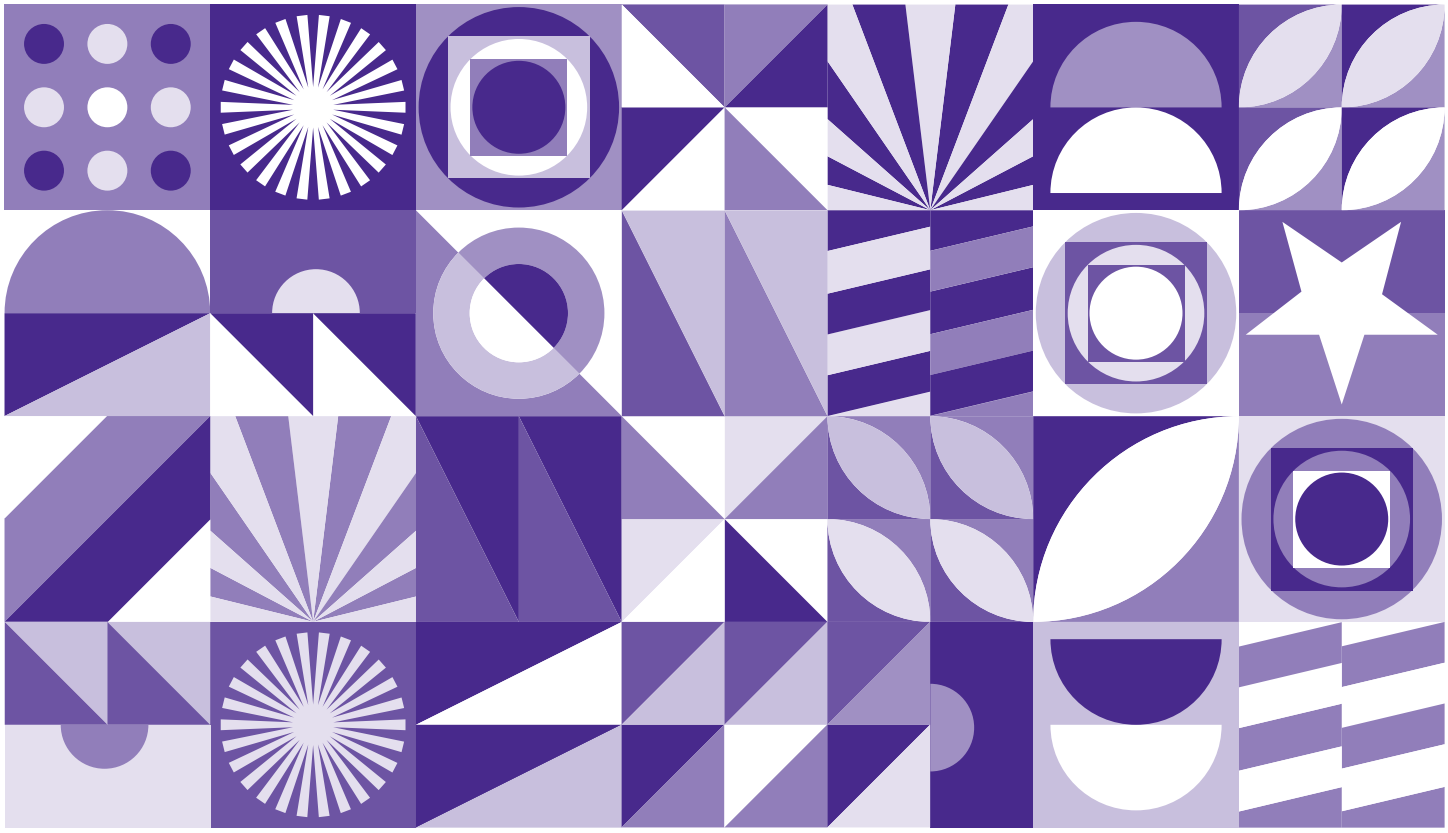
Your investment.
Your future.
Secure for your lifetime.

An agency of the State of Arizona

ASRS
3300 N. Central Ave.
Phoenix, AZ
85012

AzASRS.gov

Health Insurance Enrollment Guide for Plan Year 2024



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