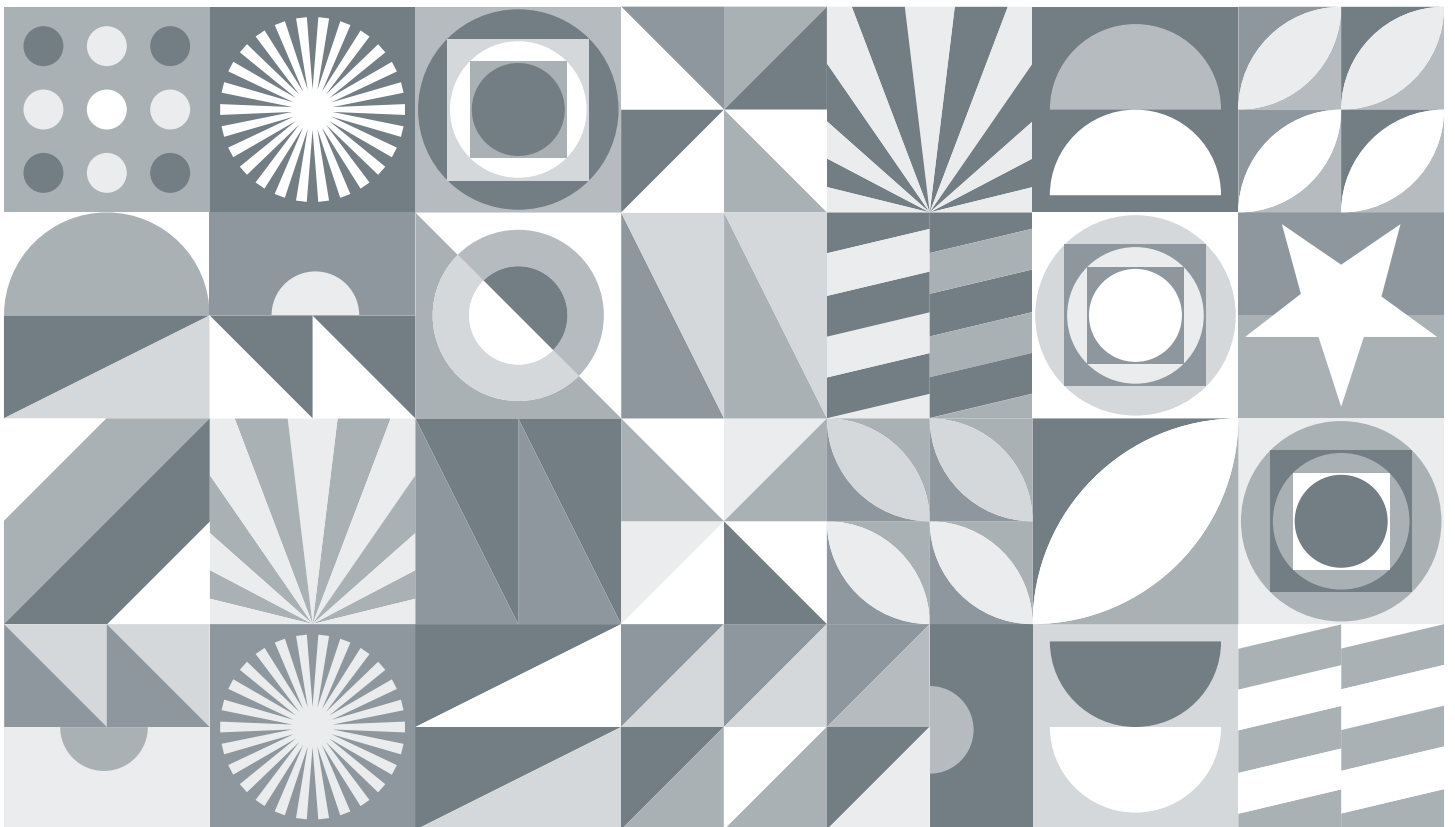


Health Insurance Enrollment Guide

**Non-Medicare and
Medicare-Eligible
ASRS Retirees**

FOR PLAN YEAR
2026



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.

Published by:
Arizona State Retirement System
October, 2025



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- **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**

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WELCOME FROM THE DIRECTOR



Welcome to the Arizona State Retirement System's Health Insurance Enrollment Guide, outlining plans for the 2026 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, 2026.

This year is a passive enrollment year, meaning that if you do not wish to make any changes via the online health insurance enrollment form, then you will be automatically re-enrolled in your current plan for 2026.

Please review this Enrollment Guide carefully as plan benefits and premiums have changed for 2026.

The ASRS will be hosting in-person meetings for retirees to come and learn more about the ASRS health insurance programs. There will be three 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

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 for 2026.

2026 BENEFIT HIGHLIGHTS

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

Here are some plan highlights for 2026.

Non-Medicare: UnitedHealthcare Group Plans

Monthly Premiums

The monthly premium has increased for the Choice Premier plan. The monthly premium for the Choice Value and Choice Economy plans are unchanged.

Benefit Changes

For the Choice Premier plan, the copays for emergency room services and inpatient hospitalization have changed.

See page 21

Dental Plans

The dental benefit structures remain unchanged and the monthly premium for the Cigna DHMO plan has increased.

See page 15

Medicare: UnitedHealthcare Group Medicare Advantage Plans

Medicare Prescription Drug Redesign

A recent prescription drug law, the Inflation Reduction Act (IRA), requires significant changes to all Medicare prescription drug (Part D) plans including capping member annual out-of-pocket costs at \$2,100, and having the option to pay those out-of-pocket costs in monthly amounts over the plan year.

For more information on the Medicare Prescription Drug (Part D) Redesign, see the section starting on **page 37**.

Medicare Advantage PPO Plan

The medical benefit structure remains unchanged and the prescription drug benefit structure has changed as required by the Medicare Prescription Drug Redesign. The monthly premium has increased for calendar year 2026.

Medicare Advantage HMO Plan

The monthly premium has increased for calendar year 2026. Copays for emergency and urgent care services will change and the prescription drug benefit structure has changed as required by the Medicare Prescription Drug Redesign. Additionally, some network services—like visits to specialists, physical therapy, speech therapy, and occupational therapy—will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose impacts which specialists and hospitals you'll be able to see.

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**

Dual Enrollment

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.

Supporting Documentation Requirements: You can find a list of acceptable supporting documents on <https://www.azasrs.gov/content/qualifying-life-events>. Failure to submit required documents could delay or cancel the processing of the enrollment.

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 2026 plan year is January 1, 2026 through December 31, 2026.
- 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)	\$1,397.00	\$2,794.00	\$3,912.00
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

Medicare Plans (You and your dependent(s) HAVE Medicare Part A and B)

	One Person Per Month:	Two People Per Month:	Three People Per Month:
Group Medicare Advantage HMO (Arizona In-Network Only Coverage)	\$131.83	\$263.66	\$395.49
Group Medicare Advantage PPO (Nationwide In & Out-of-Network Coverage)	\$234.30	\$468.60	\$702.90

Combination Family Plans (You and your dependent(s) are a combination of non-Medicare and Medicare eligible)

- Combination Plans including the Group Medicare Advantage HMO are only available to members residing in the state of Arizona.
- Combination Plans including the Group Medicare Advantage PPO are available to members **nationwide**.
- All non-Medicare plans are available to members **nationwide**.
- Not all potential family scenarios are included in the chart below. Contact the ASRS if you feel your scenario is not represented.

Combination Plans for only <u>1</u> person with Medicare	1 person with Medicare and <u>1</u> without Medicare Per Month:	1 person with Medicare and <u>2</u> or more without Medicare Per Month:
Group Medicare Advantage HMO with Choice Premier	\$1,528.83	\$2,925.83
Group Medicare Advantage HMO with Choice Value	\$1,017.83	\$1,903.83
Group Medicare Advantage HMO with Choice Economy	\$791.83	\$1,451.83
Group Medicare Advantage PPO with Choice Premier	\$1,631.30	\$3,028.30
Group Medicare Advantage PPO with Choice Value	\$1,120.30	\$2,006.30
Group Medicare Advantage PPO with Choice Economy	\$894.30	\$1,554.30
Combination Plans for <u>2</u> people with Medicare	2 people with Medicare and <u>1</u> without Medicare Per Month:	2 people with Medicare and <u>2</u> or more without Medicare Per Month:
Group Medicare Advantage HMO with Choice Premier	\$1,660.66	\$3,057.66
Group Medicare Advantage HMO with Choice Value	\$1,149.66	\$2,035.66
Group Medicare Advantage HMO with Choice Economy	\$923.66	\$1,583.66
Group Medicare Advantage PPO with Choice Premier	\$1,865.60	\$3,262.60
Group Medicare Advantage PPO with Choice Value	\$1,354.60	\$2,240.60
Group Medicare Advantage PPO with Choice Economy	\$1,128.60	\$1,788.60

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	\$38.67	\$77.17	\$109.20
Delta Dental Low Plan Option	\$17.95	\$37.95	\$69.47
Cigna DHMO Select States (Excludes AK, ME, MT, NH, NM, ND, PR, SD, VI, VT, and WY)			
Cigna DHMO	\$10.92	\$17.91	\$27.68

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 SPRS.

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.

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.

PREMIUM BENEFIT

Determine your amount:

Years of Service	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 (COPR) 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

Monthly Health Insurance Cost Worksheet

Fill out the boxes to the right 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 and dental plan premiums	
			-
Minus	D	Subtract your Premium Benefit from the chart above	
			=
Net (C-D)		Your Net Premium	

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

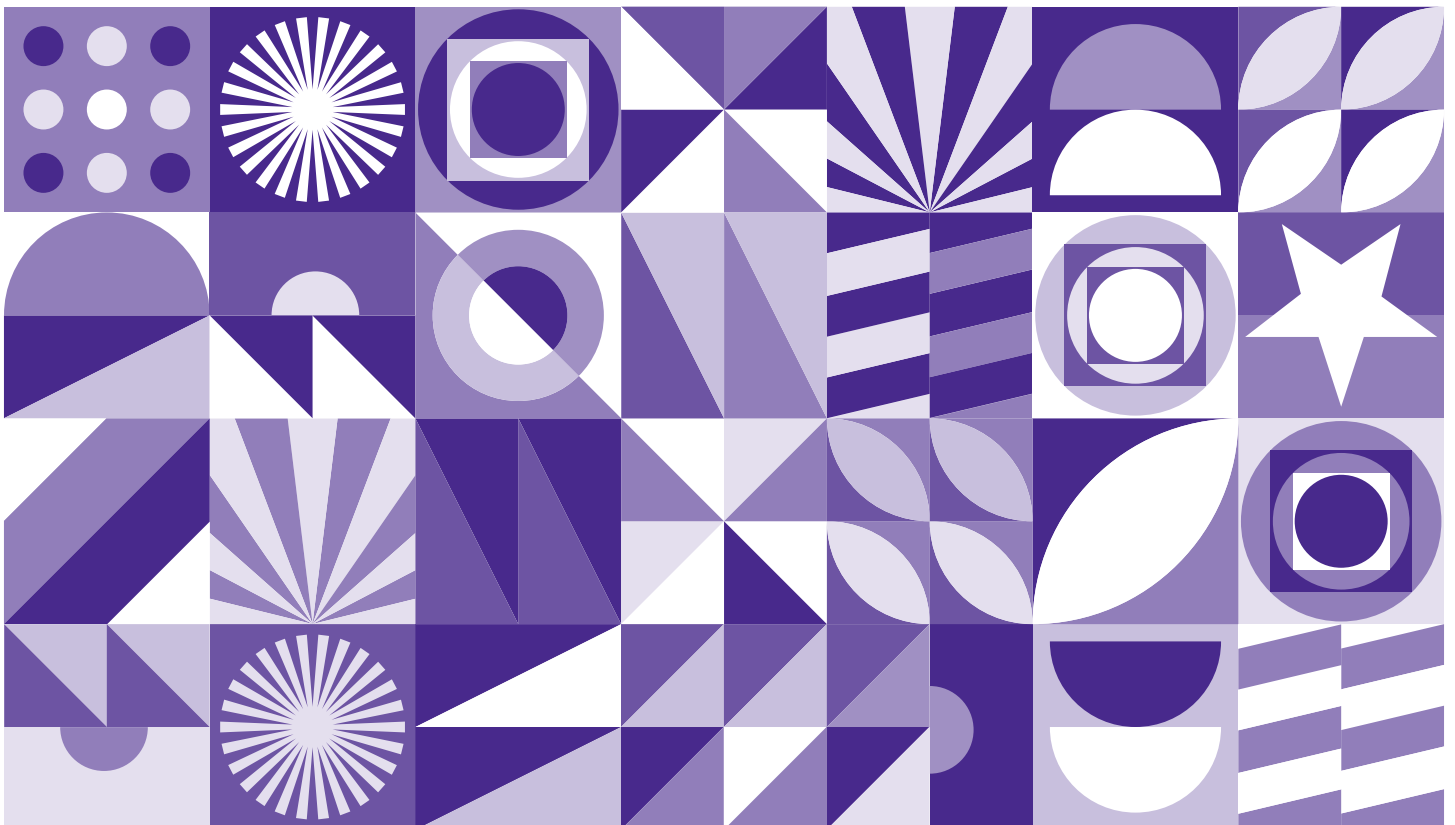
ADOA Benefits Office 602-542-5008
800-304-3687 / BenefitOptions.AZ.gov



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
2026



DENTAL PLAN COMPARISON

Plans from



and



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 150,000 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
Annual Deductible	\$50 per person \$150 max. per family	\$50 per person \$150 max. per family	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.

Save with Healthy Rewards® ***

Get discounts on everyday health products and programs, including meal delivery services, fitness memberships, vision exams including glasses and frames and more.

Visit Cigna.com/discoverhealthyrewards to learn more.

 For more information, visit Cigna.com/ASRS.

Rates for Arizona State Retirement System

Single	\$10.92
Family (Single + 1)	\$17.91
Family (Single + 2 or more)	\$27.68

For more information, visit

Cigna.com/ASRS.

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



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 2025 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.

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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 1.6 million enrollees—and the number keeps growing!

Why Choose Delta Dental?

- More than 3,700 unique dentists in Arizona and 150,000 unique dentists nationwide¹
- Freedom to visit any licensed dentist (you don't have to select a primary dentist)
- Local customer service, with more than 95% of inquiries resolved on the first call²

Find a Delta Dental Dentist

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

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

Plan Highlights

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

Delta Dental 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	\$38.67 per month	\$77.17 per month	\$109.20 per month
Delta Dental Low Plan Option	\$17.95 per month	\$37.95 per month	\$69.47 per month

¹Delta Dental National Provider File, May 2025.

²Delta Dental of Arizona internal data, January 2025.

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

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0725

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
Annual Deductible	\$50 per covered person \$150 maximum per family	\$50 per covered person \$150 maximum per family
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 save the most money by visiting a PPO dentist.

Questions?

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



Out-of-network
dentist



Premier
dentist



PPO
dentist



Vision Discount Plan

In partnership with EyeMed Vision Care, Delta Dental members receive discounts on vision care services, including exams, frames, lenses, contacts, and more!

Be sure to visit eyemedvisioncare.com/deltadental to find more available savings opportunities, download your discount card, and bring it with you to your next appointment. Card must be presented to retailer. Discounts cannot be used with any other insurance, discounts, coupons, or promotional offers.

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

⁵Deductible applies to these services.

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

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDAZ-0431-rev0725

Notes

Contact Us

UnitedHealthcare Non-Medicare Choice 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

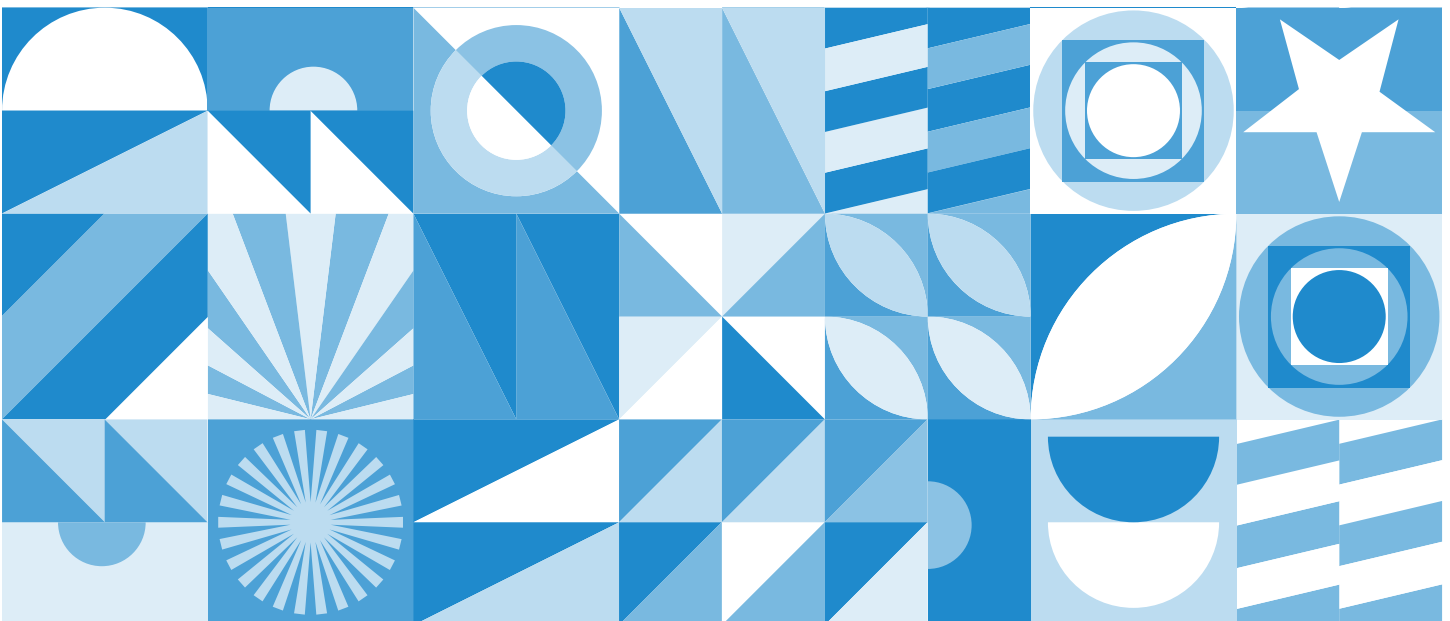
800-304-3687 / BenefitOptions.AZ.gov



Non-Medicare Plans

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

FOR PLAN YEAR
2026



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

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

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

MEDICAL PLANS COMPARISON

You have three 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
In-Network Coverage Only You must receive care for covered benefits from contracted network providers. Out-of-Network coverage not available.	✓	✓	✓
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 three 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.	✓	✓	✓

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?

Your plan is an in-network only plan and if you receive services from a non-network provider, you will be 100% responsible for the costs.

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	 Get Your Info On-the-Go	 Have Fun and Get Healthier	 Connect with a Doctor Now
myuhc.com® is your personalized health hub. Find a doctor, manage your claims, estimate costs, and more.	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.	One Pass offers access to gyms, online workouts, tools for brain health, and social connections. Go to: youronepass.com	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 three exclusive providers listed on page 28 (*Data rates may apply)

MEDICAL PLANS COMPARISON

	Choice Premier		Choice Value		Choice Economy	
	Nationwide In-Network Only		Nationwide In-Network Only		Nationwide In-Network Only	
	Single Only:	\$1,397	Single Only:	\$886	Single Only:	\$660
	Single +1:	\$2,794	Single +1:	\$1,772	Single +1:	\$1,320
	Single +2 or more:	\$3,912	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 \$40 Copay - Tier 1	
Office Visit - Specialist	\$100 Copay \$50 Copay - Tier 1		\$160 Copay \$80 Copay - Tier 1		\$160 Copay \$80 Copay - Tier 1	
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		\$20 Copay at free-standing facility or Physician's office		\$20 Copay at free-standing facility or Physician's office	
	\$30 Copay at hospital-based facility		\$60 Copay at hospital-based facility		\$60 Copay at hospital-based facility	
Major Diagnostic	\$150 Copay at free-standing facility or Physician's office		\$250 Copay at free-standing facility or Physician's office		\$250 Copay at free-standing facility or Physician's office	
	\$250 Copay at hospital-based facility		\$350 Copay at hospital-based facility		\$350 Copay at hospital-based facility	
Emergency and Other Care						
Urgent Care Visit	\$50 Copay		\$75 Copay		\$75 Copay	
Emergency Room (waived if admitted)	\$300 Copay		\$300 Copay		\$300 Copay	
Ambulance	No Charge		30% [#]		30% [#]	
Outpatient Surgery and Scopic Procedures	30% [#] at free-standing surgery center or Physician's office		30% [#] at free-standing surgery center or Physician's office		30% [#] at free-standing surgery center or Physician's office	
	40% [#] at a hospital-based facility		40% [#] at a hospital-based facility		40% [#] at a hospital-based facility	
Inpatient Hospital Expenses	30% [#]		30% [#]		30% [#]	
Hearing Aids	30% [#]		30% [#]		30% [#]	
Vision Exam (1 exam every 24 months)	\$30 Copay		\$30 Copay		\$30 Copay	

After the medical deductible has been met.

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.



Reach your health goals



With One Pass, we're on a mission to make fitness engaging for everyone. You can start using One Pass today.



At the gym

Choose from a large nationwide network of gym brands and local fitness studios. Visit any place in the network and create a routine just for you. Bring a caregiver with you to some gyms, too.



At home

Work out at home with live or on-demand online fitness classes. Try Workout Builder. You'll get routines for your fitness level and interests. And engage your mind with personalized, online brain training.



In the kitchen

Get high-quality meals delivered, at a discount, to your home from Mom's Meals. Make your choices from tasty menus designed by dietitians and professional chefs.



With new friends

Join a group class or find local clubs and social events that match your interests. Connect with others who share your passions.

It's easy to create an account.

Just have your health plan member ID card ready.

1. Go to youronepass.com
2. Click Get started and follow the prompts.
3. Get your One Pass member code.
4. Complete your online account setup, to view all of your One Pass benefits.
5. Bring your One Pass member code with you to any participating gym location. The staff will set up your membership. Use your member code for online classes, too.

To Access One Pass

youronepass.com

1-877-504-6830, TTY711

8am-9pm, CT, Mon-Fri

PHARMACY PLANS COMPARISON

	Choice Premier	Choice Value	Choice Economy
Pharmacy Deductible (Calendar Year)			
Individual	\$0	\$0	\$250
Family (2 or more)	\$0	\$0	\$500
Prescription Drug Tier			
Retail Pharmacy (up to 31-day supply)			
Tier 1	\$10	\$10	\$15*
Tier 2	\$50	\$60	\$90*
Tier 3	\$100	\$120	\$180*
Mail Order (Optum® Home Delivery) & Retail Pharmacy (90-day supply)			
Tier 1	\$20	\$20	\$30*
Tier 2	\$100	\$120	\$180*
Tier 3	\$200	\$240	\$360*

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 Pharmacy) & Retail Pharmacy

Optum® Home Delivery Pharmacy 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 Pharmacy 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 Pharmacy, getting started is easy!

If you choose Optum® Home Delivery Pharmacy:



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.

TIER 1 PROVIDERS

Access a national network and save by using Tier 1 providers



Pay less by using Tier 1 providers.

Your UnitedHealthcare Tiered Benefit plan is designed so you pay less when you see Tier 1 doctors and specialists. They have been recognized for providing the greatest value.


Find quality, cost-efficient care


Studies show that people who actively engage in their health care decisions have fewer hospitalizations, fewer emergency visits, higher utilization of preventive care and overall lower medical costs.

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).


Note: 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.


 Tier 1 Provider



Smith, John, MD >
 Family Practice
 ✓ In-network

 **5.0 mi** • 123 Street, Suite 101

 2 miles ⓘ

 (000) 000-0000



FINDING A DOCTOR

How to find a doctor in our National Choice Network


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  next to each physician for lower office copays.

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 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 Tier 1 Premium Provider symbol  next to each physician for lower office copays.



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

To schedule an appointment:

1. Register or sign in at **myuhc.com** or use the **UnitedHealthcare app**.
2. You can also download one of the following apps to schedule your appointment directly with one of our 3 network providers:
 - **Doctor On Demand**
 - **Teladoc**
 - **Amwell**
3. You can also conduct a visit by phone with Teladoc at **1-800-TELADOC** (1-800-835-2362).

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/explore**

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 who 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

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 youronepass.com 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.

Connect with Calm Health

The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. Calm Health is included in your health plan and available at no additional cost.

The Calm Health app brings you a library of support — including mindfulness content and programs created by psychologists — for a variety of health experiences and life stages. This information is designed to help you:

- Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- Access mental health information and support to help you strengthen the mind-body connection

To get started, sign in to your account on myuhc.com® or the UnitedHealthcare® app.

Notes

Contact Us

UnitedHealthcare Group Medicare Advantage HMO & PPO Plans

Weekdays, 8 AM-8 PM, Central Time Zone

844-876-6161/ TTY: 711

Medicare Internet Addresses:

- Medicare Plans:
retiree.uhc.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

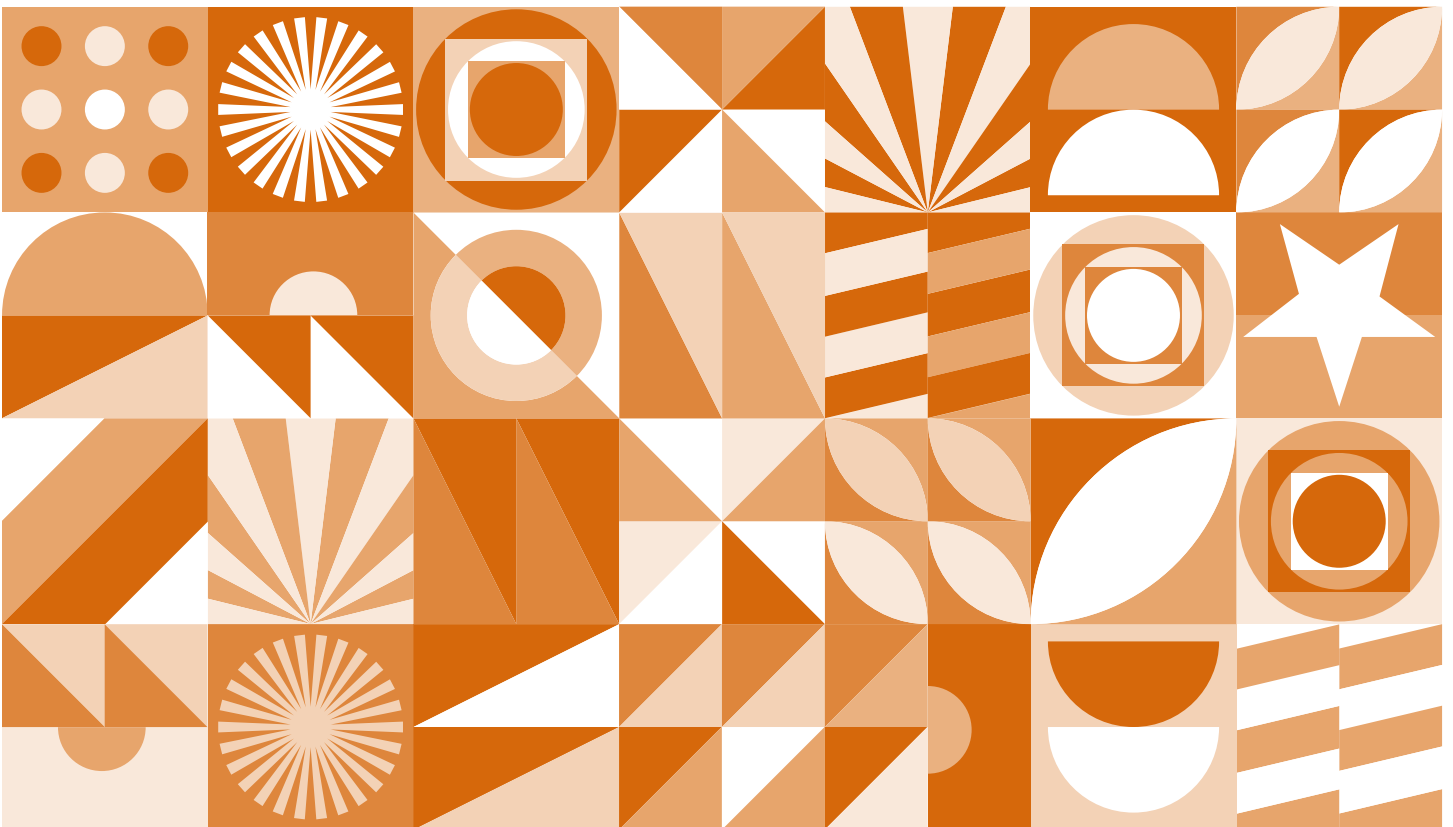
800-304-3687 / BenefitOptions.AZ.gov



Medicare Plans

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

FOR PLAN YEAR
2026



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.

When 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:

Medicare Part A
Hospital Insurance



Medicare Part B
Medical Insurance



Medicare Part C
Medicare Advantage Plans



Medicare Part D
Outpatient prescription drug coverage



Important:



The plans available through the ASRS are not Medicare Supplement (Medigap) plans.

The Medigap Open Enrollment Period is the 6-month period which begins the first month you have Medicare Part B, and you're 65 or older. After this enrollment period, you may not be able to buy a Medigap policy or it may cost more. In certain situations, you may have rights to buy a Medigap policy (guaranteed issue rights) outside of your Medigap Open Enrollment Period.

If you are new to Medicare and enrolling in a Medicare Advantage plan for the first time, you can try one of the UnitedHealthcare Group Medicare Advantage HMO & PPO Plans for up to one year and you may have guaranteed issue rights.

If you are currently enrolled in a Medicare Supplement plan and new to Medicare Advantage, you can try one of the UnitedHealthcare Group Medicare Advantage HMO or PPO Plans for up to one year and still have the option to go back to your former Medicare Supplement plan and carrier on a guaranteed issue basis if the same insurance company still sells it when you want to return. Please refer to current CMS guidance and your applicable state law for further information. You can visit **Medicare.gov** for more information on Medicare's guaranteed issue rights.

MEDICAL PLANS COMPARISON

For 2026, 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.

Some network services—like visits to specialists, physical therapy, speech therapy, and occupational therapy—will require a referral from your primary care provider (PCP) in order to be covered. The PCP you choose will impact which specialists and hospitals you'll be able to see.

For more information on which services require a referral, view Chapter 3, Section 2.2 of the Evidence of Coverage.

Keep in mind, providers in the network may change at any time. The online directory of providers is available at retiree.uhc.com/asrs.

- Please note, you must receive your care from an in-network provider in order for services to be covered. In most cases, care you receive from an out-of-network provider (a provider who is not part of our plan's network) will not be covered.

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, please visit retiree.uhc.com/asrs to view the Evidence of Coverage for each plan.

After you enroll for coverage

UnitedHealthcare® will send you a Welcome Letter for your Group Medicare Advantage HMO plan or PPO plan, followed by your Member ID card mailing.

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.



MEDICAL PLANS COMPARISON

Medical Benefits	UnitedHealthcare® Group Medicare Advantage HMO plan – Arizona only	UnitedHealthcare® Group Medicare Advantage PPO plan – Nationwide
Monthly Premium per person enrolled	\$131.83	\$234.30
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 medical copays and deductible)	\$4,250	\$5,000
Annual Medical Deductible per person enrolled	\$300	No deductible
Doctor Visits		
Primary Care Provider	\$15 copay	\$15 copay
Specialist	\$50 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	\$200 copay	\$50 copay
Inpatient Services		
Inpatient hospital care (including inpatient mental health)	\$200 copay per admission	\$100 copay per admission
Emergency Services		
Ambulance services	\$25 copay	\$0 copay
Urgently needed services (waived if admitted)	\$50 copay	\$25 copay
Emergency care (waived if admitted)	\$130 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

Routine Medical Transportation

Included

Included

PRESCRIPTION DRUG COVERAGE

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.

Prescription drug plan features:

- No prescription drug plan deductible on the PPO plan. The HMO plan has a \$300 prescription drug plan deductible per person enrolled.
- UnitedHealthcare® Group Medicare Advantage formulary applies. Both 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 through Optum® Home Delivery Pharmacy.

UnitedHealthcare® Group Medicare Advantage HMO Plan

Tier	Prescription Drug Type	Your Costs	
Annual Prescription Drug Deductible per person enrolled	\$300 (This Prescription Drug Deductible is in addition to the \$300 Medical Deductible)	Retail (30-day supply)	Optum® Home Delivery Pharmacy (90-day supply)
Tier 1	Preferred generic drugs	\$10 copay	\$20 copay
Tier 2	Preferred Brands and higher cost generic drugs	\$40 copay	\$80 copay
Tier 3	Non-preferred generic and non-preferred brand-name drugs	\$80 copay	\$160 copay
Tier 4	Specialty drugs, very high-cost brand and generic drugs	\$80 copay	\$160 copay

UnitedHealthcare® Group Medicare Advantage PPO Plan

Tier	Prescription Drug Type	Your Costs	
Annual Prescription Drug Deductible per person enrolled	No deductible on the PPO plan	Retail (30-day supply)	Optum® Home Delivery Pharmacy (90-day supply)
Tier 1	Preferred generic drugs	\$10 copay	\$20 copay
Tier 2	Preferred Brands and higher cost generic drugs	\$35 copay	\$70 copay
Tier 3	Non-preferred generic and non-preferred brand-name drugs	\$35 copay	\$70 copay
Tier 4	Specialty drugs, very high-cost brand and generic drugs	\$35 copay	\$70 copay

PRESCRIPTION DRUG COVERAGE

Medicare Part D changes for 2026

The 2026 annual out-of-pocket limit for Medicare-covered Part D prescription drug costs **will be \$2,100.**

That means that after you and others on your behalf have paid a combined total of \$2,100 for your Medicare-covered Part D drugs, you will move from the Initial Coverage stage to the Catastrophic Coverage stage where the plan pays the full cost for your Medicare Part D covered drugs. This out-of-pocket limit applies only to prescriptions covered by Medicare Part D. Non-Part D drugs, such as those on the Bonus Drug List, and Part B drugs are excluded.

Prescription drug payment stages

Annual Deductible	Initial Coverage	Catastrophic Coverage
<p>HMO only:</p> <p>The HMO plan has a \$300 pharmacy deductible. You pay the total cost of your drugs until you reach your deductible.</p> <hr/> <p>PPO only:</p> <p>The PPO plan has no deductible. You skip this stage and start the year off in the Initial Coverage stage.</p>	<p>Both Plans:</p> <p>You pay a copay for covered drugs based on the tier of the medication and the plan pays the rest.</p> <p>You stay in this stage until you and others on your behalf have paid a combined total of \$2,100* for your prescription drugs, at which time you move into the Catastrophic Coverage Stage.</p>	<p>After you and others on your behalf have paid a combined total of \$2,100* for your prescription drugs, you will pay \$0 for Medicare Part D covered drugs for the rest of the plan year. If you fill a prescription for a drug on the Bonus Drug List, the copay, based on the tier of the drug, still applies during this stage.</p>

*The \$2,100 maximum total amount is called your “True Out-Of-Pocket” cost, also known as “TrOOP”. In 2026, a member’s TrOOP is calculated based on the greater of the member’s cost share OR the CMS Defined Standard amount. This means that you will never be responsible for more than your copay or deductible (HMO plan only), but an amount greater than your copay/deductible may be applied toward your \$2,100 TrOOP. For a detailed explanation of how this calculation is applied, please visit the Health Insurance Videos page of the ASRS website: <https://www.azasrs.gov/content/retiree-videos>

MEDICARE PRESCRIPTION PAYMENT PLAN

On January 1, 2025, the Medicare Prescription Payment Plan became an option available to help spread the cost of Part D prescriptions throughout the rest of the year. Participation in the Medicare Prescription Payment Plan is optional. The Medicare Prescription Payment Plan might help you manage your budget, but it's important to know this program does not lower prescription drug costs.

Is the Medicare Prescription Payment Plan a good fit for you?

This optional program may not be a good fit if:

- Your yearly drug costs are low or relatively the same each month
- You are not likely to reach the \$2,100 annual out-of-pocket limit
- You qualify for Extra Help or another government program to help save on covered Part D prescription drug costs
- You don't want to change how you pay for your prescription drugs

This program is designed to help if:

- You have high out-of-pocket covered Part D drug costs earlier in the plan year
- You are likely to reach the \$2,100 annual out-of-pocket limit
- You like the idea of spreading out payments more evenly

If you opt into the Medicare Prescription Payment Plan, you will no longer pay the pharmacy when you fill a covered Part D prescription. Your plan will pay the pharmacy on your behalf and send you a monthly bill for your prescription drug costs. You will continue to receive a separate bill for your monthly plan premium if you have one.

You can opt into the Medicare Prescription Payment Plan only after you have enrolled in a Medicare plan with Part D coverage for 2026. If you are already a member, you can opt in any time.

You or your legal representative can opt in by completing an election request form over the phone, online or with a paper form. Election requests will be processed within 24 hours of receipt.

This payment plan applies only to prescriptions covered by Medicare Part D. Non-Part D drugs, such as those on a Bonus Drug List, and Part B drugs are not eligible.

Your next steps if this program is a good fit:

- You can opt into the Medicare Prescription Payment Plan online at retiree.uhc.com/asrs, by mail or by calling UnitedHealthcare.
- To opt in by phone or for additional questions, call **1-844-876-6161 TTY 711**, 8 a.m.–8 p.m. CT, Monday–Friday.

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 Visit¹ and many preventive services at \$0 copay



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

In-Home Preventive Care Visit from Optum® HouseCalls



With Optum® 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.

Optum® HouseCalls Video Visit



You can have your yearly HouseCalls visit by video if you prefer. A HouseCalls video visit uses a computer, tablet or smartphone to connect plan members with the health care practitioner. During the visit, they will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

UnitedHealthcare Fitness Program



Renew Active® by UnitedHealthcare® is the gold standard in Medicare fitness programs. It's available to you at no additional cost and includes:

- Access to a free gym membership at a fitness location you select from a large nationwide network.
- If you prefer to access the benefit fitness program from your home, there are thousands of on-demand workout videos and live streaming fitness classes.
- Social activities at local health and wellness clubs, classes and events.

Routine Medical Transportation



Receive 24 one-way trips per plan year to and from medically related appointments and the pharmacy, up to 50 miles per trip. Trips must be to or from plan-approved medically related appointments or locations, limited to ground transportation only. Each one-way trip must not exceed 50 miles. A trip is considered one-way and a round trip is considered 2 trips.

This benefit cannot be used for emergency related trips. Drivers do not have medical training. In case of an emergency, call 911. You may bring 1 companion per trip who is 18 years or older. Cab and sedan services are available, as well as transportation by stretcher if needed. Restrictions, limitations and exclusions apply.

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

ADDITIONAL PROGRAMS & SERVICES

Stay Healthy at Home



UnitedHealthcare® Healthy at Home provides you with the support you may need to recover from inpatient hospital and skilled nursing facility stays. You are eligible to receive the following benefits up to 30 days after inpatient hospital and skilled nursing facility stays:

- 28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist*
- 12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist*
- 6 hours of non-medical personal care provided through a professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more. A referral is not required.

*A new referral is required after every discharge to access your meal and transportation benefit. Simply call UnitedHealthcare customer service and an Advocate will be able to handle your referral.

Diabetes Prevention & Weight Management Program



Real Appeal® is an online weight management and healthy lifestyle program proven to help you achieve lifelong results and Real Appeal Diabetes Prevention is a CDC-recognized lifestyle program for pre-diabetes and high-risk individuals. It's available to you at no additional cost and includes:

- Online group sessions, and one-on-one sessions (for those that qualify) led by a coach, and personalized messaging
- 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

Get started at uhc.realappeal.com or call **1-844-924-7325, TTY 711**

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, stay connected and be financially, physically and mentally fit — all at no additional cost to you.

Virtual Visits



See a medical provider or talk to a behavioral health specialist anytime using live video chat from your computer, tablet or smartphone.

To schedule an appointment:

1. Register or sign in at retiree.uhc.com/asrs or use the **UnitedHealthcare app**.
2. You can also download one of the following apps to schedule your appointment directly with one of our 3 network providers:
 - Doctor On Demand
 - Teladoc
 - Amwell

3. You can also conduct a visit by phone with Teladoc at **1-800-TELADOC** (1-800-835-2362)

Virtual Doctor Visits included on both plans for \$0 copay.

With Virtual Doctor Visits, you're able to talk to a doctor by phone or video from your computer, tablet or smartphone — 24/7, day or night. You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy.

Virtual Doctor Visits may be best for situations like a cold, flu, skin rash, eye issue, or many other common conditions that may be treatable without a physical exam or X-ray. You will be advised if an in-person visit is appropriate. Virtual Doctor Visits are not appropriate for serious or emergency medical situations.

Virtual Behavioral Health Visits Included on the HMO plan for \$50 copay, and the PPO plan for \$0 copay

Talk to a behavioral health specialist for addiction, depression, anxiety, stress, loss, and behavioral health medication management.

24/7 Provider Support¹



24/7 Provider Support can help you make health decisions by providing quick answers to your health questions any time, anywhere - 24 hours a day, 7 days a week.

Call **1-800-835-2362** any time for health information and support - all at no additional cost to you.

When you call, a provider can help you:

- Learn about conditions and treatment options
- Understand a wide range of symptoms
- Learn more about a diagnosis
- Explore the risks, benefits and possible outcomes of your treatment options
- Determine what type of care may be right for your needs

United Healthcare Hearing



With UnitedHealthcare Hearing, you have access to friendly, expert advice from our national network of 6,500+ 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

¹ 24/7 Provider 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. Your health information is kept confidential in accordance with the law. Access to this service is subject to terms of use.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

STATEMENTS OF UNDERSTANDING

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

- ✓ **This is a Medicare Advantage Plan contracted 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.

- ✓ **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 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.



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, central time zone

844-876-6161, TTY: 711

- Medicare Plans:
retiree.uhc.com/asrs
- UnitedHealthcare Hearing:
uhchearing.com/retiree
- UnitedHealthcare Vision:
medicare.myuhcvision.com

UnitedHealthcare Non-Medicare Choice 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**



An agency of the State of Arizona

ASRS
3300 N. Central Ave.
Phoenix, AZ
85012
AzASRS.gov

Health Insurance Enrollment Guide for Plan Year 2026

