

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2016



Enrollment Guide for Medicare-Eligible Members

The Public School Employees' Retirement System (PSERS) sponsors the Health Options Program 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.

The Health Options Program 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 the Health Options Program. Neither PSERS nor the Commonwealth of Pennsylvania is an insurer.

In no event shall 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.

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LOOK FOR OUR LOGO



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 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 described in this booklet.

Welcome to the Health Options Program

The Health Options Program provides comprehensive medical, prescription drug and dental coverage at competitive rates.

This booklet describes the program for Medicare-eligible participants. For information about health insurance for non-Medicare-eligible participants enrolled in the Health Options Program, call the HOP Administration Unit at 1-800-773-7725.

Most members of the Health Options Program enroll when they turn 65 and become eligible for Medicare. At 65, unless you're still working, Medicare becomes your primary coverage for hospital and medical expenses. However, many people feel that the basic level of Medicare (called "Original" Medicare) provided by the government is not sufficient to meet their needs. They have two options for improving their coverage:

- a **Medicare Supplement plan** (sometimes called a Medigap policy) that pays all or part of the deductibles and/or coinsurance you would have to pay if you had just Original Medicare
- a **Medicare Advantage plan** (also known as a Medicare Part C plan) that replaces Original Medicare entirely.

Both of these options are available under the Health Options Program and for each, most people have a choice of plans. If you choose a Medicare Supplement, you can add a voluntary dental plan and/or prescription drug coverage. Prescription drug coverage is also available on a standalone basis. If you choose a Medicare Advantage plan, prescription drug coverage is included; dental benefits are also included with some Medicare Advantage plans.

Advantages of the Health Options Program

- If you are eligible for Premium Assistance and enroll in a Medicare Supplement or Medicare Advantage plan, up to **\$100 per month** will be added to your pension to help pay for your medical insurance.
- The Program offers a **choice of coverage**. You have a choice of two Medicare Supplements, three prescription drug plans and a dental plan. Depending on where you live, several Medicare Advantage plans may also be available.
- Your monthly premiums are **deducted automatically** from your pension (as long as your pension exceeds the premium).
- 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 a dependent experiences a Qualifying Event.
- 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 at the HOP Administration Unit are specially trained and dedicated to helping participants. You can reach one by calling 1-800-773-7725 weekdays from 8 a.m. to 7 p.m. EST. A website (www.HOPbenefits.com) is accessible 24 hours a day, 7 days a week.

The Health Options Program, sponsored by the Pennsylvania Public School Employees' Retirement System (PSERS), operates for the exclusive benefit of our retirees and their families.

Premium Assistance—A Special Incentive

Participating in the Health Options Program may entitle you to a special financial incentive that is not available with a commercial program such as AARP or Blue Cross/Blue Shield. PSERS provides Premium Assistance to help eligible retirees pay for medical coverage through the Health Options Program or another Commonwealth public school employer or district health plan.

If you are eligible for Premium Assistance and enroll in either a Medicare Supplement plan or a Medicare Advantage plan through the Health Options Program, PSERS will pay up to \$100 per month toward your 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 service or retirement type requirements:

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

If you meet the eligibility requirements, you can receive Premium Assistance only if you have an out-of-pocket premium from a medical plan offered through the Health



Options Program or continue to participate in your former school employer's approved plan. Premium Assistance is not payable:

- for separate dental, vision or prescription drug plans, including standalone prescription drug options offered through the Health Options Program
- for out-of-pocket premiums for a retiree's spouse or dependents, or
- if your school employer provides coverage to you at no cost or with non-taxable contributions.

Premium Assistance is added to your monthly retirement benefit as nontaxable income. If you are receiving Premium Assistance for coverage in your school employer plan and that coverage terminates, **you must enroll in the Health Options Program 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)

Medicare Supplement Plans

You and your spouse, if he or she is Medicare eligible, can enroll in a Medicare Supplement plan and keep Original Medicare benefits. Since you can use any medical provider or facility in the U.S. that accepts Medicare, a Medicare Supplement plan provides coverage anywhere in the U.S. and abroad when you are traveling.

The Health Options Program offers two Medicare Supplement plans—the **HOP Medical Plan** and the **Value Medical Plan**. Your monthly premium for the Value Medical Plan is lower than for the HOP Medical Plan, but your out-of-pocket payments are higher when you have medical expenses. You cannot enroll in either the HOP Medical Plan or the Value Medical Plan if you enroll in a Medicare Advantage plan.

HOP Medical Plan

When you have Original Medicare and enroll in the HOP Medical Plan, you have **no deductible**. The combined coverage pays 100% of covered hospital and medical expenses except for a few copays—\$10 for a physician visit, \$25 for an emergency room visit, an MRI or a CT scan and 10% (up to \$100 per item) for durable medical equipment. In addition, the HOP Medical Plan provides additional coverage if you exceed your maximum Medicare benefits.

In addition, if you enroll in the HOP Medical Plan, you have **SilverSneakers® Fitness** at no additional cost. SilverSneakers offers treadmills, weights, heated pools and fitness classes—all included with your basic fitness membership. To find a location near you, go online to www.silversneakers.com.



Value Medical Plan

The Value Medical Plan is for retirees who want a low monthly premium and are willing to pay more out of pocket when obtaining services. It is designed to provide financial protection in the event of unexpected high-cost hospital and medical expenses. If you are admitted to the hospital, the Plan pays 100% of Medicare's hospital deductible and daily copays—**but you must pay the first \$500**. When you have medical expenses, the Plan limits your share of the cost—but only after **you pay Medicare's annual deductible (\$147 in 2015)**. Unlike the HOP Medical Plan, the Value Medical Plan does not provide any additional coverage if you exhaust your Medicare benefits, nor does it include a SilverSneakers membership.

Your monthly premium for the HOP Medical Plan will be discounted by 15% if you enroll within 180 days after your 65th birthday. If you retire after age 65 and enroll in the HOP Medical Plan, you may qualify for a smaller discount.

Other Reasons to Enroll in a Medicare Supplement

You can enroll in the HOP Medical Plan or the Value Medical Plan without any other coverage offered by the Health Options Program. However, you can also enroll in one of three **prescription drug plans** (see page 6) and/or **a dental plan** (see page 8). Each of these options requires an additional premium.

The Plans at a Glance

This chart provides a side-by-side comparison of how much you pay in 2016 if you are enrolled in Original Medicare and either the HOP Medical Plan or the Value Medical Plan.

	WHAT YOU PAY IF YOU ARE ENROLLED IN ORIGINAL MEDICARE AND	
	The HOP Medical Plan	The Value Medical Plan
Hospital Deductible	\$0	\$500/admission
Skilled Nursing Facility (days 21-100)	\$0	\$50/day
Part B Annual Deductible	\$0	\$147 (in 2015)
Physician Visit	\$10	20% up to \$20
Emergency Room	\$25 (waived if admitted)	\$50 (waived if admitted)
Outpatient Surgery	\$0	20% up to \$100/procedure
MRI and CT Scans	\$25	20% up to \$100/procedure
Durable Medical Equipment	10% up to \$100/item	20%
Annual Out-of-Pocket Maximum	Does not apply	\$5,000
Coverage after Medicare Benefits Are Exhausted	20% (after \$250 deductible) with \$750 annual out-of-pocket limit	No coverage

Medicare Prescription Drug Plan Options

You and your spouse, if he or she is Medicare eligible, can enroll in a qualified Medicare Part D prescription drug plan—with or without a Medicare Supplement. However, if you choose a prescription drug plan on a standalone basis (without a Medicare Supplement), **you will not be eligible for Premium Assistance.**

The Health Options Program offers three Medicare prescription drug plans—the **Enhanced Medicare Rx Option**, the **Basic Medicare Rx Option** and the **Value Medicare Rx Option**. Your monthly premium for the Value Medicare Rx Option is lower than for either the Enhanced or Basic Medicare Rx Option, but you have to satisfy Medicare’s \$360 annual deductible before the Value Medicare Rx Option pays any portion of your prescription drug expenses.

The Medicare prescription drug plans are administered for the Health Options Program by OptumRx (1-888-239-1301). You cannot enroll in the Enhanced, Basic or Value Medicare Rx Option if you enroll in a Medicare Advantage plan.

Enhanced Medicare Rx Option

With the Enhanced Medicare Rx Option, you have **no deductible** and pay the least of the three options for certain medications, such as for brand-name drugs in Initial Coverage. The Enhanced Medicare Rx Option also covers certain medications not covered at all under the Basic Medicare Rx Option, the Value Medicare Rx Option or Medicare prescription drug programs offered by commercial carriers.

Basic Medicare Rx Option

Like the Enhanced Medicare Rx Option, the Basic Medicare Rx Option has **no deductible**, but provides a lower level of coverage than the Enhanced Medicare Rx Option for certain medications.

Value Medicare Rx Option

The Value Medicare Rx Option is for retirees who are willing to pay Medicare’s **annual \$360 prescription drug deductible** for a lower monthly premium. It is designed to provide financial protection in the event of unexpected high-cost prescription drug expenses. After you meet the annual deductible, you pay 25% of the cost of any medication in Initial Coverage.



If you enroll in a prescription drug plan without medical coverage, you will not be eligible for Premium Assistance.

The Plans at a Glance

Here's a side-by-side comparison of how much you pay in 2016 under each Medicare Rx Option for a 30-day prescription filled at a retail pharmacy.

	ENHANCED MEDICARE Rx OPTION	BASIC MEDICARE Rx OPTION	VALUE MEDICARE Rx OPTION
Annual Deductible	\$0	\$0	\$360
Initial Coverage up to a Total Drug Cost of \$3,310			
Generic Drugs	\$7	\$8	25%
Preferred Brand-Name Drugs	25% up to \$65	30% up to \$100	25%
Non-Preferred Brand-Name Drugs	35% up to \$75	40%	25%
Specialty Drugs	33%	33%	25%
Coverage Gap to TrOOP Maximum of \$4,850			
Generic Drugs	\$7	58%	58%
Brand-Name Drugs	45%	45%	45%
Catastrophic Coverage			
Generic Drugs	Greater of 5% or \$2.95 up to \$100	Greater of 5% or \$2.95 up to \$100	Greater of 5% or \$2.95
Brand-Name Drugs	Greater of 5% or \$7.40 up to \$100	Greater of 5% or \$7.40 up to \$100	Greater of 5% or \$7.40

The three prescription drug options cover the same medications, except for certain medications that are covered only under the Enhanced Medicare Rx Option. You can find a list of all covered medications in the *2016 Comprehensive Formulary* (available online at www.HOPbenefits.com or by request from the HOP Administration Unit).

The MetLife Dental Plan

You and your spouse, if he or she is Medicare eligible, can enroll in the **MetLife Dental Plan** if you enroll in either the HOP Medical Plan or the Value Medical Plan. The MetLife Dental Plan is not available on a standalone basis or with a Medicare Advantage plan. Besides helping you maintain good oral health at a reasonable cost,* the Dental Plan offers a number of other important advantages:

- You don't need to change dentists when you join. You can visit any dentist you want, but choosing one that's part of the MetLife network (an in-network dentist) saves you money.
- If you use an in-network dentist, there's no annual deductible, which means you start saving on dental care the first time you visit a dentist in 2016.
- You pay nothing for preventive care (exams and cleanings) from an in-network dentist and less than half the cost for all other services.
- Each year, you can receive up to \$1,200 in dental benefits.
- If you use an in-network dentist after you receive the maximum annual benefit, you'll continue to pay discounted rates.

The Plan at a Glance

Here's how much you pay for in-network and out-of-network dental care in 2016.

	IN-NETWORK	OUT-OF-NETWORK**
Preventive Services		
Deductible	\$0	\$0
Oral exams, cleanings, full mouth or panoramic x-rays, bitewing x-rays, intraoral, periapical and extraoral x-rays, fluoride treatments	\$0	20% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Basic and Major Restorative Services		
Deductible	\$0	\$100
Basic Services (pulp vitality tests, diagnostic casts, bacteriological studies, sealants, space maintainers, palliative care, sedative fillings, fillings, periodontal maintenance, pulp capping, therapeutic pulpotomy, periodontics—non surgical, simple extractions, surgical extractions/oral surgery)	30% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Major Services (recementations and repairs, rebases/relines, general anesthesia, consultations, inlays/onlays, crowns, crown build-ups, dentures, bridges, endodontics/root canal, periodontics—surgical, placement of implants)	40% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates

* Savings from enrolling in the MetLife Dental Plan will depend on various factors, including how often you visit the dentist and the costs for services rendered.

** These out-of-network rates do not apply in Texas, Mississippi, Louisiana, Montana, Massachusetts or Alaska. If you live in one of these states, call the HOP Administration Unit to find out how much you pay.

Understanding In-Network and Out-of-Network Dental Benefits

If you join the MetLife Dental Plan, each time you need dental care, you can decide whether to use an in-network or out-of-network dentist. While you are free to go out of network whenever and as often as you like, using a MetLife dental provider is your lower-cost option.

Here's why:

- With in-network providers, **you never pay a deductible**. If you use out-of-network dentists, you must satisfy a \$100 deductible before the Plan pays any benefits for basic or major restorative services.
- Your **percentage of the cost is always lower** with an in-network provider.
- MetLife negotiates **discounted rates** with in-network dentists. This means they are under contract to accept a specific amount for each service. Out-of-network dentists can charge any amount, but MetLife will pay benefits based only on the amount it has established for in-network providers. This means, if you use an out-of-network dentist, you pay 100% of the difference between what the dentist charges and MetLife's discounted rate.

Example. You need a periodontal scaling and root planing (a basic restorative service), which has a discounted rate of \$117. You have a choice of two equally qualified dentists. One dentist belongs to the MetLife network and charges the discounted rate of \$117. You pay \$35.10 (30% of \$117), and MetLife pays \$81.90.

The other dentist is not in the MetLife network and charges \$206 for the service. Assuming that you have already met the \$100 annual deductible for out-of-network

restorative services, your cost consists of two charges:

- \$58.50 (50% of the \$117 discounted rate), plus
- \$89 (100% of the difference between the dentist's actual charge of \$206 and the discounted rate of \$117).

So you pay \$147.50 (\$58.50 + \$89) and MetLife pays \$58.50. In this example, you save \$112.40 (\$147.50 – \$35.10) by using an in-network dentist.

To Find a MetLife Dentist

There are thousands of general dentists and specialists to choose from nationwide—so you are sure to find one who meets your needs. You can find a list of MetLife dentists online at www.metlife.com/dental. Click on the "Find a Dentist" tool on the right side of the home page, enter your zip code and choose PDP Plus as your network in the drop down list. You can also call MetLife toll-free at 1-855-700-7997 and request that a list of dentists be mailed to you.

When You Go to the Dentist

You are not required to show an ID card to your dentist as proof of coverage. Just tell your dentist's office that MetLife is your dental carrier when you schedule an appointment. Dentists may submit claims for you, which means you have little or no paperwork.

Maximum Benefits

Once you receive \$1,200 in dental benefits (in-network and out-of-network combined), you pay 100% for any additional care you receive for the rest of the calendar year. However, **in-network dentists always accept MetLife's negotiated rates**—which means you continue to receive discounts on dental services.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask MetLife or the HOP Administration Unit for costs and complete details.

Monthly Costs in Pennsylvania (excluding Premium Assistance)

Note: All premiums are standard rates paid by most 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 Per Person
HOP Medical Plan Only	\$172.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$271.00
HOP Medical Plan and Basic Medicare Rx Option	\$221.00
HOP Medical Plan and Dental Plan	\$209.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$308.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$258.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$102.00
Value Medical Plan and Value Medicare Rx Option	\$121.00
Value Medical Plan and Dental Plan	\$139.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$158.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

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 Per Person
HOP Medical Plan Only	\$195.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$294.00
HOP Medical Plan and Basic Medicare Rx Option	\$244.00
HOP Medical Plan and Dental Plan	\$232.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$331.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$281.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Monthly Costs in Pennsylvania (excluding Premium Assistance)

Value Medical Plan Only	\$115.00
Value Medical Plan and Value Medicare Rx Option	\$134.00
Value Medical Plan and Dental Plan	\$152.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$171.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

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 Per Person
HOP Medical Plan Only	\$199.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$298.00
HOP Medical Plan and Basic Medicare Rx Option	\$248.00
HOP Medical Plan and Dental Plan	\$236.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$335.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$285.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$117.00
Value Medical Plan and Value Medicare Rx Option	\$136.00
Value Medical Plan and Dental Plan	\$154.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$173.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

Monthly Costs outside Pennsylvania (excluding Premium Assistance)

Note: All premiums are standard rates paid by most 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 • Duval
 Gilchrist • Glades • Gulf • Hamilton • Hendry • Hernando • Highlands • Hillsborough • Indian River
 Lafayette • Levy • Liberty • Martin • Miami-Dade • Monroe • Nassau • Okaloosa • Orange • Palm Beach
 Pinellas • Putnam • St. Johns • Seminole • Sumter • Union • Walton

Your Options	Your Monthly Cost Per Person
HOP Medical Plan Only	\$199.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$298.00
HOP Medical Plan and Basic Medicare Rx Option	\$248.00
HOP Medical Plan and Dental Plan	\$236.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$335.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$285.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$117.00
Value Medical Plan and Value Medicare Rx Option	\$136.00
Value Medical Plan and Dental Plan	\$154.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$173.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

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 Per Person
HOP Medical Plan Only	\$195.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$294.00
HOP Medical Plan and Basic Medicare Rx Option	\$244.00
HOP Medical Plan and Dental Plan	\$232.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$331.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$281.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$115.00
Value Medical Plan and Value Medicare Rx Option	\$134.00
Value Medical Plan and Dental Plan	\$152.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$171.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

Monthly Costs outside Pennsylvania (excluding Premium Assistance)

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 Per Person
HOP Medical Plan Only	\$195.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$294.00
HOP Medical Plan and Basic Medicare Rx Option	\$244.00
HOP Medical Plan and Dental Plan	\$232.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$331.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$281.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$115.00
Value Medical Plan and Value Medicare Rx Option	\$134.00
Value Medical Plan and Dental Plan	\$152.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$171.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

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 Per Person
HOP Medical Plan Only	\$199.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$298.00
HOP Medical Plan and Basic Medicare Rx Option	\$248.00
HOP Medical Plan and Dental Plan	\$236.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$335.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$285.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$117.00
Value Medical Plan and Value Medicare Rx Option	\$136.00
Value Medical Plan and Dental Plan	\$154.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$173.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

Monthly Costs outside Pennsylvania (excluding Premium Assistance)

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 Per Person
HOP Medical Plan Only	\$199.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$298.00
HOP Medical Plan and Basic Medicare Rx Option	\$248.00
HOP Medical Plan and Dental Plan	\$236.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$335.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$285.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$117.00
Value Medical Plan and Value Medicare Rx Option	\$136.00
Value Medical Plan and Dental Plan	\$154.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$173.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

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

Your Options	Your Monthly Cost Per Person
HOP Medical Plan Only	\$195.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$294.00
HOP Medical Plan and Basic Medicare Rx Option	\$244.00
HOP Medical Plan and Dental Plan	\$232.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$331.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$281.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$115.00
Value Medical Plan and Value Medicare Rx Option	\$134.00
Value Medical Plan and Dental Plan	\$152.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$171.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

Monthly Costs outside Pennsylvania (excluding Premium Assistance)

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 Per Person
HOP Medical Plan Only	\$195.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$294.00
HOP Medical Plan and Basic Medicare Rx Option	\$244.00
HOP Medical Plan and Dental Plan	\$232.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$331.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$281.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$115.00
Value Medical Plan and Value Medicare Rx Option	\$134.00
Value Medical Plan and Dental Plan	\$152.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$171.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

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 Per Person
HOP Medical Plan Only	\$172.00
HOP Medical Plan and Enhanced Medicare Rx Option	\$271.00
HOP Medical Plan and Basic Medicare Rx Option	\$221.00
HOP Medical Plan and Dental Plan	\$209.30
HOP Medical Plan, Enhanced Medicare Rx Option and Dental Plan	\$308.30
HOP Medical Plan, Basic Medicare Rx Option and Dental Plan	\$258.30
Enhanced Medicare Rx Option*	\$99.00
Basic Medicare Rx Option*	\$49.00

* Can be combined with the Value Medical Plan

Value Medical Plan Only	\$102.00
Value Medical Plan and Value Medicare Rx Option	\$121.00
Value Medical Plan and Dental Plan	\$139.30
Value Medical Plan, Value Medicare Rx Option and Dental Plan	\$158.30
Value Medicare Rx Option**	\$19.00

** Can be combined with the HOP Medical Plan

Medicare Advantage Plans

You can choose a Medicare Advantage plan (also known as a Medicare Part C plan) instead of Original Medicare and the HOP Medical Plan or the Value 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 the Health Options Program in 2016 are offered by Highmark, Aetna, Independence BlueCross, Capital BlueCross and UPMC. These insurance

companies have contracted with the federal government to provide 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.



Each insurance company sets its own benefits and premiums for the Medicare Advantage plans it offers through the Health Options Program. These benefits and premiums are likely to be different from those that are offered by the same insurance company outside of the Health Options Program.

Eligibility and Enrollment

To be eligible for either a Medicare Supplement or Medicare Advantage plan, you must be enrolled in Medicare Part A and B and pay the Part B premium.

Comparable Coverage

If you and your spouse are both PSERS retirees, you may each enroll in any option. If your spouse is not a PSERS retiree and is Medicare eligible, he or she must enroll in the **same plan** as you. If your spouse is not eligible for Medicare, he or she must enroll in the **same type of plan** as you—for example, the HOP Pre-65 Medical Plan if you enroll in either the HOP Medical Plan or the Value Medical Plan.

If your spouse or dependent is not eligible for Medicare and you elect the Enhanced, Basic or Value Medicare Rx Option on a standalone basis, your spouse or dependent will not be eligible for coverage through the Health Options Program until he or she becomes eligible for Medicare.

Qualifying Events

You can enroll in the Health Options Program and/or change your benefit option within 180 days after a Qualifying Event if you are a(n):

- annuitant (PSERS retiree)
- spouse
- survivor annuitant
- dependent child of an annuitant 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, including any COBRA continuation coverage you may elect under that non-school employer's health plan

- you or your spouse reaches age 65 or becomes eligible for Medicare
- there is a change in your family status, including divorce, the death of a spouse, addition of a dependent through birth, adoption or marriage or a dependent loses eligibility. (The death of a retiree is not a Qualifying Event unless the spouse or dependent will receive a pension from PSERS following the retiree's death.)
- 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 and may apply to your spouse and your dependents.

Eligible Dependents

Dependents who are eligible to enroll in the Health Options Program 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
- your unmarried children disabled by a mental and/or physical disability before age 17 who are:
 - incapable of self-sustaining employment, and
 - dependent on you for support, and
 - live with you.

How to Enroll

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

Step 1:	Review available options and costs. Be sure to read all the information you receive from the Health Options Program that describes your options. You can also go online to www.HOPbenefits.com or call the HOP Administration Unit at 1-800-773-7725 for more information. Choose the option that is best for you.
Step 2:	Make sure you have the correct enrollment form. The <i>PSEERS Health Options Program Application for an Enrollment/Change/Termination Request</i> is to be used only to enroll in one or more of the following: <ul style="list-style-type: none">• HOP Medical Plan• Enhanced Medicare Rx Option• Basic Medicare Rx Option• MetLife Dental Plan• Value Medical Plan• Value Medicare Rx Option If you want an enrollment form or information for a Medicare Advantage plan offered through the Health Options Program, call the HOP Administration Unit at 1-800-773-7725. To enroll in a Medicare Advantage plan, you must request and submit the correct enrollment form.
Step 3:	Complete the enrollment application. Complete and sign the enrollment application for the plan you want to enroll in within 90 days of your desired effective date. Do not sign or submit your application more than 90 days before that date.
Step 4:	Return your completed application to the HOP Administration Unit—even if you are electing a Medicare Advantage plan. 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 completed application forms directly to a Medicare Advantage plan.

Participant Resources

HOPbenefits.com

The Health Options Program's website (www.HOPbenefits.com) includes information, tools and videos for both current and prospective members. It describes the health care options that are available to both Medicare-eligible and non-Medicare-eligible members and covers topics such as eligibility and Premium Assistance. Easy-to-use search tools such as "Find Coverage," "Find a Drug" and "Find a Pharmacy" help you make the most of your benefits. You can also find a complete list of participating pharmacies by state. A "Resources" section of the site houses many useful documents, such as a *Comprehensive Prescription Drug Formulary*, newsletters and patient education materials. A secure "Member Area" provides additional information customized for each member, including an electronic version of his or her *Personalized Statement*. Other website functionality enables members enrolled in the HOP or Value Medical Plan to check the status of a claim or request an ID card.

Enrollment Materials for the Option Selection Period

Each fall, the Health Options Program mails a package of information to members to help them make enrollment decisions for the following year. The package includes a *Personalized Statement* that shows current coverage and available coverage and premium rates for the next year. As required by Medicare, members who are enrolled in the Enhanced, Basic or Value Medicare Rx Option receive additional information:

- An *Annual Notice of Changes*, which explains the coverage and premium changes that will become effective the following year

- An *Abridged Prescription Drug Formulary*, which is a listing of the most common prescription drugs covered under the Enhanced, Basic and Value Medicare Rx Options
- A customized *Pharmacy Directory* that lists participating pharmacies closest to where you live.

An *Evidence of Coverage* brochure, which provides a detailed description of the Enhanced, Basic and Value Medicare Rx Options is also sent to each member annually and available online at www.HOPbenefits.com.

Mailing to Retirees Turning 65

Twice a year, the Health Options Program sends a package of information to PSERS retirees about to turn age 65. The package contains a description of the medical, dental and prescription drug benefits available under the Health Options Program—plus a *Personalized Statement* that has customized coverage and premium information.

Newsletters

The Health Options Program mails a newsletter to members and other PSERS retirees several times a year. Each newsletter contains news, tips and updates about the Program as well as general health and wellness information targeted to older adults. The newsletters are also available online at www.HOPbenefits.com.

Surveys

The Health Options Program is interested in what members think and periodically distributes surveys to find out if the Program is meeting their insurance and communications needs.

For More Information

Type of Question	Please Call	Or Go Online
HOP Medical Plan Value Medical Plan Health Options Program in general	HOP Administration Unit 1-800-PSEERS25 (1-800-773-7725) 8 a.m. to 7 p.m. eastern time, weekdays	www.HOPbenefits.com
Enhanced Medicare Rx Option Basic Medicare Rx Option Value Medicare Rx Option	OptumRx 1-888-239-1301 TTY: 1-800-498-5424 Available 24/7	www.HOPbenefits.com
Dental Plan	MetLife 1-855-700-7997 8 a.m. to 11 p.m. eastern time, weekdays	www.metlife.com/dental
Premium Assistance	Premium Assistance Office 1-866-483-5509 8 a.m. to 4:30 p.m. eastern time, weekdays	www.HOPbenefits.com
Medicare	Medicare 1-800-Medicare (1-800-633-4227) TTY: 1-877-486-2048	www.medicare.gov

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—provided you begin receiving Social Security benefits at that time. 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 may have to wait for a Medicare enrollment period, and you may pay a higher premium. Keep in mind, to participate in the Health Options Program, 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. The Health Options Program offers a choice of Part D plans—the Enhanced, Basic and Value 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 the Health Options Program without a Qualifying Event (unless the Health Options Program conducts an Open Enrollment)—and an increase in the cost of your school employer’s plan does not count as a Qualifying Event.

