



ARIZONA

DEPARTMENT OF ADMINISTRATION
BENEFITS

Active Employees **BENEFITS ENROLLMENT GUIDE 2024**



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About This Guide

This guide is a summary of the benefits offered through the State of Arizona Benefit Options program. The actual benefits available to you and the descriptions of these benefits are governed in all cases by 26 U.S. Code § 125, Summary Plan Descriptions, and contracts. The State of Arizona reserves the right to modify, change, revise, amend, or terminate these benefit plans at any time. You may view and print the complete Active Benefits Guide and the Summary of Benefits and Coverage on benefitoptions.az.gov/sbc.

Benefit Changes for 2024

- **No changes** to coverage, carriers, or rates for the 2024 Plan Year.
 - **Changes**
 - **HDHP Deductible** - Single \$1,600 (\$100 increase), All other \$3,200 (\$200 increase).
 - **HSA IRS Maximum Contributions (Optum Card)** - Single \$4,150 (\$300 increase), All other \$8,300 (\$550 increase), Age 55 catch up: \$1,000 (no change).
 - **FSA IRS Maximum Contributions (TASC Card)** - Healthcare \$3,050 (\$200 increase), Limited Purpose \$3,050 (\$200 increase), Daycare/Eldercare \$5,000 (no change).
-

How To Enroll Online

STEP 1 – MAKE AN INFORMED CHOICE



- **Guides** - Review this guide.
- **ALEX** - A decision tool providing estimates and plan suggestions. Visit start.myaalex.com/adoa.
- **Carrier Websites** - All carriers have state-dedicated websites and phone lines at the end of this guide.

STEP 2 - UPDATE YOUR BROWSER



- The supported web browsers are shown here. Using other web browsers will create enrollment issues.
- If it is necessary to install a browser, search for it online and follow the download instructions.
- * **Use a computer, not a phone/tablet, for Apple Safari.**

Google
Chrome



Microsoft Edge
Chromium



Apple
Safari*



Mozilla
Firefox



STEP 3 – ENROLL



- Login to hrsistemas.azdoa.gov> YES Portal.
- On the left side, click **Bookmarks> New Hire Enrollment**. Then, follow the steps to enroll.
- After completing each screen, click the blue **Continue** button in the right-hand corner.
Hint: Scroll down to find the button.
- **Problems with accessing the YES website?** Contact the HRIS Help Desk at 602-542-4700.
- **Benefit questions?** Contact Benefit Services at 602-542-5008 or toll-free at 1-800-304-3687.

STEP 4 – CONFIRMATION EMAILS



- A confirmation email titled **"Annual Benefits Enrollment Summary"** from processflow@azdoa.gov will be sent to your work and personal emails on file from the address. Review this email to ensure your elections are correct. Save the email for future reference. If your elections are incorrect, log back into YES and re-elect the correct coverage.
- Documentation email - If you need to provide supporting documents, you will receive an email titled "IMMEDIATE ACTION REQUIRED: Employee Benefit Change Receipt Confirmation & Request for Supporting Documentation," see pg 4 for full details.



Beneficiaries

If you elect Supplemental Life insurance, you cannot designate a beneficiary at the time of election. The plan becomes effective the pay period following enrollment so that you may designate a beneficiary. To do so, you must log in to hrsistemas.azdoa.gov> YES Portal> Bookmarks> Your Employee Services> Benefits> Beneficiaries.



Contact Information Requirement

As you enroll, you must validate and update your personal contact information so we can communicate with you about your benefits. To make updates, visit hrsistemas.azdoa.gov> YES Portal, or contact your agency's HR department. ADOA is not responsible for lost or misdirected communications.



ID Cards

- Cards will be mailed for all new enrollments.
- You can view cards electronically on your carrier's website or app. If you need assistance before you can retrieve your card information, please contact 602-542-5008 or benefits@azdoa.gov.

Eligibility for Benefits

Employee - You and your eligible dependents are eligible for benefits if you are hired by the State, including a state university, and meet the required hours.

- Regularly scheduled employee: paid for at least 20 hours per week for at least 90 days.
- Seasonal, temporary, or variable hour employee: paid for an average of 30 hours per week (1,560 per year) using an initial 12-month measurement period, which starts on the first of the month after the hire date.
- To maintain eligibility through the annual standard measurement period of October 10 through October 9 of the following year, regularly scheduled employees must be paid a minimum of 1,040 hours per year. Seasonal, temporary, or variable-hour employees must be paid a minimum of 1,560 hours per year.
- For questions, contact your agency's benefits liaison.

Rehires - For benefits, you are considered a new hire. Please submit all required documentation.

Dependents - Legal spouse; child(ren) under age 26 defined as natural, adopted, step, foster, under court-ordered placement pending adoption or guardianship. A disabled child over age 26 who continues to be disabled as defined by § 42 U.S.C. 1382c before age 26.

Supporting Documentation - Submit the required documents from the [Supporting Documentation for Qualified Life Events & New Hire/Rehire Enrollment](#) list as found on [benefitoptions.az.gov/QLE](#) within 14 days to complete processing. Federal law requires a Social Security Number (SSN) for all dependents. Failure to submit documents will result in disenrollment.

Qualified Life Events (QLE) - After Open Enrollment, benefit changes can only be made for a QLE. Events that may be considered a QLE must be submitted in writing within 31 days of the event. A QLE event may include but is not limited to:

- Marriage, legal separation, annulment, or death.
- Divorce; see the next column.
- Birth, adoption, court-ordered placement pending adoption, court-ordered guardianship, age limit, legal custody change. For birth, see the next column.
- Change in employment status or work schedule impacting benefits eligibility for you and/or your dependents.
- Leave Without Pay (LWOP) status.

QLE Changes - Visit [benefitoptions.az.gov/QLE](#) and follow the instructions. ***Failure to submit required supporting documentation within 31 days will result in a loss of enrollment.*** The effective date for QLE changes is based on the type of event.

Divorce and Ex-Spouse Coverage - Divorce is a QLE. You must drop coverage for an ex-spouse within 31 days of your divorce decree. For court orders to provide insurance for an ex-spouse, you must obtain coverage elsewhere. Note that ex-spouses will be offered COBRA coverage.



Birth/Newborn Coverage - Your newborn is **ONLY** covered under your insurance for the first 31 days after birth. By the 31st day, you must **ENROLL** your newborn as a dependent, or the baby will not be covered. Miss the deadline, and you must wait until you have a new QLE or the next



Open Enrollment period. To enroll your child, visit [benefitoptions.az.gov/QLE](#). You do not have to wait for a birth certificate. You may use a crib card or a hospital verification letter.

Dual/Duplicate Enrollment - Enrollment in two state plans at the same time is prohibited and will be terminated with no premium refunds.

- Spouses with one state employee/retiree and one state university employee/retiree cannot enroll each other as dependents nor have 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 policy or divided between spouse policies.
- If your parent is a state or state university employee/retiree, you cannot be enrolled on the parent's policy and as a single subscriber in a state plan.

Benefit Premium Payments



Premiums are automatically deducted from each bi-weekly paycheck. Payment is current, with deductions taken during the benefit coverage period.

If you do not have at least thirty (30) paid hours within a pay period and are not on FMLA, ***you are responsible for both the full employee and employer benefit premiums.*** This could be a full paycheck(s).

Questions? Contact your agency's benefits liaison. See the policy on [benefitoptions.az.gov/benefitpremium](#).



How to Save on Benefits

As healthcare costs continue to rise, you can take steps to save money with programs and services offered by Benefit Options. Here are simple ways you can offset the costs of your benefits. Look for the piggy bank symbol on the left throughout this guide for ways to save.



Choose the Right Medical Plan, p. 3-8

- **Guides** - Read through this guide for a good overview of each plan.
- **Carrier Websites** - All carriers have dedicated websites and phone lines listed on p. 22.
- **ALEX** - This decision tool provides confidential estimates on choosing a plan. Visit start.myalex.com/adoa.



Choose the Right Medical Care

- Is the ER the right place to go? Match the service to your needs to save.
- Speak with a registered nurse for \$0 – call the Nurseline on the back of your medical card.
- Choose a Primary Care Physician today and establish a relationship.
- For more money-saving ideas, visit benefitoptions.az.gov/savingonbenefits.



Preventive Care \$0

- Wellness visits, immunizations, screenings, dental cleanings, mammograms, prostate exams, and more are covered on the medical and dental plans to keep you healthy.



\$200 Wellness Incentive, p. 15

- HIP is our award-winning well-being program for all benefits-eligible employees. You engage in healthy activities and wellness screenings to gain points and earn a \$200 annual incentive award for achieving your goals.
- We've partnered with Virgin Pulse to offer a state-of-the-art platform for your wellness journey. Track activities on your device and sync effortlessly to earn points.



Flexible Spending Account, p. 12

Health Savings Account, p. 6

- The Flexible Spending Account (FSA) allows you to pay for medical (healthcare) and daycare/eldercare expenses, including co-pays, with pre-tax dollars and save up to 25%.
- Have your deductibles budgeted for the year – tax-free!
- The Healthcare and Limited Purpose Flexible Spending Accounts are pre-funded on January 1, so funds are available immediately.
- The Health Savings Account (HSA) receives State contributions every pay period and is used with the High Deductible Health Plan (HDHP). You can contribute to the account with pre-tax dollars, and you can pay for expenses and earn interest on a tax-free basis.

Additional Services and Discounts

- **Counseling:** The Employee Assistance Program (EAP) offers counseling for you and your household members, see p. 19.
- **Legal & Financial:** Create a will, get a financial assessment, a free consultation with an attorney, ID theft assistance, and more. Services are offered through the life insurance carrier Securian on p. 17 and our EAP provider ComPsych Guidance Resources on p. 19.
- **Travel Assistance:** Lost luggage, medical relocation, and repatriation of remains are services offered through the life insurance carrier Securian see p. 17.
- **Higher Education Discounts:** For all State universities and several more institutions, see p. 20.



Medical Plans

Benefit Options offers two medical plans -- the Triple Choice Plan and the High Deductible Health Plan with Health Savings Account. Both plans are available from Blue Cross Blue Shield of Arizona and UnitedHealthcare. Each carrier offers its own broad nationwide provider networks. See the comparison on p. 7 and the carrier websites on p. 19. Learn more at benefitoptions.az.gov/medical.

Cost-Sharing Definitions

The share of costs covered by insurance that you pay out of pocket. This term generally includes deductibles and copayments but does not include premiums, balance billing for non-network providers, or non-covered services costs.

- **Premium** - Your premium is the amount you pay for your insurance coverage each paycheck.
- **Deductible** - At the start of each Plan Year, you pay for health care before your State of Arizona health plan pays.
- **Copayment/Coinsurance** - Once you have met your deductible, you will share the cost of your health care with the State of Arizona. A co-payment is the flat dollar amount you will pay for health care services. Coinsurance is a percentage of the cost you will pay for health care services.
- **Out-of-Pocket Maximum** - This amount is the most you will pay for health care services (not including premium). Once you have reached your out-of-pocket maximum, your State of Arizona health plan will pay 100% of all your covered services for the remainder of the Plan Year.

Triple Choice Plan

The Triple Choice Plan (TCP) is based on three tiers. You have access to all three tiers for a single premium. You'll save the most when you use Tier 1 providers, a network of doctors and facilities that meet strict quality and cost of care criteria.

Features

- **Carriers:** Blue Cross Blue Shield of Arizona and UnitedHealthcare.
- **One Plan:** The TCP is a single plan. You do not sign up for a specific tier.
- **One Premium:** You pay a single premium to access the plan.
- **Tier Access:** You can access all three tiers of providers and facilities. You control costs by choosing providers and facilities in the lowest tiers. See the chart below.
- **No Referrals:** You can still see the providers you know and trust—even if they aren't in Tier 1.
- **Preventive Care:** In-Network preventive services are covered at 100%.
- **Deductibles:** The deductible for Tier 1 counts toward Tier 2 and vice versa. Prescription drug copays are not included in the medical deductibles but count toward annual out-of-pocket maximums. See how deductibles work on p. 7.



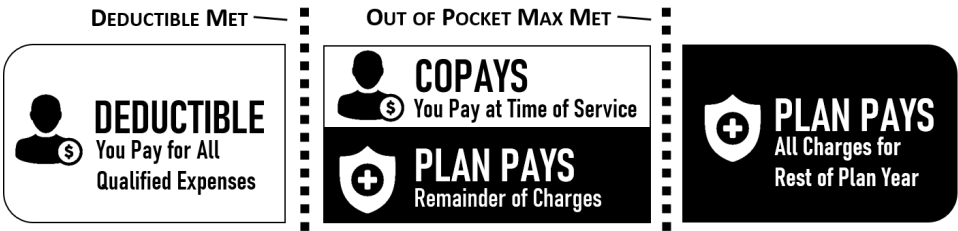
Tiers

Tier	Provider Type	Description
Tier 1	In-Network Providers	Choose doctors and facilities from Tier 1 to get the highest level of benefits.
Tier 2	In-Network Providers	Receive in-Network benefits for using participating network providers. For some services, it is a higher out-of-pocket cost with a Tier 2 provider than a Tier 1 provider.
Tier 3	Out-of-Network Providers	You will pay the highest cost for using out-of-Network providers and may be responsible for paying the total provider-billed charges.

Continued on p. 4



Triple Choice Plan, continued from p. 3

Deductible Structure



Tier 1 Deductibles (also apply to Tier 2)*			Tier 2 Deductibles (also apply to Tier 1)*		
Individual \$200	Family \$400		Individual \$1,000	Family \$2,000	
Member meets \$200 in expenses member begins paying copays	Any 1 Member meets \$200 in expenses ALONE member begins paying copays	Other Members meet \$200 in expenses COMBINED other members begin paying copays	Member meets \$1,000 in expenses member begins paying copays	Any 1 Member meets \$1,000 in expenses ALONE member begins paying copays	Other Members meet \$1,000 in expenses COMBINED other members begin paying copays

*Only qualified expenses apply. Visit [irs.gov](https://www.irs.gov) for a complete list of eligible expenses.

How To Find Doctors and Facilities on the Triple Choice Plan	
Blue Cross Blue Shield of Arizona - Tier 1	UnitedHealthcare - Tier 1
<ul style="list-style-type: none">Visit azblue.com/stateofaz.Click the "Find A Doctor" tab.Choose the Triple Choice Plan.Type in the doctor or facility name.Look for results with the Tier 1 ribbon. 	<ul style="list-style-type: none">Visit uhcvirtual.com/stateofaz/Click the "Search for a Provider" tab.Choose the Triple Choice Plan.Type in the doctor or facility name.Look for results with the Tier 1 dot. 

Continued on p. 5

High Deductible Health Plan with Health Savings Account (HDHP)

The High Deductible Health Plan (HDHP) offers savings on premiums paired with a Health Savings Account (HSA) both you and the State contribute to on a pre-tax basis to pay your deductible and qualified medical expenses.*



Features

- **Carriers:** BlueCross BlueShield of Arizona and UnitedHealthcare. Carrier contact information is on p. 19.
- **No Referrals:** Use in-Network providers and facilities for the most savings. In-Network preventive care is covered 100%.
- **Premiums:** These are 50% less than the TCP plan but with a higher deductible. The State contributes about half of the deductible amount to an HSA that you can also contribute to. Use the HSA to pay the deductible and other qualified expenses.
- **In-Network:** Services can be obtained in-Network or out-of-Network. Out-of-Network services will have higher costs.
- **Deductibles:** Meet both in-Network and out-of-Network deductibles for medical care before the plan pays. You may be responsible for the full cost of your prescription drugs until your deductible is met. The prescription drug costs you pay apply toward your deductible and out-of-pocket maximum.

Deductible Structure*

			Individual \$1,600	Family \$3,200
			Member meets \$1,600 in expenses member begins paying coinsurance	Members meet \$3,200 in expenses COMBINED all members begin paying coinsurance

*Only qualified expenses apply. Visit [irs.gov](https://www.irs.gov) for a complete list of qualified expenses.

How a Health Savings Account (HSA) Works

- **Contributions:** The State makes biweekly contributions to your HSA. You can contribute pre-tax and use the funds for eligible healthcare expenses. See details p. 9.
- **Triple Tax Advantage:** Contributions, withdrawals for qualified expenses, and account interest are all tax-free.
- **Unused Funds Remain:** There's no "use it or lose it" rule. Any unused funds remain in your account for future use.
- **Money is Yours:** Funds in the HSA are yours and remain available for future medical expenses, even after you retire.

How To Find Doctors and Facilities on the High Deductible Plan for the Best Value and Quality Care

Blue Cross Blue Shield of Arizona - Total Care

UnitedHealthcare - Premium Care

- Visit azblue.com/stateofaz
- Click the "Find A Doctor" tab, choose the HDHP w/HSA plan.
- Search by doctor or facility name.

- Visit uhcvirtual.com/stateofaz/
- Click the "Search for a Provider" tab.
- Choose the HDHP w/HSA plan.
- Search by doctor or facility name.

Continued on p. 6

Health Savings Accounts, cont. from p. 5

HSA Contributions 2024 – Use This Chart To Calculate Your Contributions

Coverage Tier	Employee Max Contribution Limit	State Contribution	IRS Max Limit
Employee	\$3,430.06 ¹	\$27.69/pay period, Up to \$719.94 annually ¹	\$4,150
Employee + Adult, Employee + Child Family	\$6,860.12 ¹	\$55.38 per pay period, Up to \$1,439.88 annually ¹	\$8,300
Catchup Contribution	\$1,000 - for age 55+, in addition to the Employee or Family contribution. Include in your Max Limit if applicable.		

¹ Subject to the effective date of enrollment and remaining pay periods.

Calculate Your HSA Deduction Per Pay Period

Step 1: State HSA Contribution for 2024

State Contribution \$____ per pay period x 26 or ____ remaining pay periods = \$____ Annual State Contribution

Step 2: Your HSA Contribution for 2024: You May Contribute Less Than This Amount, but Not More

IRS Contribution Max Limit \$____ - State Contribution \$____ = \$____ Employee Contribution Maximum Limit¹

Step 3: Your HSA Deduction Per Pay Period

Employee Contribution Amount (from Step 2) \$____ ÷ 26 or ____ remaining pay periods = \$____ Per Pay Period Deduction

Change Your HSA Contribution - You may update your HSA contribution amount per pay period at any time during the year, see benefitoptions.az.gov/hsa for instructions. You are responsible for managing your contributions for you and your eligible dependents under federal guidelines as per [IRS Publication 969](https://www.irs.gov/publications/p969).

HSA Account & Debit Card



- Use your HSA to pay for qualified expenses as per [IRS Publication 502](https://www.irs.gov/publications/p502).
- You will be issued an HSA debit card to pay for healthcare goods and services at your provider or merchant.

Account Opened Automatically with Optum Bank

- When you enroll in the HDHP, the State automatically opens your HSA with Optum Bank, our administrator. You will receive an Optum Bank mailing with account activation instructions, so open all mail from them. Optum contact information is on p. 19.
- Be sure we have your correct mailing address (no P.O. Boxes allowed) and that your name in our system matches the full legal name on your Social Security card.

HSA Customer Verification

- You must pass the verification process to activate your account. For your protection, the federal Patriot Act requires Optum to obtain, verify, and record information identifying each person who opens a new account.
- To begin this process, open, read, and follow all the instructions in all correspondence from Optum Bank.
- Until you pass the verification process, all HSA contributions to your account will be held. You will still have health insurance, but you will not have an HSA. If you do not pass the verification within 60 days, your contributions will be refunded, but the State contributions will not. If you pass after 60 days, contact us to restart State contributions. The State will not send retroactive contributions missed during the verification process.

Eligibility

- You are ineligible to participate in an HSA if: You or your spouse have a Health Reimbursement Account (HRA); you are enrolled in Medicare, Medicaid, or TriCare; you receive care from the Veterans Administration (VA) - HSA contributions are prohibited for 90 days after care is received.

Medical Plan Premiums

The chart below compares in-network and out-of-Network services. For a complete list of benefits coverage, view the Summary Plan Descriptions on benefitoptions.az.gov/medical. Carrier's contact information is on p. 19.

Medical Plan Premiums per Pay Period¹

	Triple Choice Plan (TCP)		High Deductible Health Plan + HSA (HDHP)		
	Employee	State	Employee	State	Agency HSA Contribution
Employee Only	\$26.17	\$324.37	\$10.15	\$219.03	\$27.69
Employee + Spouse	\$71.49	\$667.99	\$30.46	\$453.97	\$55.38
Employee + 1 Child	\$57.30	\$434.45	\$25.89	\$296.75	\$55.38
Family	\$121.61	\$756.37	\$56.35	\$505.77	\$55.38

Carriers



BlueCross
BlueShield
of Arizona



United
Healthcare

Coverage		Triple Choice Plan			High Deductible Health Plan	
		Tier 1 In-Network	Tier 2 In-Network	Tier 3 Out-of-Network	In-Network	Out-of-Network
Deductible	EE Only	\$200	\$1,000	\$5,000	\$1,600	\$5,000
	EE + Spouse EE + 1 Child Family	\$400	\$2,000	\$10,000	\$3,200	\$10,000
Out-of-Pocket Maximum ^{3,4}	EE Only	\$7,350 - Tier 1 & Tier 2 Combined		\$8,700	\$3,500	\$8,700
	EE + Spouse EE + 1 Child Family	\$14,700 - Tier 1 & Tier 2 Combined		\$17,400	\$7,000	\$17,400
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Routine Preventive Services		\$0	\$0	50%	\$0	50%
Copayment / Coinsurance ^{2,3} After Applicable Deductibles Are Met						
Office Visits (Including Mental & Behavioral Health)						
Primary Care Physician (PCP)		\$20	\$20	50%	10%	50%
Specialist ⁴		\$40	\$40	50%	10%	50%
OB/GYN		\$20	\$20	50%	10%	50%
Telemedicine Services		\$20	\$20	50%	10%	50%
Durable Medical Equipment		\$0	\$0	50%	10%	50%
Emergency Services ⁵						
Ambulance		\$0	\$0	\$0	10%	50%
Emergency Room		\$200 ⁵	\$200 ⁵	\$200 ⁵	10%	10%
Urgent Care		\$75	\$75	50%	10%	50%
Inpatient Hospital Admission		\$250	\$250	50%	10%	50%
Outpatient Facility		\$100	\$100	50%	10%	50%
Laboratory and X-Ray Services ⁶		\$0	\$0	50%	10%	50%
Major Radiology Services ⁷		\$100	\$100	50%	10%	50%

¹ For the NAU-only BCBS PPO Plan information, visit nau.edu/human-resources/benefits/benefit-plan-document/

² Copayments apply after the Plan deductible is met. Copayments and deductibles apply to the Out-of-Pocket Maximum.

³ The Plan pays 100% after the out-of-pocket maximum is met.

⁴ Includes Chiropractor and Therapy services.

⁵ Emergency Room must be a medical emergency as defined by the Plan. Copayment waived if admitted, but subject to hospital admission copayment.

⁶ See summary plan document for more information on covered services.

⁷ Includes CAT scans, MRI/MRA, PET scans, etc. See the summary plan document for more information.



Prescription Drug Plan

MedImpact is the prescription drug provider for all medical Plans. You must fill all prescriptions at an in-Network pharmacy by presenting your medical insurance card. Your prescription drug coverage is included with your medical plan. Contact information, Rx, and BIN numbers are on p. 19. Learn more at benefitoptions.az.gov/prescriptions.



Formulary

The formulary is the list of prescription drugs chosen by a committee of doctors and pharmacists to help you maximize the value of your prescription benefit. These generic and brand-name medications are available at a lower cost. The use of non-preferred medications will result in a higher copay. Changes to the formulary can occur during the Plan Year. Medications that no longer offer the best therapeutic value for the Plan are removed from the formulary. Ask your pharmacist to verify the copay amount when your prescription is filled.

The prescription drug benefit has a three-tier formulary. The copay chart below is for medication bought via retail and mail order. Choosing a brand name over a generic may cost more. To see the formulary, visit benefitoptions.az.gov/prescriptions. Share the formulary with your doctor to ensure you get the best value, saving money for you and the State.

Copays*			
	Generic	Preferred Brand Name	Non-Preferred Brand Name
Retail 31 Days	\$15	\$40	\$60
Retail 90 Days	\$37.50	\$100	\$150
Mail Order 90 Days	\$30	\$80	\$120

*HDHP Members - Copays apply after the deductible is met or if your prescription drug is on the Safe Harbor Preventive Drug List.

Prior Authorization

Prescriptions for certain medications may require clinical approval, even with a valid prescription. There may be limits to quantity, frequency, dosage, or age restrictions. You, your local pharmacy, or your physician can contact the pharmacy vendor to initiate the authorization process.

Non-Covered Drugs

Certain medications are not covered. If you find such a drug has been prescribed for you, discuss an alternative treatment with your doctor.

Coordination of Prescription Drug Benefits

Our plan does not coordinate prescription drug benefits.

Specialty Drug Program

This program assists with monitoring your medication needs for specific injection drugs and other therapies requiring complex administration methods and special storage, handling, and delivery. Specialty medications are limited to a **31-day supply**.

Out-of-Network and International

Costs for prescriptions filled out-of-Network will not be reimbursed. No international prescription drug services are covered. Fill prescriptions before your trip and take your prescriptions with you. There is no coverage for medications that are lost, stolen, or damaged.

Pharmacy Savings Programs

Take advantage of these easy ways to save.



• 90-Day Supply

Members requiring medications for an ongoing health condition can obtain a 90-day supply of medication at a local retail pharmacy for two and a half copays.

• Birdi Mail Order Service

A convenient and less-expensive service for members who require medications for ongoing health conditions or are in an area with no participating retail pharmacies for an extended period.

• Discount Program

The Discount Program may be able to provide a discount on certain brand and generic medications that are not covered by your prescription drug plan. Present your medical ID card and prescription at any participating pharmacy. Savings are applied automatically when the item prescribed qualifies for a discount.



Telehealth

All Benefit Options plans include coverage for telehealth visits. You may use your medical carrier's app, which works with both carriers. Learn more at benefitoptions.az.gov/telemmed. Carrier's contact information is on p. 19.

What is telehealth?

- Why wait for an appointment, drive to the doctor's office, and sit in a crowded waiting room? You can now connect with a doctor on your mobile device. At home or when you're traveling in the United States.
- Services are available 24/7 so you and your family can get care quickly –often within minutes.
- Through live video, doctors review symptoms and medications, perform an exam, and may recommend treatment, including prescriptions and lab work, if needed.
- All doctors are board-certified and extensively trained in telehealth.



Conditions treated

- Colds, flu, fever, sore throat, vomiting, diarrhea, rash, allergies, heartburn, indigestion, respiratory issues, migraines, pink eye, eczema, acne, and other non-emergency conditions.
- If you are experiencing an emergency, please call 911.
- Mental health services are also available so you can speak to a counselor in privacy and at your convenience.

Cost

- You will pay the full office visit cost before your deductible is met.
- After your deductible is met, you will pay your usual copay or coinsurance.
- This applies to both the Triple Choice Plan and the High Deductible Healthcare Plan.

How To Use Telehealth Services

Download From Your App Store		Register	Connect
BlueCross BlueShield AZ  BlueCare Anywhere app	UnitedHealthcare  UnitedHealthcare app	Get your insurance card to register you and your covered dependents on the app in a few taps. <i>Consider setting up your account before you need it to get care quickly.</i>	Follow the instructions in the app to connect with a doctor in minutes from wherever you are, home or away from home.



Dental Plans

The chart compares in-Network services only, subject to all provisions, terms, and conditions of the Plan Description or Patient Charge Schedule. For a complete list of benefits coverage and out-of-Network services, view the Summary Plan Descriptions on benefitoptions.az.gov/dental. Carrier's contact information is on p. 19.

UnitedHealthcare Solstice S800B - DHMO



A Dental Health Maintenance Organization Plan (DHMO) without deductibles or dollar limits. You must use an in-Network provider; out-of-network services are covered only in emergencies. Find a provider on smilestateofaz.com. Residents of these states and territories cannot enroll in the DHMO: AK, AL, AR, DE, HI, IA, ID, LA, ME, MS, MT, ND, NE, NH, OK, RI, SD, VT, WV, WY, GU, USVI, and PR.

Delta Dental Plus Premier - PPO



A Dental Preferred Provider Organization Plan (PPO). You can obtain services in-Network or out-of-Network nationwide but will have higher costs for out-of-Network services. Also, there are in-Network and out-of-Network deductibles that you must meet.

Premiums Per Pay Period		UHC Solstice - DHMO		Delta Dental Plus Premier - PPO	
		Employee	State	Employee	State
Employee Only		\$1.64	\$2.29	\$14.30	\$2.29
Employee + Adult		\$3.29	\$4.58	\$30.33	\$4.58
Employee + Child		\$3.08	\$4.58	\$23.34	\$4.58
Employee + Family		\$5.46	\$6.32	\$48.26	\$6.32
Employee Cost For Care					
Plan Year Deductibles		None		\$50/\$150	
Annual Combined Basic & Major Svcs		No Dollar Limit		\$2,000 per person	
Orthodontia Lifetime		No Dollar Limit		\$1,500 per person	
Preventive Care Class I	Oral Exam	\$0		\$0 - Deductible Waived ¹	
	Emergency Exam	\$35 - after hours office visit		\$0 - Deductible Waived ¹	
	Prophylaxis/Cleaning	\$0		\$0 - Deductible Waived ¹	
	Fluoride Treatment	Without Varnish: \$0 With Varnish \$20		\$0 (to age 18) - Deductible Waived ¹	
	X-Rays	\$0		\$0 - Deductible Waived ¹	
Sealants		\$0		20% (to age 19)	
Fillings		Amalgam: \$16 Resin: \$37		20%	
Extractions		Simple: \$35 Surgical \$105		20%	
Periodontal Gingivectomy		\$119: 1-3 teeth \$180: 4 or more teeth		20%	
Oral Surgery		\$25 - \$270		20%	
Crowns		\$195 - \$290 + Lab & Material		50%	
Dentures		\$485 - \$502		50%	
Fixed Bridgework		\$290 + Lab & Material per Unit		50%	
Crown/Bridge Repair		\$80 - \$95		50%	
Implant Body		\$795		50% ²	
Orthodontia		\$1,375 - \$2,875		50% ³	
Other Services	TMJ Exam/Services	\$150 - \$250		Not covered	
	External Bleaching	\$30 - \$240		Not covered	

¹ Routine visits, exams, cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapicals) are covered once per Plan Year at 100%.

² Subject to both the benefit year allowance and the lifetime maximum limit of \$1,000 per tooth. Subject to all provisions, terms, and conditions of the Plan Description.

³ Limited to a lifetime maximum of \$1,500 per member.



Vision Plan

Benefits are subject to all provisions, terms, and conditions of the Plan Description. To learn more, visit benefitoptions.az.gov/vision. Carrier's contact information is on p. 19.

Avesis Advantage Program



This program is voluntary insurance -- you pay the entire premium annually. It provides yearly coverage for a routine eye exam, glasses, or contact lenses with extensive provider access throughout the state. Discounts on additional optical purchases are unlimited.

Plan Services and Premiums

The chart lists in-Network services only. For a complete coverage list, view the Plan Policy on benefitoptions.az.gov/vision.

Vision Plan Premiums Per Pay Period		Advantage Program
Employee Only		\$1.72
Employee + Spouse		\$5.70
Employee + 1 Child		\$5.65
Employee + Family		\$7.11
Employee Cost For Care		
Routine Eye Examination Copay (One per Plan Year)		\$10
Optical Materials Copay (Lenses & Frame Combined)		\$0
Standard Spectacle Lenses (One per Plan Year)	Single Vision Lenses	Covered in-full
	Bifocal Lenses	
	Trifocal Lenses	
	Lenticular Lenses	
	Progressive Lenses	Uniform discounted fee schedule
	Select Lens Tints/Coatings	
Frame (One per Plan Year)		Up to \$150 retail value (\$50 wholesale cost allowance)
Contact Lenses in lieu of frame/spectacle lenses <i>Includes fitting, follow-up and materials</i>	Elective	10-20% discount & \$150 allowance
	Medically Necessary	Covered in-full
LASIK/PRK		Up to \$750
Target Optical Frame Discount (locations inside Target Stores)		\$25



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay healthcare expenses or out-of-pocket dependent care expenses. TASC - Total Administrative Services Corporation (TASC) is our FSA vendor. Learn more at benefitoptions.az.gov/fsa. Carrier's contact information is on p. 19.

FSA Types

- **Healthcare FSA** - Use with the **TCP only** to pay for qualified medical, dental, and vision expenses, including insurance copays and deductibles. You can also purchase qualified over-the-counter medications and supplies. Visit tasconline.com for a product list.
- **Limited Purpose FSA** - This account is used for **HSA participants** to pay for dental and vision expenses only.
- **Day Care/Elder Care FSA** - Pays for the daycare expenses of a dependent child under age 13 or a disabled adult so that you can work. **Not for insurance copays or deductibles.**

FSA Advantages & Rules

- **All Funds Available January 1 - See "Use It or Lose It" below.**
 - **Healthcare FSA and Limited Purpose FSA** - These are pre-funded with the total amount you decide to contribute for the year. You have access to the full amount on January 1, and your payroll contributions pay back the amount.
 - **Daycare/Eldercare FSA** - Only the funds contributed to date are available to use.
- **Less Tax** - Increase your take-home pay by reducing your taxable income. Each \$1 you contribute to an FSA reduces your taxable income by \$1. You can save up to 30%, depending on your tax rate.
- **Offset Deductibles** - You can use the funds to pay for all or part of a deductible up to the annual contribution limit. You'll have your deductible budgeted for the year - at a tax-free rate.
- **Payment With Debit Card** - You can swipe the TASC MasterCard debit card at your provider's office to pay with your FSA. *Note:* The card will be sent automatically, and you may request additional cards for dependents. It will be sent in a plain white envelope for security reasons, so be sure to watch for it in your mailbox.
- **Website** - Visit tasconline.com to manage your accounts, set email alerts, and pay providers.
- **App** - See account balances, upload receipts, check expense eligibility, and more. Search for the green TASC icon in your device's app store.
- **Use It or Lose It** - FSAs are calendar-year based. Funds can be set aside and used only during that year for the expenses incurred only in that year. If you do not use all the funds in your account between Jan. 1 and Dec. 31, 2024, funds will be forfeited as per federal regulations. For 2024 expenses, you have until March 31, 2025, to file reimbursement claims before the funds are forfeited.



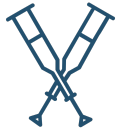
FSA Annual Contributions

	Minimum	Maximum
Health Care and Limited Purpose	\$130	\$3,050
Day Care/Eldercare FSA ¹	\$260	\$5,000 (\$2,500 married filing separately)

¹ IRS non-discrimination testing may require ADOA to reduce your contribution. The Daycare/Eldercare FSA contribution for Highly Compensated Employees is limited to \$1,600 in 2023. (IRS definition Highly-Compensated Employee for 2023: earned \$130,000 or more in 2023.)

Calculate Your Annual & Per Pay Period Contribution

- **Choose** - The total annual amount to contribute for 2024 and divide by the total number of pay periods left in the year to determine your per paycheck contribution. You must re-enroll each year. Minimum and maximum contributions apply as per the FSA Annual Contributions chart above*.
- **Calculate - Annual Contribution Amount for 2024** \$ ____ ÷ 26 = \$ ____ **Pay Period Amount**
 - Example: \$2,600 ÷ 26 = \$100 per paycheck.
- **Tip:** Estimate your costs on the conservative side since you cannot roll over the funds. See "Use It or Lose It" above.



Short-Term Disability

MetLife is the carrier for short-term disability insurance. Benefits are subject to all policy provisions, terms, and conditions. Learn more at benefitoptions.az.gov/disability. Carrier's contact information is on p. 19.

Short-Term Disability Insurance (STD)

STD is voluntary insurance. You pay the entire premium. The STD benefit pays up to 66⅔% of your weekly pre-disability earnings if you cannot work due to:

- Non-work-related injury (as determined by MetLife) - you may receive a weekly benefit for up to 26 weeks.
- Sickness - After your benefit waiting period, you may receive a weekly benefit for up to 18 or 22 weeks.
- Pregnancy - May be covered up to 6 weeks for a normal birth and up to 8 weeks for a cesarean birth.
- **Note:** You must meet the actively-at-work provision.

Benefit Elimination Period

- There is no waiting period for a non-work-related injury, and benefits start on the first day of your disability. Your benefits will start on the 31st day if you become disabled due to illness or pregnancy.
- If you elect STD coverage after your initial eligibility enrollment period as a new hire and become disabled during the first 12 months of being covered under the Plan, your benefits will start on the 61st day of disability due to sickness or pregnancy.
- Payment Reduction - STD benefits are reduced by 100% of any sick and/or annual leave paid after the waiting period.



STD Premiums		STD Payable Benefit ²	
Employee Cost Per Pay Period ¹		Wkly Minimum	Wkly Maximum
<p>Monthly premiums are \$0.316 for every \$100 of your annual base pay, up to the first \$70,000, if applicable.</p> <p>You pay the premium bi-weekly from your paycheck.</p>		10% of the Weekly Benefit or \$67.31, whichever is greater	\$897.43
<p>Calculate Per Pay Period Premium:</p> <ul style="list-style-type: none"> • Step 1: (Annual Salary ÷ 100) x \$0.316 = Annual Premium • Step 2: Annual Premium ÷ 26 Pay Periods = Pay Period Premium¹ <p>Example:</p> <ul style="list-style-type: none"> • Step 1: (\$45,000 ÷ 100) = 450 x \$0.316 = \$142.20 • Step 2: \$142.20 ÷ 26 = \$5.47 Pay Period Premium¹ 			

¹ The total calculated premium may vary due to payroll rounding.

² Payable Benefit is reduced by 100% of any sick and annual leave paid on your paycheck after the benefit waiting period.

Claims - Contact MetLife - mybenefits.metlife.com/stateofarizona

Long-Term Disability

As a benefits-eligible employee, you are automatically enrolled in one of the State's two Long-Term Disability (LTD) programs. Your retirement system determines your LTD program. Carrier contact info is on page 19. If you are approved for LTD, contact ADOA Benefits for medical coverage options. Contact Securian to apply for a waiver of your life insurance premium.

- **Arizona State Retirement System Participants** - Broadspire Services, Inc. is the administrator for the Arizona State Retirement System (ASRS) participants LTD Program. Your LTD benefit will pay up to 66⅔% of your pre-disability earnings during your disability as determined by Broadspire and based on supporting medical documentation.
- **Non-ASRS Participants** - MetLife is the Benefit Options carrier for non-ASRS participants. Your LTD benefit may pay up to 66⅔% of your monthly pre-disability earnings with a maximum benefit of \$10,000 per month during your disability as determined by MetLife and based on supporting medical documentation.



Life Insurance

Securian is the Benefit Options carrier for Life and Accidental Death and Dismemberment (AD&D) insurance. Benefits are subject to all policy provisions, terms, and conditions. Learn more at benefitoptions.az.gov/lifeinsurance. Securian contact information is on p. 19.



Basic Life Insurance – Paid by the State

You are automatically covered at no cost to you by the State of Arizona for the following amounts:

- \$15,000 Basic Life Insurance and \$15,000 AD&D Insurance

Supplemental Life and AD&D Insurance

- Purchase additional insurance for yourself to supplement the Basic Life paid by the State. You pay for the additional coverage.
- **On new hire only**, may purchase in multiples of \$5,000, not to exceed the lesser of three times your annual salary, to a maximum of \$500,000.
- **AFTER** the initial election period, you may add up to \$20,000 annually, in multiples of \$5,000, during future Open Enrollments only.
- Premiums for the first \$35,000 are pre-tax.
- Premiums based on your age as of Jan. 1, the first day of the Plan Year.
- You may reduce your Supplemental Life to \$35,000 from a higher amount or decline Dependent Life at any time during the year without a QLE.
- Keep your beneficiaries updated on hrsistemas.azdoa.gov> YES Portal> Your Employee Services> Benefits> Beneficiaries. You may update this information anytime during the year without a QLE.

Premiums Per Pay Period¹

Your Age	Cost per \$5,000
29 and under	\$0.14
30-34	\$0.16
35-39	\$0.17
40-44	\$0.28
45-49	\$0.36
50-54	\$0.57
55-59	\$0.82
60-64	\$1.44
65-69	\$1.44
70+	\$2.26

¹ The total calculated premium may vary due to payroll rounding.

Dependent Life and AD&D Insurance

- You can purchase life insurance and AD&D coverage for your dependents.
- Pay one premium to cover your spouse, children under age 26, and disabled dependent children.
- The policy pays out for each individual.
- For \$50,000 in dependent life coverage, you must elect at least \$50,000 in combined basic and supplemental coverage for yourself.
Example: \$35,000 in Supplemental Life and \$15,000 in Basic Life for a combined \$50,000
- The employee is the beneficiary.

Premiums Per Pay Period¹

Coverage Amount	Cost Per Pay Period
\$2,000	\$0.43
\$4,000	\$0.87
\$6,000	\$1.30
\$10,000	\$2.17
\$12,000	\$2.60
\$15,000	\$3.25
\$50,000 ²	\$10.85

¹ The total calculated premium may vary due to payroll rounding.

² You must have combined basic & supplemental coverage of at least \$50,000; supplemental life elections must be at least \$35,000.

Claims - You or your beneficiary may open a claim with Securian directly. Contact information is on p. 22.

Additional Free Services

There is no additional fee or enrollment for these resources. You and your benefits-eligible dependents may access them, even if they are not insured with Securian. Learn more on lifebenefits.com/plandesign/Arizona> Forms & Documents Tab

- Travel – Lost luggage, ID theft support, medical relocation, repatriation of mortal remains, and more.
- Legal and Financial – Create a will, get a financial assessment, consult with an attorney, and more.
- Grief – Unlimited telephone consultation with grief professionals and more.
- Legacy Planning – End-of-life planning, funeral arrangements, and more.

Portability and Conversion - If you leave State employment, you and/or your dependents may have the option to convert your coverage to an individual policy or port it to another group term life policy. Securian's contact information is on p. 22.



Wellness

The Wellness program is open to all benefits-eligible employees and offers free or low-cost services such as educational seminars and webinars, mini-health screenings, flu shots, and health challenges. Learn more at wellness.az.gov.

Health Impact Program - HIP

- **Earn \$200!** HIP is our award-winning well-being program for all benefits-eligible employees. You engage in regular healthy activities, wellness screenings, and preventive services to gain points and ultimately earn a \$200 annual incentive award for achieving your goals.
- **Track automatically** - We've partnered with Virgin Pulse to offer a state-of-the-art platform for your wellness journey. Track activities manually or on your device and sync effortlessly to earn points.
- **Choose your focus** - Want to improve your sleep? Maybe try some new recipes? Get more steps in? You can choose your focus areas to build better habits that keep you grounded and feeling good.
- **Have fun!** - The Virgin Pulse app allows you to participate in challenges with your co-workers and have some friendly competition.
- **Bring the family!** All benefits-eligible state employees enrolled in state benefits can participate in this voluntary program. Spouses and dependents 18+ may participate and use the HIP website but are not eligible to earn the incentive.
- **To enroll** - Visit join.virginpulse.com/hip or find the Virgin Pulse app in your app store.



Health Screenings

To see the current schedule, visit wellness.az.gov/screenings.

- **Preventive Mini-Health Screenings** - The mini-health screening comes to your worksite for your convenience. For the most accurate results, the blood tests require you to fast for 8 hours and include a full lipid panel and blood glucose measures for prevention and early detection of heart disease and diabetes. Our vendor also offers optional osteoporosis (bone density) screens, Prostate Specific Antigen (PSA), Hemoglobin A1C, and more.
- **Onsite Mammography Screening** - We offer free mammograms at worksites statewide to fight breast cancer through early detection. For your convenience, appointments only last 15 minutes, and results are sent directly to your physician.
- **Onsite Prostate Screening** - Early detection is the best defense against prostate cancer. We offer free, convenient prostate cancer screenings at worksites with a mobile medical unit. Participants receive a PSA blood test, a digital rectal exam (DRE), a testicular exam, and a physician consultation.

Weight and Diabetes Management Programs

Get the support and tools necessary for you to improve your health, experience positive outcomes, and achieve your personal health goals. Programs are available to employees, spouses, and dependents aged 18 and over. Visit wellness.az.gov/weight.

Weight Management

Paid by the State, must be enrolled in a State medical plan



Diabetes Prevention and Management

\$0 for eligible participants



Paid by employee



Employee Assistance Program

The Employee Assistance Program (EAP) is administered by ComPsych Guidance Resources. The EAP is for all benefits-eligible employees, spouses, and dependents living in their household. The program offers someone to talk to and resources to consult whenever you need them for solutions to life's challenges.



Free and Confidential Service

- The toll-free number gives you direct, 24/7 access to a Guidance Consultant, who will answer your questions and, if needed, refer you to a counselor or other resources.
- 877-327-2362 | TTY: 800-697-0353 | guidanceresources.com | App: GuidanceResources Now | Web ID: HN8876C
- **Get the app:** Download the Guidance Resources Now app to have the help you need right at your fingertips, find it in your device's app store.



Confidential Emotional Support

Our highly-trained clinicians will listen to your concerns and help with any issues

- Anxiety, depression, stress, grief, loss, and life adjustments
- Relationship/marital conflicts
- 12 free, confidential counseling sessions per issue per year (for long-term counseling, please see your medical plan or our telemedicine service)



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues:

- Divorce, adoption, family law, wills, trusts, estate planning, bankruptcy, and ID Theft
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees



Financial Resources

Our financial experts can assist with a wide range of issues.

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, credit, debt, and more



Online Support - guidanceresources.com

GuidanceResources® Online is your 24/7 link to vital information, tools, and support.

- Articles, podcasts, videos, slideshows
- On-demand training
- "Ask the Expert" personal responses to your questions

Mental Health Resources



Mental health includes our emotional, psychological, and social well-being. We have a wealth of resources on wellness.az.gov/mentalhealth. Some are through our medical carriers, and many are through federal, state, and local resources. Your interactions with these service providers are always private and confidential. Counseling topics are never shared with your employer. Many services are free of charge. If you need immediate assistance, please **call or text 988 to reach the National Suicide and Crisis Hotline, open 24/7.**

Additional Services and Information

ADOA Benefits and various state agencies provide these additional services and information.

Higher Education Discounts



ADOA has partnered with multiple local and national higher education institutions to bring you an exciting benefit to advance your education with several accessible, attainable, and affordable degree programs. Visit benefitoptions.az.gov/highered for full details.

- **Discounts** - Range from 5% to 25%, and your spouse and dependents may also be eligible.
- **Tuition Reimbursement** - Your agency sets policies. Please contact your supervisor for details.
- **Partner Institutions** - Arizona Christian University, Arizona State University, Benedictine University, DeVry University, Grand Canyon University, Northcentral University, Northern Arizona University, Ottawa University, University of Arizona, University of Arizona-Global Campus, and the University of Phoenix.

AZ529 Plan Education Savings



AZ529 is a state-sponsored savings plan for parents, grandparents, or future students to save for educational expenses on a tax-deferred basis to pay for college, vocational and workforce training, apprenticeships, and private K-12 education. Save via direct deposit from your paycheck. Visit az529.gov.

Deferred Compensation | AZ Smart Save Retirement Savings



In addition to the mandatory Arizona State Retirement System (ASRS) pension plan, State employees may voluntarily enroll in the AZ Smart Save Plans (Deferred Compensation) with Nationwide Financial Advisors. Plans include 457(b) Deferred Compensation, 401(k), 403(b), 401(a), and a Roth 457 Plan. Carrier's contact information is on p. 21.

AZ ABLE Tax-free savings plan for disabled residents



AZ ABLE accounts are specialized savings and investment accounts for Arizona residents with disabilities offered by the Arizona Department of Economic Security. The account allows money to be saved and invested without losing eligibility for certain public benefits, like Medicaid and Supplemental Security Income (SSI). Prior to AZ ABLE accounts, people with disabilities could only save a total of \$2,000 before losing their benefits. Now, at least \$17,000 can be saved each year to build financial security. After an AZ ABLE account is opened, eligible state employees can directly deposit paycheck earnings for themselves or their eligible family members. To learn more, visit az-able.com.

Employee Information Organizer



This guide from ADOA Human Resources provides information on steps for your family to take in the event you pass away while employed by the State. It also includes Nationwide Financial's *Personal Information Organizer* to help gather your important legal, financial, medical, professional, and account information in one place. Scan the QR code at left to view and download the guide, or visit bit.ly/AZInfoOrganizer.

Plan Documents and Legal Notices

If you participate or enroll in any of the Benefit Options Plans, you are entitled to the following plan documents and legal notices, as summarized below. Detailed information is available to you electronically at benefitoptions.az.gov/resources.

Documents	Summary Description
Health Insurance Marketplace Coverage	Key parts of the healthcare law allow you a way to buy health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, a notice that provides some basic information about the new Marketplace and the Benefit Options health coverage is available.
Summary of Benefits and Coverage (SBC) and Uniform Glossary	As part of the Affordable Care Act, the federal government announced new rules regarding the disclosure of the Summary of Benefits and Coverage (SBC) and Uniform Glossary. These regulations require group health plans and health insurance issuers that offer coverage for groups and individuals to provide access to the SBC and Uniform Glossary.
Summary Plan Description (SPD)	The SPD, or Plan Document, is a summary of important benefit features of your Plan. The SPD may be revised at any time for Plan clarification purposes.
Insurance Certificates and Policies	Provides information on specific benefit coverage and limitations.
Legal Notices	Summary Description
Health Insurance Portability & Accountability Act (HIPAA)	This notice protects the privacy of individually identifiable health information and establishes who can use the personal health information and how it can be used.
Medicare Notice of Creditable Coverage	This notice has information about prescription drug coverage for Medicare participants with the Benefit Options program. It explains your options under Medicare prescription drug coverage (Medicare Part D) and can help you decide whether you want to enroll.
Consolidated Omnibus Budget Reconciliation Act (COBRA) Coverage Notice	Notice of the Arizona Benefit Options Program COBRA Coverage. This notice has important information about your right to COBRA continuation coverage, a temporary extension of coverage under the Plan.
Patient Protection & Affordable Care Act (PPACA)	Notices of the Arizona Benefit Options Program about PPACA.
HIPAA Special Enrollment Rights Notice	This notice provides information regarding special enrollment. You may be able to enroll in the Benefit Options health plan without waiting for the next open enrollment period if you request a QLE change within 31 days of an event for loss of other coverage or birth, adoption, or placement for adoption. Also, you may enroll if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage.
Women's Health and Cancer Rights Act (WHCRA)	This notice describes mandated benefits for mastectomy-related services and informs individuals that services are available for such treatment and services, including reconstructive surgery, prosthesis, and lymphedema treatment, and explains how to obtain a detailed description of the mastectomy-related benefits under the Plan.
Newborns' and Mothers' Health Protection Act of 1996	This notice provides that health plans and issuers may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child for prescribing a length of stay not more than 48 hours (or 96 hours). The plan may not require that a provider obtain authorization from the Plan for prescribing the minimum length of stay.
Wellness Program	This notice requires employers that offer wellness programs that collect health information to inform members what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential.
No Surprises Act	This notice provides information regarding your rights and protections against surprise medical bills. You are protected from surprise billing or balance billing when you get emergency care or treatment from an out-of-network provider at an in-network hospital or ambulatory surgical center.

Carrier Contact Information

Plan Type	Vendor Name	Phone	Website Email Policy Number
Benefit Options	ADOA Benefit Services Division 1802 W. Jackson St. #94 Phoenix, AZ 85007	602-542-5008 800-304-3687	Info: benefitoptions.az.gov Enroll: hrsystems.azdoa.gov > YES Portal Email: benefits@azdoa.gov
Decision Tool ALEX	ALEX		start.myalex.com/adoa
Dental	Delta Dental of Arizona	602-588-3620 866-978-2839	deltadentalaz.com/adoa Group: 77777-0000
	UHC Solstice	844-208-0223	smilestateofaz.com Policy: S800B
Discounts	Higher Education Partners		benefitoptions.az.gov/highered
Education Savings	AZ529 Plan - State Treasurer's Office	602-542-7529	az529.gov
Employee Asst Plan-EAP	ComPsych	877-327-2362	guidanceresources.com Code: HN8876C
Flexible Spending Acct-FSA	TASC	833-433-4301	tasconline.com
Health Savings Acct-HSA	Optum Financial	866-610-4839	my.optum.com/arizona
Life Insurance	Securian	833-745-5517	lifebenefits.com/plandesign/Arizona Group: 34681
Short-Term Disability-STD	MetLife	866-264-5144	Info: metlife.com/stateofarizona/ Claims: mybenefits.metlife.com/stateofarizona
Long-Term Disability-LTD	Broadspire Services, Inc. ASRS	877-232-0596	azasrs.gov/content/long-term-disability
	MetLife PSPRS, EORP, CORP & ORP	866-264-5144	Info: metlife.com/stateofarizona/ Claims: mybenefits.metlife.com/stateofarizona
Medical	Blue Cross Blue Shield Arizona	866-287-1980	New members: azblue.com/stateofaz Members: azblue.com Group: 30855
	UnitedHealthcare	800-896-1067	New members: uhcvirtual.com/stateofaz/ Members: myuhc.com Group: 705963
Mental Health	Mental Health Resource Page		wellness.az.gov/mentalhealth
	National Suicide & Crisis Lifeline	988	Call or text, 24/7. Services are confidential.
Pharmacy	MedImpact	888-648-6769	Preview for BCBS: bit.ly/MedImpactBCBS Preview for UHC: bit.ly/MedImpactUHC Members: medimpact.com/plan/adoa Rx BIN: 003585 Rx PCN: 28914
	Birdi Mail Order	855-873-8739	medimpact.com/plan/adoa
	MedImpact Direct Specialty	877-391-1103	medimpact.com/plan/adoa
Retirement-AZ Smart Save (Deferred Compensation)	Nationwide Financial 457(b), 401(k), 403(b), 401(a)	800-796-9753	azsmartsave.com
Retirement Systems	Arizona State Retirement System	602-240-2000 800-621-3778	azasrs.gov
	Public Safety Personnel Retirement System (PSPRS), Elected Officials Retirement Plan (EORP), Corrections Officer Retirement Plan (CORP)	602-255-5575 877-925-5575	psprs.com
Vision Plan	Avesis, Inc.	888-759-9772	avesis.com/arizona Policy: 11001-2178
Wellness & Flu Shots	ADOA Benefit Services Division	602-771-9355	wellness.az.gov wellness@azdoa.gov



ARIZONA DEPARTMENT OF ADMINISTRATION - ADOA
BENEFIT SERVICES DIVISION
1802 W. JACKSON ST. #94
PHOENIX, AZ 85007

PHONE: 602-542-5008
TOLL-FREE: 1-800-304-3687
FAX: 602-542-4744

EMAIL: BENEFITS@AZDOA.GOV

WEBSITE: BENEFITOPTIONS.AZ.GOV