

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program



Outside
OF PENNSYLVANIA

2010

Medicare^{Rx}
Prescription Drug Coverage



Regional Guide to
Cost and Coverage

HOP
HEALTH OPTIONS PROGRAM

WWW.HOPBENEFITS.COM®

About This Guide

This booklet provides side-by-side comparisons of the cost and coverage for the HOP plans that are available where you live. It covers all states except Pennsylvania, which is covered by region in other booklets.

Since HOP offers programs for both Medicare-eligible and non-Medicare-eligible participants, this booklet is divided into two sections:

- The options available to **Medicare-eligible participants** are covered on pages 2-14. These include the HOP Medical Plan and the Basic or Enhanced Medicare Rx Option (all of which *supplement* Original Medicare) and the HOP Managed Care Plan/Highmark FreedomBlue (which *replaces* Original Medicare).
- The options available to **non-Medicare-eligible participants** are covered on pages 15-16. These include the HOP Pre-65 Medical Plan and the HOP Pre-65 Managed Care Plan/Highmark PPOBlue.

This booklet is intended to be used in conjunction with ***Welcome to HOP***, a more detailed booklet that explains the advantages of joining HOP, eligibility requirements, coverage options, enrollment instructions and other resources available to participants. If you do not have a copy of ***Welcome to HOP***, you can find it online at www.HOPbenefits.com (click on “Resources”) or request a copy from the HOP Administration Unit (1-800-773-7725).



If You Are Eligible for Medicare

Turn to page 15 if you are not eligible for Medicare.

	HOP Medical Plan Only		HOP Medical Plan and Basic Medicare Rx Option		HOP Medical Plan and Enhanced Medicare Rx Option	
	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*
Arizona						
All counties	\$157	\$306	\$183	\$358	\$245	\$482
Delaware						
Kent	\$157	\$306	\$183	\$358	\$245	\$482
New Castle	\$157	\$306	\$183	\$358	\$245	\$482
Sussex	\$157	\$306	\$183	\$358	\$245	\$482
Florida						
Alachua	\$199	\$392	\$225	\$444	\$287	\$568
Baker	\$187	\$369	\$213	\$421	\$275	\$545
Bay	\$199	\$392	\$225	\$444	\$287	\$568
Bradford	\$199	\$392	\$225	\$444	\$287	\$568
Brevard	\$199	\$392	\$225	\$444	\$287	\$568
Broward	\$199	\$392	\$225	\$444	\$287	\$568
Calhoun	\$199	\$392	\$225	\$444	\$287	\$568

* These rates assume both individuals are eligible for Medicare. Call the HOP Administration Unit for the rates that apply if only one individual is Medicare-eligible or if you want to cover more than two individuals.

Your Monthly Cost

Your monthly rate for coverage depends on where you live and the the option you choose. Rates for all HOP options for Medicare-eligible participants are listed by state and county on pages 2-13. If you enroll in the HOP Medical Plan within 180 days after your 65th birthday, you may be eligible for **special discounted rates**. These rates are included in the Personalized Statement you receive from HOP before your 65th birthday.

Also, if you are eligible for **Premium Assistance** (refer to *Welcome to HOP* for the eligibility requirements), your monthly rates (except for the standalone Medicare Rx Options) will be up to \$100 less than those shown here.

Coverage Comparison

On page 14, you will find a side-by-side comparison of benefits under the HOP Medical Plan, the Basic and Enhanced Medicare Rx Options, and the HOP Managed Care Plan/Highmark FreedomBlue. Keep in mind, this comparison provides only a summary of benefits. For more details, call the HOP Administration Unit (1-800-773-7725).

Basic Medicare Rx Option Only		Enhanced Medicare Rx Option Only		HOP Managed Care Plan/Highmark FreedomBlue		
Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	
						Arizona
\$26	\$52	\$88	\$176	\$278	\$547	All counties
						Delaware
\$26	\$52	\$88	\$176	\$323	\$637	Kent
\$26	\$52	\$88	\$176	\$278	\$547	New Castle
\$26	\$52	\$88	\$176	\$323	\$637	Sussex
						Florida
\$26	\$52	\$88	\$176	\$323	\$637	Alachua
\$26	\$52	\$88	\$176	\$278	\$547	Baker
\$26	\$52	\$88	\$176	\$323	\$637	Bay
\$26	\$52	\$88	\$176	\$323	\$637	Bradford
\$26	\$52	\$88	\$176	\$323	\$637	Brevard
\$26	\$52	\$88	\$176	\$323	\$637	Broward
\$26	\$52	\$88	\$176	\$323	\$637	Calhoun

	HOP Medical Plan Only		HOP Medical Plan and Basic Medicare Rx Option		HOP Medical Plan and Enhanced Medicare Rx Option	
	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*
Florida						
Charlotte	\$199	\$392	\$225	\$444	\$287	\$568
Citrus	\$199	\$392	\$225	\$444	\$287	\$568
Clay	\$199	\$392	\$225	\$444	\$287	\$568
Collier	\$199	\$392	\$225	\$444	\$287	\$568
Columbia	\$187	\$369	\$213	\$421	\$275	\$545
De Soto	\$187	\$369	\$213	\$421	\$275	\$545
Dixie	\$199	\$392	\$225	\$444	\$287	\$568
Miami-Dade	\$199	\$392	\$225	\$444	\$287	\$568
Duval	\$199	\$392	\$225	\$444	\$287	\$568
Escambia	\$187	\$369	\$213	\$421	\$275	\$545
Flagler	\$187	\$369	\$213	\$421	\$275	\$545
Franklin	\$187	\$369	\$213	\$421	\$275	\$545
Gadsden	\$187	\$369	\$213	\$421	\$275	\$545
Gilchrist	\$199	\$392	\$225	\$444	\$287	\$568
Glades	\$199	\$392	\$225	\$444	\$287	\$568
Gulf	\$199	\$392	\$225	\$444	\$287	\$568
Hamilton	\$199	\$392	\$225	\$444	\$287	\$568
Hardee	\$187	\$369	\$213	\$421	\$275	\$545
Hendry	\$199	\$392	\$225	\$444	\$287	\$568
Hernando	\$199	\$392	\$225	\$444	\$287	\$568
Highlands	\$199	\$392	\$225	\$444	\$287	\$568
Holmes	\$187	\$369	\$213	\$421	\$275	\$545
Hillsborough	\$199	\$392	\$225	\$444	\$287	\$568
Indian River	\$199	\$392	\$225	\$444	\$287	\$568
Jackson	\$187	\$369	\$213	\$421	\$275	\$545
Jefferson	\$187	\$369	\$213	\$421	\$275	\$545
Lafayette	\$199	\$392	\$225	\$444	\$287	\$568
Lake	\$187	\$369	\$213	\$421	\$275	\$545
Lee	\$187	\$369	\$213	\$421	\$275	\$545
Leon	\$187	\$369	\$213	\$421	\$275	\$545
Levy	\$199	\$392	\$225	\$444	\$287	\$568

* These rates assume both individuals are eligible for Medicare. Call the HOP Administration Unit for the rates that apply if only one individual is Medicare-eligible or if you want to cover more than two individuals.

Basic Medicare Rx Option Only		Enhanced Medicare Rx Option Only		HOP Managed Care Plan/ Highmark FreedomBlue		Florida
Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	
\$26	\$52	\$88	\$176	\$323	\$637	Charlotte
\$26	\$52	\$88	\$176	\$323	\$637	Citrus
\$26	\$52	\$88	\$176	\$323	\$637	Clay
\$26	\$52	\$88	\$176	\$323	\$637	Collier
\$26	\$52	\$88	\$176	\$278	\$547	Columbia
\$26	\$52	\$88	\$176	\$278	\$547	De Soto
\$26	\$52	\$88	\$176	\$323	\$637	Dixie
\$26	\$52	\$88	\$176	\$323	\$637	Miami-Dade
\$26	\$52	\$88	\$176	\$323	\$637	Duval
\$26	\$52	\$88	\$176	\$203	\$397	Escambia
\$26	\$52	\$88	\$176	\$278	\$547	Flagler
\$26	\$52	\$88	\$176	\$203	\$397	Franklin
\$26	\$52	\$88	\$176	\$278	\$547	Gadsden
\$26	\$52	\$88	\$176	\$323	\$637	Gilchrist
\$26	\$52	\$88	\$176	\$323	\$637	Glades
\$26	\$52	\$88	\$176	\$323	\$637	Gulf
\$26	\$52	\$88	\$176	\$323	\$637	Hamilton
\$26	\$52	\$88	\$176	\$278	\$547	Hardee
\$26	\$52	\$88	\$176	\$323	\$637	Hendry
\$26	\$52	\$88	\$176	\$323	\$637	Hernando
\$26	\$52	\$88	\$176	\$323	\$637	Highlands
\$26	\$52	\$88	\$176	\$278	\$547	Holmes
\$26	\$52	\$88	\$176	\$323	\$637	Hillsborough
\$26	\$52	\$88	\$176	\$323	\$637	Indian River
\$26	\$52	\$88	\$176	\$278	\$547	Jackson
\$26	\$52	\$88	\$176	\$203	\$397	Jefferson
\$26	\$52	\$88	\$176	\$323	\$637	Lafayette
\$26	\$52	\$88	\$176	\$278	\$547	Lake
\$26	\$52	\$88	\$176	\$278	\$547	Lee
\$26	\$52	\$88	\$176	\$278	\$547	Leon
\$26	\$52	\$88	\$176	\$323	\$637	Levy

	HOP Medical Plan Only		HOP Medical Plan and Basic Medicare Rx Option		HOP Medical Plan and Enhanced Medicare Rx Option	
	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*
Florida						
Liberty	\$199	\$392	\$225	\$444	\$287	\$568
Madison	\$187	\$369	\$213	\$421	\$275	\$545
Manatee	\$187	\$369	\$213	\$421	\$275	\$545
Marion	\$187	\$369	\$213	\$421	\$275	\$545
Martin	\$199	\$392	\$225	\$444	\$287	\$568
Monroe	\$199	\$392	\$225	\$444	\$287	\$568
Nassau	\$199	\$392	\$225	\$444	\$287	\$568
Okaloosa	\$199	\$392	\$225	\$444	\$287	\$568
Okeechobee	\$187	\$369	\$213	\$421	\$275	\$545
Orange	\$199	\$392	\$225	\$444	\$287	\$568
Osceola	\$187	\$369	\$213	\$421	\$275	\$545
Palm Beach	\$199	\$392	\$225	\$444	\$287	\$568
Pasco	\$187	\$369	\$213	\$421	\$275	\$545
Pinellas	\$199	\$392	\$225	\$444	\$287	\$568
Polk	\$187	\$369	\$213	\$421	\$275	\$545
Putnam	\$199	\$392	\$225	\$444	\$287	\$568
St. Johns	\$199	\$392	\$225	\$444	\$287	\$568
Saint Lucie	\$187	\$369	\$213	\$421	\$275	\$545
Santa Rosa	\$187	\$369	\$213	\$421	\$275	\$545
Sarasota	\$187	\$369	\$213	\$421	\$275	\$545
Seminole	\$199	\$392	\$225	\$444	\$287	\$568
Sumter	\$199	\$392	\$225	\$444	\$287	\$568
Suwannee	\$187	\$369	\$213	\$421	\$275	\$545
Taylor	\$187	\$369	\$213	\$421	\$275	\$545
Union	\$199	\$392	\$225	\$444	\$287	\$568
Volusia	\$187	\$369	\$213	\$421	\$275	\$545
Wakulla	\$187	\$369	\$213	\$421	\$275	\$545
Walton	\$199	\$392	\$225	\$444	\$287	\$568
Washington	\$187	\$369	\$213	\$421	\$275	\$545

* These rates assume both individuals are eligible for Medicare. Call the HOP Administration Unit for the rates that apply if only one individual is Medicare-eligible or if you want to cover more than two individuals.

Basic Medicare Rx Option Only		Enhanced Medicare Rx Option Only		HOP Managed Care Plan/ Highmark FreedomBlue		Florida
Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	
\$26	\$52	\$88	\$176	\$323	\$637	Liberty
\$26	\$52	\$88	\$176	\$278	\$547	Madison
\$26	\$52	\$88	\$176	\$278	\$547	Manatee
\$26	\$52	\$88	\$176	\$278	\$547	Marion
\$26	\$52	\$88	\$176	\$323	\$637	Martin
\$26	\$52	\$88	\$176	\$323	\$637	Monroe
\$26	\$52	\$88	\$176	\$323	\$637	Nassau
\$26	\$52	\$88	\$176	\$323	\$637	Okaloosa
\$26	\$52	\$88	\$176	\$278	\$547	Okeechobee
\$26	\$52	\$88	\$176	\$323	\$637	Orange
\$26	\$52	\$88	\$176	\$278	\$547	Osceola
\$26	\$52	\$88	\$176	\$323	\$637	Palm Beach
\$26	\$52	\$88	\$176	\$278	\$547	Pasco
\$26	\$52	\$88	\$176	\$323	\$637	Pinellas
\$26	\$52	\$88	\$176	\$278	\$547	Polk
\$26	\$52	\$88	\$176	\$323	\$637	Putnam
\$26	\$52	\$88	\$176	\$323	\$637	St. Johns
\$26	\$52	\$88	\$176	\$278	\$547	Saint Lucie
\$26	\$52	\$88	\$176	\$278	\$547	Santa Rosa
\$26	\$52	\$88	\$176	\$278	\$547	Sarasota
\$26	\$52	\$88	\$176	\$323	\$637	Seminole
\$26	\$52	\$88	\$176	\$323	\$637	Sumter
\$26	\$52	\$88	\$176	\$278	\$547	Suwannee
\$26	\$52	\$88	\$176	\$203	\$397	Taylor
\$26	\$52	\$88	\$176	\$323	\$637	Union
\$26	\$52	\$88	\$176	\$278	\$547	Volusia
\$26	\$52	\$88	\$176	\$278	\$547	Wakulla
\$26	\$52	\$88	\$176	\$323	\$637	Walton
\$26	\$52	\$88	\$176	\$278	\$547	Washington

	HOP Medical Plan Only		HOP Medical Plan and Basic Medicare Rx Option		HOP Medical Plan and Enhanced Medicare Rx Option	
	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*
Maryland						
Charles	\$187	\$369	\$213	\$421	\$275	\$545
Garrett	\$187	\$369	\$213	\$421	\$275	\$545
Harford	\$187	\$369	\$213	\$421	\$275	\$545
Prince Georges	\$187	\$369	\$213	\$421	\$275	\$545
Washington	\$187	\$369	\$213	\$421	\$275	\$545
All other counties	\$187	\$369	\$213	\$421	\$275	\$545
New Jersey						
Burlington	\$187	\$369	\$213	\$421	\$275	\$545
Camden	\$187	\$369	\$213	\$421	\$275	\$545
Cumberland	\$187	\$369	\$213	\$421	\$275	\$545
Essex	\$187	\$369	\$213	\$421	\$275	\$545
Gloucester	\$187	\$369	\$213	\$421	\$275	\$545
Hunterdon	\$187	\$369	\$213	\$421	\$275	\$545
Mercer	\$187	\$369	\$213	\$421	\$275	\$545
Ocean	\$187	\$369	\$213	\$421	\$275	\$545
Salem	\$187	\$369	\$213	\$421	\$275	\$545
Warren	\$187	\$369	\$213	\$421	\$275	\$545
All other counties	\$199	\$392	\$225	\$444	\$287	\$568
New York						
Bronx	\$187	\$369	\$213	\$421	\$275	\$545
Clinton	\$187	\$369	\$213	\$421	\$275	\$545
Columbia	\$187	\$369	\$213	\$421	\$275	\$545
Delaware	\$187	\$369	\$213	\$421	\$275	\$545
Dutchess	\$187	\$369	\$213	\$421	\$275	\$545
Kings (Brooklyn)	\$199	\$392	\$225	\$444	\$287	\$568
Monroe	\$187	\$369	\$213	\$421	\$275	\$545
Nassau	\$199	\$392	\$225	\$444	\$287	\$568
New York (Manhattan)	\$187	\$369	\$213	\$421	\$275	\$545
Orange	\$199	\$392	\$225	\$444	\$287	\$568
Otsego	\$187	\$369	\$213	\$421	\$275	\$545

* These rates assume both individuals are eligible for Medicare. Call the HOP Administration Unit for the rates that apply if only one individual is Medicare-eligible or if you want to cover more than two individuals.

Basic Medicare Rx Option Only		Enhanced Medicare Rx Option Only		HOP Managed Care Plan/ Highmark FreedomBlue		
Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	
						Maryland
\$26	\$52	\$88	\$176	\$278	\$547	Charles
\$26	\$52	\$88	\$176	\$278	\$547	Garrett
\$26	\$52	\$88	\$176	\$278	\$547	Harford
\$26	\$52	\$88	\$176	\$278	\$547	Prince Georges
\$26	\$52	\$88	\$176	\$278	\$547	Washington
\$26	\$52	\$88	\$176	\$323	\$637	All other counties
						New Jersey
\$26	\$52	\$88	\$176	\$278	\$547	Burlington
\$26	\$52	\$88	\$176	\$278	\$547	Camden
\$26	\$52	\$88	\$176	\$278	\$547	Cumberland
\$26	\$52	\$88	\$176	\$278	\$547	Essex
\$26	\$52	\$88	\$176	\$278	\$547	Gloucester
\$26	\$52	\$88	\$176	\$278	\$547	Hunterdon
\$26	\$52	\$88	\$176	\$278	\$547	Mercer
\$26	\$52	\$88	\$176	\$278	\$547	Ocean
\$26	\$52	\$88	\$176	\$278	\$547	Salem
\$26	\$52	\$88	\$176	\$278	\$547	Warren
\$26	\$52	\$88	\$176	\$323	\$637	All other counties
						New York
\$26	\$52	\$88	\$176	\$278	\$547	Bronx
\$26	\$52	\$88	\$176	\$278	\$547	Clinton
\$26	\$52	\$88	\$176	\$278	\$547	Columbia
\$26	\$52	\$88	\$176	\$278	\$547	Delaware
\$26	\$52	\$88	\$176	\$278	\$547	Dutchess
\$26	\$52	\$88	\$176	\$323	\$637	Kings (Brooklyn)
\$26	\$52	\$88	\$176	\$278	\$547	Monroe
\$26	\$52	\$88	\$176	\$323	\$637	Nassau
\$26	\$52	\$88	\$176	\$278	\$547	New York (Manhattan)
\$26	\$52	\$88	\$176	\$323	\$637	Orange
\$26	\$52	\$88	\$176	\$278	\$547	Otsego

	HOP Medical Plan Only		HOP Medical Plan and Basic Medicare Rx Option		HOP Medical Plan and Enhanced Medicare Rx Option	
	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*
New York						
Putnam	\$199	\$392	\$225	\$444	\$287	\$568
Queens	\$199	\$392	\$225	\$444	\$287	\$568
Richmond (Staten Isl.)	\$187	\$369	\$213	\$421	\$275	\$545
Rockland	\$199	\$392	\$225	\$444	\$287	\$568
Suffolk	\$199	\$392	\$225	\$444	\$287	\$568
Sullivan	\$199	\$392	\$225	\$444	\$287	\$568
Ulster	\$199	\$392	\$225	\$444	\$287	\$568
Westchester	\$199	\$392	\$225	\$444	\$287	\$568
All other counties	\$187	\$369	\$213	\$421	\$275	\$545
Others						
Alabama	\$187	\$369	\$213	\$421	\$275	\$545
Alaska	\$187	\$369	\$213	\$421	\$275	\$545
Arkansas	\$187	\$369	\$213	\$421	\$275	\$545
California	\$187	\$369	\$213	\$421	\$275	\$545
Colorado	\$187	\$369	\$213	\$421	\$275	\$545
Connecticut	\$187	\$369	\$213	\$421	\$275	\$545
Georgia	\$187	\$369	\$213	\$421	\$275	\$545
Hawaii	\$157	\$306	\$183	\$358	\$245	\$482
Idaho	\$157	\$306	\$183	\$358	\$245	\$482
Illinois	\$187	\$369	\$213	\$421	\$275	\$545
Indiana	\$187	\$369	\$213	\$421	\$275	\$545
Iowa	\$157	\$306	\$183	\$358	\$245	\$482
Kansas	\$187	\$369	\$213	\$421	\$275	\$545
Kentucky	\$187	\$369	\$213	\$421	\$275	\$545
Louisiana	\$187	\$369	\$213	\$421	\$275	\$545
Maine	\$157	\$306	\$183	\$358	\$245	\$482
Massachusetts	\$187	\$369	\$213	\$421	\$275	\$545
Michigan	\$187	\$369	\$213	\$421	\$275	\$545
Minnesota	\$187	\$369	\$213	\$421	\$275	\$545
Mississippi	\$187	\$369	\$213	\$421	\$275	\$545

* These rates assume both individuals are eligible for Medicare. Call the HOP Administration Unit for the rates that apply if only one individual is Medicare-eligible or if you want to cover more than two individuals.

Basic Medicare Rx Option Only		Enhanced Medicare Rx Option Only		HOP Managed Care Plan/ Highmark FreedomBlue		
Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	
						New York
\$26	\$52	\$88	\$176	\$323	\$637	Putnam
\$26	\$52	\$88	\$176	\$323	\$637	Queens
\$26	\$52	\$88	\$176	\$278	\$547	Richmond (Staten Isl.)
\$26	\$52	\$88	\$176	\$323	\$637	Rockland
\$26	\$52	\$88	\$176	\$323	\$637	Suffolk
\$26	\$52	\$88	\$176	\$323	\$637	Sullivan
\$26	\$52	\$88	\$176	\$323	\$637	Ulster
\$26	\$52	\$88	\$176	\$323	\$637	Westchester
\$26	\$52	\$88	\$176	\$203	\$397	All other counties
						Others
\$26	\$52	\$88	\$176	\$278	\$547	Alabama
\$26	\$52	\$88	\$176	\$278	\$547	Alaska
\$26	\$52	\$88	\$176	\$278	\$547	Arkansas
\$26	\$52	\$88	\$176	\$278	\$547	California
\$26	\$52	\$88	\$176	\$278	\$547	Colorado
\$26	\$52	\$88	\$176	\$323	\$637	Connecticut
\$26	\$52	\$88	\$176	\$278	\$547	Georgia
\$26	\$52	\$88	\$176	\$203	\$397	Hawaii
\$26	\$52	\$88	\$176	\$203	\$397	Idaho
\$26	\$52	\$88	\$176	\$323	\$637	Illinois
\$26	\$52	\$88	\$176	\$278	\$547	Indiana
\$26	\$52	\$88	\$176	\$203	\$397	Iowa
\$26	\$52	\$88	\$176	\$278	\$547	Kansas
\$26	\$52	\$88	\$176	\$278	\$547	Kentucky
\$26	\$52	\$88	\$176	\$278	\$547	Louisiana
\$26	\$52	\$88	\$176	\$203	\$397	Maine
\$26	\$52	\$88	\$176	\$278	\$547	Massachusetts
\$26	\$52	\$88	\$176	\$278	\$547	Michigan
\$26	\$52	\$88	\$176	\$278	\$547	Minnesota
\$26	\$52	\$88	\$176	\$323	\$637	Mississippi

	HOP Medical Plan Only		HOP Medical Plan and Basic Medicare Rx Option		HOP Medical Plan and Enhanced Medicare Rx Option	
	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*
Others						
Missouri	\$187	\$369	\$213	\$421	\$275	\$545
Montana	\$187	\$369	\$213	\$421	\$275	\$545
Nebraska	\$187	\$369	\$213	\$421	\$275	\$545
Nevada	\$187	\$369	\$213	\$421	\$275	\$545
New Hampshire	\$187	\$369	\$213	\$421	\$275	\$545
New Mexico	\$157	\$306	\$183	\$358	\$245	\$482
North Carolina	\$157	\$306	\$183	\$358	\$245	\$482
North Dakota	\$157	\$306	\$183	\$358	\$245	\$482
Ohio	\$157	\$306	\$183	\$358	\$245	\$482
Oklahoma	\$187	\$369	\$213	\$421	\$275	\$545
Oregon	\$157	\$306	\$183	\$358	\$245	\$482
Rhode Island	\$157	\$306	\$183	\$358	\$245	\$482
South Carolina	\$187	\$369	\$213	\$421	\$275	\$545
South Dakota	\$157	\$306	\$183	\$358	\$245	\$482
Tennessee	\$187	\$369	\$213	\$421	\$275	\$545
Texas	\$187	\$369	\$213	\$421	\$275	\$545
Utah	\$187	\$369	\$213	\$421	\$275	\$545
Vermont	\$157	\$306	\$183	\$358	\$245	\$482
Virginia	\$157	\$306	\$183	\$358	\$245	\$482
Virgin Islands	\$157	\$306	\$183	\$358	\$245	\$482
Washington	\$157	\$306	\$183	\$358	\$245	\$482
Washington, DC	\$157	\$306	\$183	\$358	\$245	\$482
West Virginia	\$187	\$369	\$213	\$421	\$275	\$545
Wisconsin	\$157	\$306	\$183	\$358	\$245	\$482
Wyoming	\$187	\$369	\$213	\$421	\$275	\$545

* These rates assume both individuals are eligible for Medicare. Call the HOP Administration Unit for the rates that apply if only one individual is Medicare-eligible or if you want to cover more than two individuals.

Basic Medicare Rx Option Only		Enhanced Medicare Rx Option Only		HOP Managed Care Plan/ Highmark FreedomBlue		Others
Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	Single Coverage	2-Person Coverage*	
\$26	\$52	\$88	\$176	\$278	\$547	Missouri
\$26	\$52	\$88	\$176	\$278	\$547	Montana
\$26	\$52	\$88	\$176	\$278	\$547	Nebraska
\$26	\$52	\$88	\$176	\$323	\$637	Nevada
\$26	\$52	\$88	\$176	\$278	\$547	New Hampshire
\$26	\$52	\$88	\$176	\$203	\$397	New Mexico
\$26	\$52	\$88	\$176	\$278	\$547	North Carolina
\$26	\$52	\$88	\$176	\$203	\$397	North Dakota
\$26	\$52	\$88	\$176	\$278	\$547	Ohio
\$26	\$52	\$88	\$176	\$323	\$637	Oklahoma
\$26	\$52	\$88	\$176	\$203	\$397	Oregon
\$26	\$52	\$88	\$176	\$203	\$397	Rhode Island
\$26	\$52	\$88	\$176	\$278	\$547	South Carolina
\$26	\$52	\$88	\$176	\$203	\$397	South Dakota
\$26	\$52	\$88	\$176	\$278	\$547	Tennessee
\$26	\$52	\$88	\$176	\$278	\$547	Texas
\$26	\$52	\$88	\$176	\$278	\$547	Utah
\$26	\$52	\$88	\$176	\$203	\$397	Vermont
\$26	\$52	\$88	\$176	\$203	\$397	Virginia
\$26	\$52	\$88	\$176	\$203	\$397	Virgin Islands
\$26	\$52	\$88	\$176	\$203	\$397	Washington
\$26	\$52	\$88	\$176	\$203	\$397	Washington, DC
\$26	\$52	\$88	\$176	\$278	\$547	West Virginia
\$26	\$52	\$88	\$176	\$203	\$397	Wisconsin
\$26	\$52	\$88	\$176	\$278	\$547	Wyoming

How Much You Will Pay in 2010	HOP Medical Plan		HOP Managed Care Plan/ Highmark FreedomBlue In- and Out-of-Network	
	Basic Medicare Rx Option	Enhanced Medicare Rx Option	Retail Pharmacy	Mail Order (90-day supply)
Annual Deductible	\$0		\$0	
Annual Out-of-Pocket Maximum	\$750 (applies to Major Medical only—see below)		\$3,400	
Physician Visits	\$10/visit		\$15/visit	
Outpatient Surgery	\$0		\$0	
Emergency Room	\$0		\$50 (waived if admitted)	
Diagnostic Testing	\$0		\$0	
Outpatient Therapy	\$0		\$15/visit	
Durable Medical Equipment	\$0		15% to \$500 maximum	
Outpatient Mental Health	30%		\$15/visit	
Hospitalization	\$0		\$0	
Inpatient Mental Health	\$0		\$0	
Physical Exams	Not covered (unless approved by Medicare)		\$15/visit	
Ob/Gyn Exams	\$10/exam		\$15/visit	
Mammograms	\$0		\$0	
Vision Exam/Hearing Exams	Not covered		\$15/visit	
Prescription Lenses	Not covered		Davis Vision-\$0 for standard eyewear; Others-100% after \$100 allowance	
Hearing Aids	Not covered		100% after \$500 allowance	
Dental Care	Not covered		Not covered	
Major Medical (After Medicare Benefits Are Exhausted)	\$250 deductible, then 20% \$750 annual out-of-pocket maximum \$1,000,000 lifetime maximum		Not applicable	
	Basic Medicare Rx Option	Enhanced Medicare Rx Option	Retail Pharmacy	Mail Order (90-day supply)
Initial Coverage up to a Total Drug Cost of \$2,830				
Generic drugs	\$7 for up to a 33-day supply \$21 for a 34- to 90-day supply		\$15	\$30
Preferred brand name	30% (to a maximum of \$75 for an 84- to 90-day supply)		\$30	\$60
Non-preferred brand name			\$60	\$120
Specialty drugs	33%		33%	Not available
Coverage Gap to TrOOP Maximum of \$4,550				
Generic drugs	Not covered	For up to an 83-day supply: 50% of the first \$200; afterwards 100%	\$15	\$30
Preferred brand name			50%	
Non-preferred brand name		50%		
Specialty drugs		33%	Not available	
Catastrophic Coverage				
Generic drugs	The greater of 5% or \$2.50 to a maximum of \$100		The greater of 5% or \$2.50	
Brand-name drugs	The greater of 5% or \$6.30 to a maximum of \$100		The greater of 5% or \$6.30	

If You Are Not Eligible for Medicare

Turn to page 2 if you are eligible for Medicare.



Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage*
HOP Pre-65 Medical Plan	\$569	\$1,253
HOP Pre-65 Medical Plan with prescription drug coverage	\$686	\$1,509
HOP Pre-65 Managed Care Plan/Highmark PPOBlue	\$918	\$2,373

* These rates assume neither individual is eligible for Medicare. Call the HOP Administration Unit for the rates that apply if one individual is Medicare-eligible or if you want to cover more than two individuals.

If you are eligible for **Premium Assistance** (refer to *Welcome to HOP* for the eligibility requirements), your monthly rates will be up to \$100 less than those shown here.

Coverage Comparison

On the next page, you will find a side-by-side comparison of benefits under the HOP Pre-65 Medical Plan (including optional prescription drug coverage) and the HOP Pre-65 Managed Care Plan/Highmark PPOBlue. Keep in mind, this comparison provides only a summary of benefits. For more details, call the HOP Administration Unit (1-800-773-7725).

How Much You Will Pay in 2010	HOP Pre-65 Medical Plan		HOP Pre-65 Managed Care Plan/ Highmark PPOBlue	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,500		\$100/individual \$300/family	\$500/individual \$1,500/family
Annual Out-of-Pocket Maximum	\$5,000		\$10,000	No maximum
Annual Benefit Maximum	\$200,000		No maximum	
Physician Visits	25%	40%	\$20/PCP visit \$40/specialist visit	30%
Outpatient Surgery	25%	40%	20%	30%
Emergency Room	25%	40%	\$100 (waived if admitted)	\$100 (waived if admitted)
Diagnostic Testing	25%	40%	20%	30%
Outpatient Therapy	25%	40%	\$40/visit (60-visit maximum/year*)	30% (60-visit maximum/year*)
Durable Medical Equipment	25%	40%	20%	30%
Outpatient Mental Health	25%	40%	\$40/visit	30%
Hospitalization	25%	40%	20%	30%
Inpatient Mental Health	25%	40%	20%	30%
Physical Exams	\$0**	40%**	\$20/visit	Not covered
Ob/Gyn Exams	\$0**	40%**	\$20/visit	30%
Mammograms	\$0**	40%**	20%	30%
Vision Exam/Hearing Exams	Not covered	Not covered	Not covered	Not covered
Prescription Lenses	Not covered	Not covered	Not covered	Not covered
Hearing Aids	Not covered	Not covered	Not covered	Not covered
Dental Care	Not covered	Not covered	Not covered	Not covered
	Prescription Drugs		Prescription Drugs	
Annual Deductible	\$350		\$0	Not covered
Annual Maximum	After plan pays \$3,000 for all prescription drugs, you pay 100% for non-Critical Care brand-name drugs		No maximum	Not covered
Retail Pharmacy				
Generic drugs	50%	50% of cost at a network pharmacy + 100% of excess	30%	Not covered
Brand-name drugs	50% Critical Care-\$100 maximum/prescription	50% of cost at a network pharmacy + 100% of excess	50%	Not covered
Mail Order (90-day supply)				
Generic drugs	50%	Not covered	30%	Not covered
Brand-name drugs	50% Critical Care-\$300 maximum/prescription	Not covered	50%	Not covered

* Combined in- and out-of-network maximum

** For specific services and subject to a \$300 total annual maximum benefit



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JANUARY 1, 2010