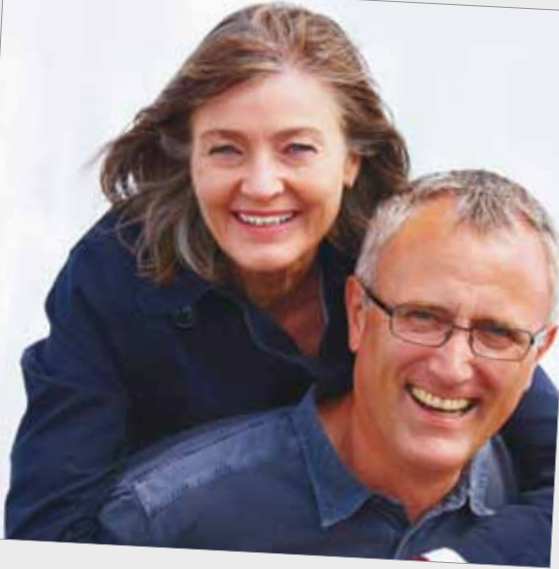


Pennsylvania Public School  
Employees' Retirement System (PSERS)

# Health Options Program



HOP for  
Medicare-Eligible  
Participants

2012

MedicareRx  
Prescription Drug Coverage

**HOP**  
HEALTH OPTIONS PROGRAM  
A row of five small icons: a red apple, a green leaf, a purple book, a red bus, and a blue computer monitor.  
[WWW.HOPBENEFITS.COM](http://WWW.HOPBENEFITS.COM)

PSERS sponsors the Health Options Program (HOP) for the sole benefit of PSERS retirees and survivor annuitants and the spouse, surviving spouse and dependents of retirees and survivor annuitants. PSERS is an agency of the Commonwealth of Pennsylvania with primary responsibility to administer the retirement system for all public school employees in the Commonwealth.

HOP is a voluntary health benefits program funded by participant contributions. Each retiree and survivor annuitant and the spouse and dependent of the retiree or survivor annuitant must decide whether or not to participate. Private health care organizations, third party administrators, and insurance carriers provide the health care coverage and services available through HOP. Neither PSERS nor the Commonwealth of Pennsylvania is an insurer.

In no event will PSERS or the Commonwealth of Pennsylvania be responsible for any act or omission of any insurance company, third party administrator, health care organization, or provider that has a role in this Program. If there is a discrepancy between the information presented in this document and the actual Program provisions, the legal Plan documents will govern.

# What's Inside

HOP Offers Many Advantages!.....	2
Eligibility.....	3
Benefit Options.....	5
What a Member Pays under the HOP Medical Plan .....	6
What a Member Pays under the HOP Medicare Rx Options.....	6
Monthly Costs in Pennsylvania .....	7
Monthly Costs Outside Pennsylvania .....	8
How to Enroll.....	10
Participant Resources .....	11

## Look for the HOP Logo

**HOP**

HEALTH OPTIONS PROGRAM



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If you don't see our name, the coverage is not provided by PSERS. Most likely, you are also receiving information from AARP, your local Blue Cross/Blue Shield office, and other organizations offering group health coverage and Medicare prescription drug (Part D) coverage. These plans are not sponsored by PSERS, which means they do not provide the benefits and advantages listed inside this booklet.

# HOP Offers Many Advantages!

## Age 65 Discount

If you enroll in HOP within 180 days of your 65th birthday, you will pay a discounted premium.

## Substantial Premium Subsidy

If you are eligible for Premium Assistance and enroll in HOP, you can receive up to \$100 per month in Premium Assistance from PSERS to help pay for health care coverage. See page 3 for more information.

## Designed with You in Mind

The Health Options Program (HOP) is sponsored by the Pennsylvania Public School Employees' Retirement System (PSERS) for the exclusive benefit of our retirees and their families. It provides comprehensive medical and prescription drug coverage at competitive rates. We work hard to provide you with health care coverage that meets your needs.

## Choice

HOP offers a choice of medical and prescription drug coverage options for both Medicare-eligible and non-Medicare-eligible participants. This booklet describes the program for Medicare-eligible participants. To ask about the non-Medicare-eligible program, call 1-800-773-7725.

## Convenience

We make paying monthly premiums easy by deducting them automatically from your retirement benefit (as long as your benefit exceeds the premium cost).

## Flexibility

You can change your option each year starting in early October during the Option Selection Period. You can also enroll, add dependents, or change your option at any time if you or one of your dependents experience a Qualifying Event (see page 3).

## SilverSneakers

If you enroll in the HOP Medical Plan, you can join the SilverSneakers Fitness Program at no additional cost. SilverSneakers offers treadmills, weights, heated pools, and fitness classes—all included with your basic fitness membership. To join, simply show your HOP Medical Plan ID card at any participating location. (Visit [www.silversneakers.com](http://www.silversneakers.com) to view lists by state.)

## Access to Resources

You have access to health care information to help you make informed health care decisions and lead a healthier lifestyle.

- You will receive newsletters and booklets to help you make the most of your participation.
- Customer service representatives are specially trained and dedicated to helping HOP participants. You can reach one by calling 1-800-773-7725 weekdays from 8 a.m. to 5 p.m EST.
- A Web site ([www.HOPbenefits.com](http://www.HOPbenefits.com)) is accessible 24 hours a day, 7 days a week.

**HOP is a not-for-profit health plan that provides PSERS retirees and their dependents with comprehensive medical and prescription drug coverage at competitive rates. Unlike some retiree medical programs, your interests drive how the plan is structured and administered.**

## Eligibility

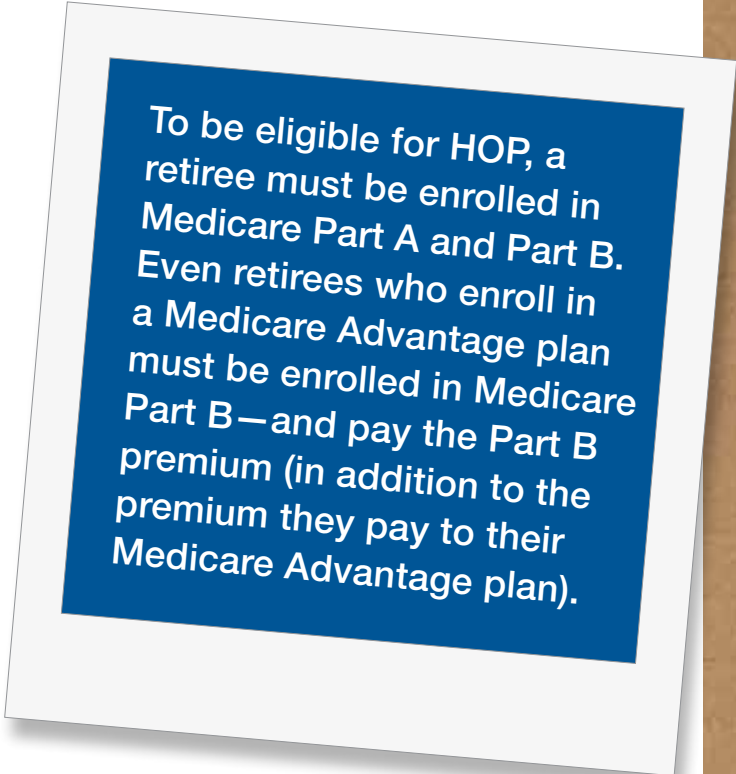
You may enroll in HOP and/or change your benefit option within 180 days after a Qualifying Event if you are a:

- Pennsylvania public school retiree
- Surviving spouse
- Survivor annuitant
- Spouse or dependent child of a retiree or survivor annuitant.

### You experience a Qualifying Event when:

- You retire or lose health care coverage under your school employer's health plan. Coverage under your school employer's health plan includes any COBRA continuation coverage you may elect under that school employer's plan.
- You involuntarily lose health care coverage under a non-school employer's health plan (which includes any COBRA continuation coverage you may elect under that non-school employer's health plan).
- You or your spouse reach age 65 or become eligible for Medicare.
- There is a change in your family status (including divorce, your death or death of a spouse, addition of a dependent through birth, adoption, or marriage, or a dependent loses eligibility).
- You become eligible for Premium Assistance due to a change in legislation.
- A plan approved for Premium Assistance terminates or you move out of a plan's service area.

Qualifying Events apply to you, your spouse, and/or your dependents. If one member of your family has a Qualifying Event, all members may enroll in HOP or change their option if already enrolled. For example, if your spouse turns age 65 and becomes eligible for Medicare, that's a Qualifying Event for all eligible family members.



To be eligible for HOP, a retiree must be enrolled in Medicare Part A and Part B. Even retirees who enroll in a Medicare Advantage plan must be enrolled in Medicare Part B—and pay the Part B premium (in addition to the premium they pay to their Medicare Advantage plan).

### Premium Assistance

Participating in HOP may entitle you to a special financial incentive that is not available with a commercial program such as AARP or Blue Cross/Blue Shield. Premium Assistance is provided by PSERS to help eligible retirees pay for health coverage through HOP or another Commonwealth public school employer or district health plan. If you are eligible for Premium Assistance, PSERS will reimburse to you part of the premium for your coverage.

If you are eligible for Premium Assistance and choose HOP-sponsored medical coverage, PSERS will pay up to \$100 per month for your HOP monthly premium. The amount of the Premium Assistance benefit is determined by the Pennsylvania legislature and is subject to change.

You are eligible for Premium Assistance if you are a retiree who meets one of the following requirements:

- You have at least 24½ years of credited service regardless of age, or
- You have at least 15 years of credited service and retire at or after age 62\*, or
- You are receiving a disability retirement benefit from PSERS.

Even if you meet the eligibility requirements, you cannot receive Premium Assistance if you do not choose a medical plan offered through HOP or if you do not continue to participate in your former school employer's approved plan.

If you elect a standalone prescription drug coverage option, you are not eligible for Premium Assistance.

If you receive Premium Assistance, it will be added to your monthly retirement benefit. Premium Assistance is not taxable income. If you are receiving Premium Assistance for your participation in your school employer plan and that coverage terminates, **you must enroll in HOP to maintain your Premium Assistance.**

\* age 65 for someone who first becomes a school employee and an active member or a multiple service member on or after July 1, 2011 (Membership Class T-E and T-F)

If you do not enroll in HOP when your school employer's coverage ends, you must terminate your Premium Assistance by calling 1-866-483-5509. If you do not make this call, you will be billed for any overpayments made by PSERS. Each year, PSERS identifies retirees who receive overpayments, but it is your responsibility, not your school employer's, to notify PSERS when you are no longer enrolled in a plan approved for Premium Assistance.

## Eligible Dependents

Eligible dependents include:

- Your spouse
- Your unmarried children under age 19, including natural children, stepchildren, legally adopted children, and children legally placed for adoption
- Your unmarried children age 19 to 23 who are enrolled as full-time students in an accredited college or university or in a technical or specialized school and who are not regularly employed by one or more employers on a full-time basis. (Although the Affordable Care Act passed in 2010 extends coverage under employer plans to all children under age 26, the law does not apply to retiree plans such as HOP.)
- Your unmarried children disabled by a mental and/or physical disability before age 17 who meet **all** of these conditions:
  - Incapable of self-sustaining employment
  - Dependent on you for support
  - Live with you.

## Comparable Coverage for You and Your Dependents

As a rule, you and your dependents must be covered under the same type of plan. For example, if you elect the HOP Medical Plan, your spouse must elect the HOP Medical Plan if he or she is eligible for Medicare or the HOP Pre-65 Medical Plan if he or she is not eligible for Medicare. However, if you and your spouse are both PSERS annuitants, you may elect different options.

If you are Medicare-eligible but your spouse or other dependent is not, and you elect the Basic or Enhanced Medicare Rx Option on a standalone basis, your dependent is not eligible for coverage through HOP until he or she becomes Medicare-eligible.

# Benefit Options

HOP offers hospital, medical/surgical, and prescription drug coverage for Medicare-eligible and non-Medicare-eligible individuals. This booklet describes coverage for Medicare-eligible participants. Call 1-800-773-7725 for information about coverage for non-Medicare-eligible participants.

## The HOP Medical Plan

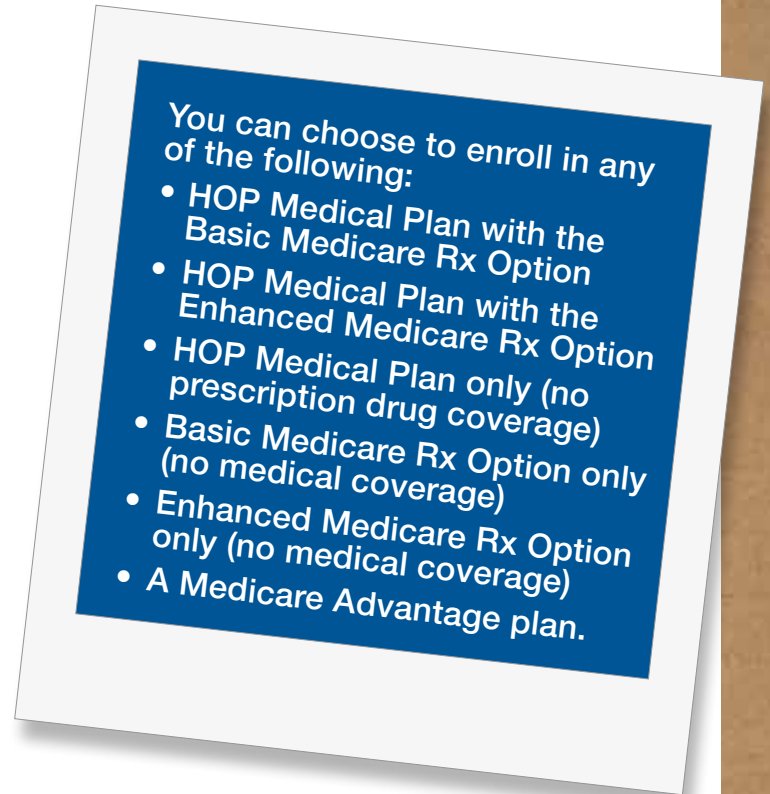
If you want to keep Original Medicare, you can supplement it by enrolling in the HOP Medical Plan. This Plan covers many of the deductibles, coinsurance and other expenses that you are required to pay under Original Medicare. In addition:

- You have the freedom to use virtually any doctor or hospital you want.
- You pay nothing for covered hospital expenses and affordable copays for medical expenses, such as \$10 for a physician visit.
- You're covered anywhere in the United States and abroad when you travel.
- You can add prescription drug coverage by enrolling in HOP's Basic or Enhanced Medicare Rx Option.

## The Basic and Enhanced Medicare Rx Options

The Basic and Enhanced Medicare Rx Options (administered by Prescription Solutions) are Medicare Part D plans designed specifically for HOP Medical Plan participants and their eligible dependents. You can choose either Option with or without enrolling in the HOP Medical Plan.

- The Basic Medicare Rx Option provides a level of coverage that is comparable to Medicare Plans sold to individuals.
- The Enhanced Medicare Rx Option covers certain medications that are not covered under the Basic Medicare Rx Option or any other prescription drug program offered by commercial carriers.



## Medicare Advantage Plan

You can also choose a Medicare Advantage plan (known as a Medicare Part C plan) instead of keeping Original Medicare and enrolling in the HOP Medical Plan. A Medicare Advantage plan combines medical and prescription drug benefits in a single program. You cannot enroll for medical coverage without prescription drug coverage, or vice versa. Therefore, if you choose this option, you cannot enroll in any other Medicare prescription drug plan.

Medicare Advantage plans available through HOP are offered by insurance companies that have contracted with the federal government to provide your Medicare benefits. Each insurance company sets its own benefits and member rates. In addition, since each Medicare Advantage plan serves only certain areas, the Plans available to you depend on where you live. If you enroll in a Medicare Advantage plan, you must use its network of providers to receive maximum benefits.

## What a Member Pays under the HOP Medical Plan

Annual Deductible	\$0
Physician Visits	\$10/visit
Outpatient Surgery	\$0
Emergency Room	\$25 (waived if admitted)
Diagnostic Testing	\$0 (x-ray and laboratory); \$25 (imaging-e.g., MRI and CT scans)
Outpatient Therapy	\$0
Durable Medical Equipment /Diabetic Supplies	10% up to \$100
Outpatient Mental Health	30%
Hospitalization	\$0
Inpatient Mental Health	\$0
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	\$10/exam
Mammograms	\$0
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Hearing Aids	Not covered
Dental Care	Not covered
Major Medical (After Medicare Benefits Are Exhausted)	
All covered expenses	\$250 deductible, then 20%
Annual Out-of-Pocket Maximum	\$750
Lifetime maximum paid by the Plan for Major Medical benefits	\$1,000,000

## What a Member Pays under the HOP Medicare Rx Options

	Basic Medicare Rx Option	Enhanced Medicare Rx Option
Annual Deductible	\$0	\$0
Initial Coverage up to a Total Drug Cost of \$2,930*		
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
Preferred brand-name drugs	30% (to a maximum of \$50 for up to a 33-day supply and \$100 for a 34- to 90-day supply)	25% (to a maximum of \$50 for up to a 33-day supply and \$90 for a 34- to 90-day supply)
Non-preferred brand-name drugs	40% (no maximum)	25% (to a maximum of \$50 for up to a 33-day supply and \$90 for a 34- to 90-day supply)
Specialty drugs	33%	33%
Coverage Gap to TrOOP Maximum of \$4,700**		
Generic drugs	86%	50% (to a maximum of \$7 for up to a 33-day supply or \$21 for a 34- to 90-day supply)
Preferred and non-preferred brand-name drugs	Not covered, but subject to 50% manufacturer's discount	Not covered, but subject to 50% manufacturer's discount***
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$2.60 to a maximum of \$100	The greater of 5% or \$2.60 to a maximum of \$100
Brand-name drugs	The greater of 5% or \$6.50 to a maximum of \$100	The greater of 5% or \$6.50 to a maximum of \$100

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

\*\* Includes costs for covered drugs paid by the participant only

\*\*\* Certain non-Medicare-covered brand-name drugs are covered by the plan at 50%

## Monthly Costs in Pennsylvania *(excluding Premium Assistance)*

**Note:** All costs are standard rates paid by most HOP members. Your rates may be different, depending on the circumstances of your enrollment.

### North & Central Pennsylvania

Here are your monthly costs if you live in North or Central Pennsylvania, which includes the following counties:

Adams • Armstrong • Beaver • Bedford • Berks • Blair • Bradford • Butler • Cambria • Cameron • Carbon Centre • Clarion • Clearfield • Clinton • Columbia • Crawford • Cumberland • Dauphin • Elk • Erie • Forest Franklin • Fulton • Huntingdon • Jefferson • Juniata • Lackawanna • Lancaster • Lawrence • Lebanon Lehigh • Luzerne • Lycoming • McKean • Mercer • Mifflin • Monroe • Montour • Northampton Northumberland • Perry • Pike • Potter • Schuylkill • Snyder • Somerset • Sullivan • Susquehanna • Tioga Union • Venango • Warren • Wayne • Wyoming • York

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$164	\$319
HOP Medical Plan and Basic Medicare Rx Option	\$191	\$373
HOP Medical Plan and Enhanced Medicare Rx Option	\$245	\$481
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

### Southwest Pennsylvania

Here are your monthly costs if you live in Southwest Pennsylvania, which includes the following counties:

Allegheny • Fayette • Greene • Indiana • Washington • Westmoreland

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$195	\$384
HOP Medical Plan and Basic Medicare Rx Option	\$222	\$438
HOP Medical Plan and Enhanced Medicare Rx Option	\$276	\$546
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

### Southeast Pennsylvania

Here are your monthly costs if you live in Southeast Pennsylvania, which includes the following counties:

Bucks • Chester • Delaware • Montgomery • Philadelphia

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$199	\$392
HOP Medical Plan and Basic Medicare Rx Option	\$226	\$446
HOP Medical Plan and Enhanced Medicare Rx Option	\$280	\$554
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

# Monthly Costs Outside Pennsylvania *(excluding Premium Assistance)*

**Note:** All costs are standard rates paid by most HOP members. Your rates may be different, depending on the circumstances of your enrollment.

## Florida

**Here are your monthly costs if you live in one of these counties in Florida:**

Alachua • Bay • Bradford • Brevard • Broward • Calhoun • Charlotte • Citrus • Clay • Collier • Dixie  
Miami-Dade • Duval • Gilchrist • Glades • Gulf • Hamilton • Hendry • Hernando • Highlands • Hillsborough  
Indian River • Lafayette • Levy • Liberty • Martin • Monroe • Nassau • Okaloosa • Orange • Palm Beach  
Pinellas • Putnam • St. Johns • Seminole • Sumter • Union • Walton

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$199	\$392
HOP Medical Plan and Basic Medicare Rx Option	\$226	\$446
HOP Medical Plan and Enhanced Medicare Rx Option	\$280	\$554
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

**Here are your monthly costs if you live in one of these counties in Florida:**

Baker • Columbia • De Soto • Escambia • Flagler • Franklin • Gadsden • Hardee • Holmes • Jackson  
Jefferson • Lake • Lee • Leon • Madison • Manatee • Marion • Okeechobee • Osceola • Pasco • Polk  
Saint Lucie • Santa Rosa • Sarasota • Suwannee • Taylor • Volusia • Wakulla • Washington

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$195	\$384
HOP Medical Plan and Basic Medicare Rx Option	\$222	\$438
HOP Medical Plan and Enhanced Medicare Rx Option	\$276	\$546
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

## New Jersey

**Here are your monthly costs if you live in one of these counties in New Jersey:**

Burlington • Camden • Cumberland • Essex • Gloucester • Hunterdon • Mercer • Ocean • Salem • Warren

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$195	\$384
HOP Medical Plan and Basic Medicare Rx Option	\$222	\$438
HOP Medical Plan and Enhanced Medicare Rx Option	\$276	\$546
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

**Here are your monthly costs if you live in one of these counties in New Jersey:**

Atlantic • Bergen • Cape May • Hudson • Middlesex • Monmouth • Morris • Passaic • Somerset  
Sussex • Union

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$199	\$392
HOP Medical Plan and Basic Medicare Rx Option	\$226	\$446
HOP Medical Plan and Enhanced Medicare Rx Option	\$280	\$554
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

# Monthly Costs Outside Pennsylvania *(excluding Premium Assistance)*

**Note:** All costs are standard rates paid by most HOP members. Your rates may be different, depending on the circumstances of your enrollment.

## New York

**Here are your monthly costs if you live in one of these counties in New York:**

Kings (Brooklyn) • Nassau • Orange • Putnam • Queens • Rockland • Suffolk • Sullivan • Ulster • Westchester

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$199	\$392
HOP Medical Plan and Basic Medicare Rx Option	\$226	\$446
HOP Medical Plan and Enhanced Medicare Rx Option	\$280	\$554
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

**Here are your monthly costs if you live in any other county in New York:**

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$195	\$384
HOP Medical Plan and Basic Medicare Rx Option	\$222	\$438
HOP Medical Plan and Enhanced Medicare Rx Option	\$276	\$546
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

## Other States

**Here are your monthly costs if you live in one of these States:**

Alabama • Alaska • Arkansas • California • Colorado • Connecticut • Georgia • Illinois • Indiana • Kansas  
Kentucky • Louisiana • Maryland • Massachusetts • Michigan • Minnesota • Mississippi • Missouri  
Montana • Nebraska • Nevada • New Hampshire • Oklahoma • South Carolina • Tennessee • Texas  
Utah • West Virginia • Wyoming

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$195	\$384
HOP Medical Plan and Basic Medicare Rx Option	\$222	\$438
HOP Medical Plan and Enhanced Medicare Rx Option	\$276	\$546
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

**Here are your monthly costs if you live in one of these States or other locations:**

Arizona • Delaware • Guam • Hawaii • Idaho • Iowa • Maine • New Mexico • North Carolina • North Dakota  
Ohio • Oregon • Puerto Rico • Rhode Island • South Dakota • Vermont • Virginia • Virgin Islands • Washington  
Washington, DC • Wisconsin

Your Options	Your Monthly Cost	
	Single Coverage	2-Person Coverage
HOP Medical Plan Only	\$164	\$319
HOP Medical Plan and Basic Medicare Rx Option	\$191	\$373
HOP Medical Plan and Enhanced Medicare Rx Option	\$245	\$481
Basic Medicare Rx Option Only	\$27	\$54
Enhanced Medicare Rx Option Only	\$81	\$162

## How to Enroll

It's easy to enroll. Just follow these steps.

<b>Step 1:</b>	<b>Review available options and costs.</b> Be sure to read all the information you receive from HOP that describes your options. You can choose to enroll in the HOP Medical Plan only, the HOP Medical Plan with the Basic or Enhanced Medicare Rx Option, or the Basic or Enhanced Medicare Rx Option on a standalone basis. (If you choose prescription drug coverage on a standalone basis, you will not be eligible for Premium Assistance.) Choose the option that is best for you.
<b>Step 2:</b>	<b>Make sure you have the correct enrollment form.</b> The "PSERS Health Options Program Enrollment/Change Application" is to be used only for the HOP Medical Plan (or the HOP Pre-65 Medical Plan) and the Basic or Enhanced Medicare Rx Option. If you want an enrollment form or information for a HOP Medicare Advantage plan, call the HOP Administration Unit at 1-800-773-7725.
<b>Step 3:</b>	<b>Complete the enrollment application.</b> Complete and sign the enrollment application for the plan you want to enroll in. The date you sign the form must be within 90 days of your coverage start date. If you want to enroll in a HOP Medicare Advantage plan, be sure to use the correct enrollment form.
<b>Step 4:</b>	<b>Return your completed application to the HOP Administration Unit—even if you are electing a HOP Medicare Advantage plan.</b> All enrollment forms must be returned to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764. This ensures you are enrolled in the right plan and you receive Premium Assistance, if you are eligible. Do not send any application forms directly to a Medicare Advantage plan.

# Participant Resources



## [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.



## Part D Summary of Benefits

Short summary of the Basic and Enhanced Medicare Rx Options. The Summary of Benefits is an annual Medicare requirement. It is available online at [www.HOPbenefits.com](http://www.HOPbenefits.com).



## Annual Notice of Change and Evidence of Coverage

Detailed description of the Basic and Enhanced Medicare Rx Options. It 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 Pharmacy Directories by State

Listing of pharmacies that participate in the Basic and Enhanced Medicare Rx Options. The Pharmacy Directory is a Medicare requirement. Directories are available by state 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.

We are here to answer your questions. Use the chart below to find out where to get the information you need.

Type of Question	Number You Should Call
<ul style="list-style-type: none"> <li>HOP in general</li> <li>HOP enrollment</li> <li>HOP premium payments and refunds</li> <li>Claims questions about the HOP Medical Plan for Medicare-eligible participants or the HOP Pre-65 Medical Plan</li> </ul>	<ul style="list-style-type: none"> <li>Call the HOP Administration Unit at 1-800-PSERS25 (1-800-773-7725) 8 a.m. to 5 p.m. EST, Monday—Friday</li> <li><b>HOP Web site (<a href="http://www.HOPbenefits.com">www.HOPbenefits.com</a>)</b></li> </ul>
<ul style="list-style-type: none"> <li>Premium Assistance Program</li> </ul>	<ul style="list-style-type: none"> <li>1-866-483-5509</li> <li>8 a.m. to 4:30 p.m. EST, Monday—Friday</li> </ul>
<ul style="list-style-type: none"> <li>General retirement questions</li> </ul>	<ul style="list-style-type: none"> <li>Call PSERS at 1-888-PSERS4U (1-888-773-7748) 7:30 a.m. to 5 p.m. EST, Monday—Friday</li> <li><b>PSERS Web site (<a href="http://www.psers.state.pa.us">www.psers.state.pa.us</a>)</b></li> </ul>
<ul style="list-style-type: none"> <li>Medicare</li> </ul>	<ul style="list-style-type: none"> <li>1-800-MEDICARE (1-800-633-4227)</li> <li>TTY/TDD: 1-877-486-2048</li> <li><b>Medicare Web site (<a href="http://www.medicare.gov">www.medicare.gov</a>)</b></li> </ul>
<ul style="list-style-type: none"> <li>Basic Medicare Rx Option</li> <li>Enhanced Medicare Rx Option</li> <li>Prescription drug program under the HOP Pre-65 Medical Plan</li> </ul>	<ul style="list-style-type: none"> <li>Call Prescription Solutions at 1-888-239-1301 (available 24/7)</li> <li>TTY/TDD: 1-800-498-5428</li> <li>24 hours a day, 7 days a week</li> <li><b>HOP Web site (<a href="http://www.HOPbenefits.com">www.HOPbenefits.com</a>)</b></li> </ul>

## Important Decisions When You Become Eligible for Medicare

- You may opt out of Medicare Part B.** At age 65 or your initial eligibility for Medicare, you will be enrolled automatically in Medicare Part A and Part B. You pay nothing for Part A, but Part B requires premium payments that are deducted from your Social Security benefits. If you choose to opt out of Part B when you are first eligible and want to enroll at a later date, you will have to wait for a Medicare enrollment period, and you will pay a higher premium. Keep in mind, to participate in HOP, you must be enrolled in both Part A and Part B.
- You may enroll in Medicare Part D,** which covers prescription drugs and requires an additional premium payment. HOP offers a choice of Part D plans—the Basic and Enhanced Medicare Rx Options and the Part D plans that are part of the Medicare Advantage plans. If you do not enroll in a Part D plan when you first become eligible for Medicare, and you are not participating in a plan deemed to offer “creditable coverage,” you will pay a higher Part D premium if you decide to enroll at a later date.
- If available, you may have an opportunity to enroll in a Medicare supplement or Medicare Advantage plan offered by your school district or employer.** If you enroll, you will be eligible for Premium Assistance through PSERS. However, you will not be able to transfer from that plan to HOP without a Qualifying Event (unless HOP conducts an Open Enrollment)—and an increase in the cost of your school employer’s plan **does not count** as a Qualifying Event.



# HOP

HEALTH OPTIONS PROGRAM



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