

Pennsylvania Public School  
Employees' Retirement System (PSERS)

# Health Options Program

## 2010

## Summary of Benefits

### SECTION 1

**Introduction to the Summary of Benefits for the Basic and Enhanced Medicare Rx Options under the Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program (HOP) for the plan year January 1, 2010–December 31, 2010.**

#### Useful Contacts

***For Assistance with Enrollment, Billing and ID Card Questions:***

**HOP Administration Unit  
Customer Service**

Monday–Friday 8 a.m. – 5 p.m. EST

Phone: 1-800-773-7725

Fax: 1-717-391-7124

Web site: [www.HOPbenefits.com](http://www.HOPbenefits.com)

***For Assistance with Prescription Drug Program Questions:***

**Prescription Solutions**

24 hours a day/7 days a week

Phone: 1-888-239-1301

TTY/TDD: 1-800-498-5428

Web site: [www.HOPbenefits.com](http://www.HOPbenefits.com)

**Thank You** for your interest in the Basic and Enhanced Medicare Rx Options (Employer PDP). Our plans are offered by the Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program (HOP) as Medicare prescription drug (Part D) plans. This Summary of Benefits tells you some features of our plans. It doesn't list every drug we cover, limitation, or exclusion. To get a complete list of our benefits, please go online or call the HOP Administration Unit and ask for a copy of the Evidence of Coverage.

#### **You have choices in your Medicare Prescription Drug Coverage.**

As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. One option is to get prescription drug coverage through a Medicare prescription drug plan, like the Basic or Enhanced Medicare Rx Option. Another option is to get your prescription drug coverage through a Medicare Advantage Plan that offers prescription drug coverage. You make the choice.

*Note to existing members—some of the plan features have changed since last year. Please review this document carefully.*

### **How can I compare my options?**

This booklet describes some important features of the Basic and Enhanced Medicare Rx Options. You can use it to compare the benefits offered by HOP to the benefits offered by other Medicare prescription drug plans or Medicare Advantage Plans with prescription drug coverage.

### **Where are the Basic and Enhanced Medicare Rx Options available?**

The service area for these plans includes **all states and the District of Columbia**. You must live in the United States to be eligible for these plans.

If you are enrolled in either the Basic or Enhanced Medicare Rx Option and wish to switch to the other, you may do so only during certain times of the year. Please call the HOP Administration Unit for more information at 1-800-773-7725.

### **Who is eligible to join?**

You can join one of these plans if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and live in the United States. Eligible individuals may only enroll in one Medicare prescription drug plan at a time and may not be enrolled in a Medicare Advantage Plan (HMO, PPO) or any other Medicare prescription drug plan unless they are a member of a Medicare private fee-for-service plan that does not offer Medicare prescription drug coverage or are enrolled in an 1876 Cost Plan or VA Drug Program. You may join a Medicare prescription drug plan only during certain times of the year.

### **Where can I get my prescriptions?**

The Basic and Enhanced Medicare Rx Options have an extensive network of participating pharmacies. You must use a network pharmacy to receive plan benefits. Neither the Basic nor the Enhanced Medicare Rx will pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network are all subject to change. You can ask for a Pharmacy Directory or call Prescription Solutions at 1-888-239-1301 for an up-to-date list. Alternatively, you can use the list of chain pharmacies on page 6 or the pharmacy locator on the HOP Web site, [www.HOPbenefits.com](http://www.HOPbenefits.com).

### **Do you cover Medicare Part B or Part D Drugs?**

We do not cover drugs that are covered under Medicare Part B. The Basic Medicare Rx Option covers the standard list of Medicare Part D prescription drugs. The Enhanced Medicare Rx Option covers additional drugs that are not part of the standard Medicare list.

### **Does my plan have a prescription drug formulary?**

The Basic and Enhanced Medicare Rx Options use a list of covered drugs referred to as a formulary. The Enhanced Medicare Rx Option covers all the same drugs as the Basic Medicare Rx Option plus additional drugs. Both plans may periodically make changes to the formulary. If the formulary changes, known affected enrollees will be notified in writing before the change is made. For a list of formulary drugs or to search to see if your drug is covered, please visit the HOP Web site at [www.HOPbenefits.com](http://www.HOPbenefits.com) or call 1-888-239-1301.

### **What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a service that your plan will offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are asked to participate.

### What should I do if I have other insurance in addition to Medicare?

If you have a Medigap (Medicare supplement) policy that includes prescription drug coverage, you must contact your Medigap issuer to let them know that you have joined a Medicare prescription drug plan (the Basic or Enhanced Medicare Rx Option). If you decide to keep your current Medigap supplement policy, your Medigap issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap issuer. Your Medigap issuer cannot charge you more based on any past or present health problems. Call your Medigap issuer for details.

If you or your spouse has, or is able to get, employer group coverage, you should talk to the employer to find out how your benefits will be affected if you join the Basic or Enhanced Medicare Rx Option. It would be best to get this information from your (or your spouse's) employer before you decide to enroll in this plan.

### How can I get help with drug plan costs?

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription drug plan costs, the amount of your premium, and your drug costs at the pharmacy will be less. If you qualify for limited income assistance and have enrolled in the Basic or Enhanced Medicare Rx Option, Medicare will tell us how much assistance you are receiving, and we will send you information on the amount you will pay. If you are not receiving this additional assistance, and you think you might qualify, you should contact Medicare (1-800-633-4227).

### What are my protections in this plan?

All Medicare prescription drug plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare prescription drug plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If the Basic or Enhanced Medicare Rx Option ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

***Current and prospective members should call the HOP Administration Unit for more information.***

Hours: 8 a.m.-5 p.m. EST,

Monday-Friday

Phone: 1-800-773-7725

Web site: [www.HOPbenefits.com](http://www.HOPbenefits.com)

For more information about Medicare, call 1-800-Medicare (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048.

You can call 24 hours a day, 7 days a week.

Or visit [www.medicare.gov](http://www.medicare.gov).

If you have special needs, this document may be available in other formats.

## SECTION 2

### The Benefits Comparison Matrix for the Basic and Enhanced Medicare Rx Options

The monthly premium in 2010 for the Basic Medicare Rx Option is \$26, and the monthly premium for the Enhanced Medicare Rx Option is \$88.

**Benefit Category:** Outpatient Prescription Drugs

**Original Medicare:** You pay 100% for most prescription drugs, unless you enroll in a Medicare Part D prescription drug program. These programs do not cover Medicare Part B prescription drugs.

Plan Feature	What You Pay	
	2010 Basic Medicare Rx Option	2010 Enhanced Medicare Rx Option
<b>Formulary</b>	This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified, in writing, before the change. To view the plan's formulary, go to <a href="http://www.HOPbenefits.com">www.HOPbenefits.com</a> on the Web.	
<b>Additional Help for Medicare</b>	People who have low incomes, who live in long-term care facilities, or who have access to Indian/Tribal/Urban (Indian Health Service) facilities may have different out-of-pocket drug costs. Contact the plan for details.	
<b>Monthly Premium</b>	\$26	\$88
<b>Annual Deductible</b>	\$0	\$0
<b>Initial Coverage up to a Total Drug Cost of \$2,830*</b>		
Generic drugs	\$7 for up to a 33-day supply \$21 for a 34- to 90-day supply	\$7 for up to a 33-day supply \$21 for a 34- to 90-day supply
Brand-name drugs	30% (to a maximum of \$75 for an 84- to 90-day supply)	30% (to a maximum of \$75 for an 84- to 90-day supply)
Specialty drugs	33%	33%

\* Includes total combined costs for covered drugs paid by the plan and participant

Plan Feature	What You Pay	
	2010 Basic Medicare Rx Option	2010 Enhanced Medicare Rx Option
<b>Coverage Gap to TrOOP Maximum of \$4,550**</b>	Not covered	For up to an 83-day supply: 50% of the first \$200; afterwards 100%  For an 84- to 90-day supply: 50% of the first \$600; afterwards 100%
<b>Catastrophic Coverage</b>		
Generic drugs	The greater of 5% or \$2.50 to a maximum of \$100	The greater of 5% or \$2.50 to a maximum of \$100
Brand-name drugs	The greater of 5% or \$6.30 to a maximum of \$100	The greater of 5% or \$6.30 to a maximum of \$100
<b>Covered Medications</b>	No coverage for Medicare-excluded drugs	Coverage provided for some Medicare-excluded drugs (such as barbiturates, benzodiazepines and some prescription vitamins and cold remedies)
You may receive drugs from a participating in-network pharmacy for a three-month (90-day) supply.		
Covered Part D drugs are available at out-of-network pharmacies in special circumstances including illness while traveling outside of the plan's service area where there is no network pharmacy. In addition to paying the co-payments/coinsurance listed, you will be required to pay the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.		
You may receive drugs from a mail-order pharmacy for a three-month (90-day) supply.		
Certain prescription drugs will have maximum quantity limits. Contact plan for details.		

\*\* *True Out-of-Pocket expenses* — includes costs for Medicare-covered drugs paid by the participant only

## CHAIN PHARMACIES

Pharmacy Name	Phone Number
<b>Acme Pharmacy</b>	1-877-932-7948
<b>Albertson's</b>	1-877-932-7948
<b>Baker's Pharmacy</b>	1-800-362-2183
<b>Brooks</b>	1-800-325-3737
<b>Carrs Quality Centers</b>	1-877-723-3929
<b>City Market</b>	1-877-415-4647
<b>Costco</b>	1-800-607-6861
<b>CVS</b>	1-800-SHOP-CVS
<b>Dillon Pharmacies</b>	1-800-362-2183
<b>Dominick's</b>	1-877-723-3929
<b>Food 4 Less</b>	1-800-362-2183
<b>Fred Meyer</b>	1-888-247-4439
<b>Fry's Pharmacy</b>	1-623-936-2100
<b>Genuardi's</b>	1-877-723-3929
<b>Gerbes</b>	1-800-362-2183
<b>Hilander Pharmacy</b>	1-317-579-8100
<b>K-Mart Pharmacies</b>	1-800-866-0086
<b>King Soopers</b>	1-877-415-4647
<b>Kroger</b>	1-800-576-4377

Pharmacy Name	Phone Number
<b>Longs</b>	1-800-865-6647
<b>Oscos Drug</b>	1-877-932-7948
<b>Pavilions</b>	1-877-723-3929
<b>Pay Less Pharmacy Group</b>	1-317-579-8100
<b>Quality Food Centers, Inc.</b>	1-800-201-6261
<b>Ralphs Grocery Company</b>	1-888-437-3496
<b>Randalls Pharmacies</b>	1-877-723-3929
<b>Rite Aid</b>	1-800-748-3243
<b>Safeway</b>	1-877-723-3929
<b>Sam's Club</b>	1-800-925-6278
<b>Sav-on Drugs</b>	1-877-932-7948
<b>Shaws/Oscos Pharmacies</b>	1-877-932-7948
<b>Smith's Food &amp; Drug</b>	1-888-876-4847
<b>Target</b>	1-800-440-0680
<b>Tom Thumb</b>	1-877-723-3929
<b>Vons</b>	1-877-723-3929
<b>Walgreens</b>	1-800-925-7433
<b>Wal-Mart</b>	1-800-925-6278

### Please Read This Important Information

If you are a member of a Medicare Advantage Plan (like an HMO or PPO), you may already have a prescription drug benefit from your Medicare Advantage Plan that will meet your needs. By joining the Basic or Enhanced Medicare Rx Option, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Read the information that your Medicare Advantage Plan sends you and if you have questions, contact your Medicare Advantage Plan.

If you currently have health coverage from an employer or union, joining the Basic or Enhanced Medicare Rx Option could affect your employer or union health benefits. If you have health coverage from an employer or union, joining the Basic or Enhanced Medicare Rx Option may change how your current coverage works. Read the communications your employer or union sends you. If you have questions, visit their Web site, or contact the office listed in their communications. If there is no information about who to contact, your benefits administrator or the office that answers questions about your coverage can help.

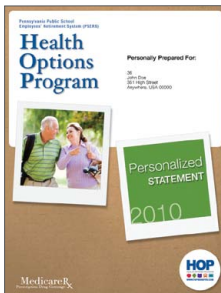
## RESOURCES FOR PARTICIPANTS IN A MEDICARE RX OPTION



### [www.HOPbenefits.com](http://www.HOPbenefits.com)

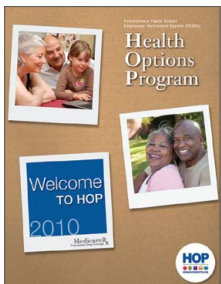
The site includes comprehensive information about HOP, including:

- Drugs covered under the Basic and Enhanced Medicare Rx Options
- Monthly premiums
- Eligibility, enrollment, and Premium Assistance
- Frequently asked questions



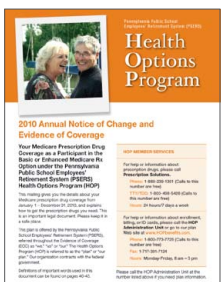
### Personalized Statements

During each fall's Option Selection Period, current participants receive Personalized Statements showing current coverage, available coverage for the next year, and monthly premium rates. HOP also sends Personalized Statements to PSERS retirees not enrolled in HOP before their 65th birthday along with enrollment instructions.



### Welcome to HOP

Overview of HOP, the benefits it offers, and the type of coverage available.



### Part D Annual Notice of Change (ANOC)/Evidence of Coverage (EOC)

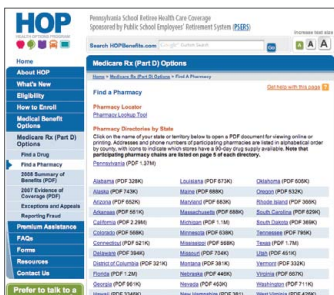
Detailed description of the Basic and Enhanced Medicare Rx Options. The ANOC/EOC is an annual Medicare requirement. If you participate in the Basic or Enhanced Medicare Rx Option, it is included with your Option Selection materials.

## RESOURCES FOR PARTICIPANTS IN A MEDICARE Rx OPTION *Continued*



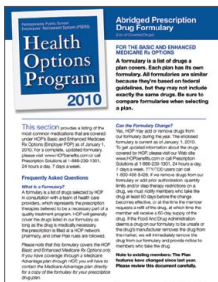
### Part D Pharmacy Directories by State

Listing of pharmacies that participate in the Basic and Enhanced Medicare Rx Options. The Pharmacy Directory is an annual Medicare requirement. It is available online at [www.HOPbenefits.com](http://www.HOPbenefits.com) or from the HOP Administration Unit.



### Pharmacy Look-up Tool

Online tool on [www.HOPbenefits.com](http://www.HOPbenefits.com) where you can look up the pharmacies that participate in the Basic and Enhanced Medicare Rx Options.



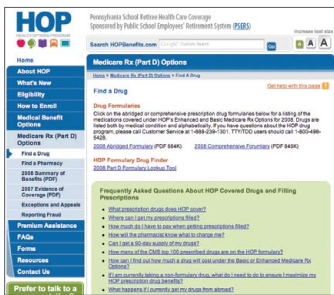
### Part D Abridged Prescription Drug Formulary

Listing of the most common drugs covered under the Basic and Enhanced Medicare Rx Options. The Abridged Formulary is an annual Medicare requirement. If you participate in the Basic or Enhanced Medicare Rx Option, it is included with your Option Selection materials.



### Part D Comprehensive Prescription Drug Formulary

Listing of all the drugs covered under the Basic and Enhanced Medicare Rx Formulary. The Comprehensive Formulary is an annual Medicare requirement. It is available online at [www.HOPbenefits.com](http://www.HOPbenefits.com) or from the HOP Administration Unit.



### Part D Formulary Look-up Tool

Online tool on [www.HOPbenefits.com](http://www.HOPbenefits.com) where you can look up the drugs covered under the Basic and Enhanced Medicare Rx Options.