



Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2020 Annual Notice of Changes for the Enhanced & Basic Medicare Rx Options

You are currently enrolled as a member of the Enhanced or Basic Medicare Rx Option. Next year, there will be some changes to the costs and benefits. *This booklet tells about the changes.*

You have from early October until November 15, 2019, to make changes to your coverage under the Health Options Program for next year.

Note that the Centers for Medicare & Medicaid Services (CMS) conducts a fall open enrollment each year for Medicare (known as the "Annual Election Period"). This happens from October 15 through December 7 in 2019. This is not the same enrollment as the one for the Health Options Program.

MEMBER SERVICES

For help or information about prescription drugs, please call **OptumRx**.

Phone: 1-888-239-1301 (Calls to this number are free)

TTY: 1-800-498-5428 (Calls to this number are free)

Hours: 24 hours/7 days a week

For help or information about enrollment, billing or ID cards, please call the **HOP Administration Unit** or go to our plan website at www.HOPbenefits.com.

Phone: 1-800-773-7725 (Calls to this number are free)

TTY: 1-800-498-5428 (Calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday—Friday, 8 am – 8 pm

ENHANCED AND BASIC MEDICARE Rx OPTIONS ANNUAL NOTICE OF CHANGES FOR 2020

Additional Resources

- The HOP Administration Unit has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- Contact the HOP Administration Unit for more information about the availability of Braille, large print and audiotape materials.

About the Enhanced and Basic Medicare Rx Options

- The Enhanced and Basic Medicare Rx Options are stand-alone prescription drug plans with a Medicare contract.
- When this booklet says “we,” “us” or “our,” it means the PSERS Health Options Program. When it says “plan” or “our plan,” it means the Enhanced and Basic Medicare Rx Options.

THINK ABOUT YOUR MEDICARE COVERAGE FOR NEXT YEAR

Each fall, the Health Options Program allows you to change your Medicare health and drug coverage during the Option Selection Period. It is important to review your coverage now to make sure it will meet your needs next year.

Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Do the changes affect the services you use? Look in Section 1 on page 5 of this booklet for information about benefit and cost changes for our plan.
- Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier, with different cost sharing? Do any of your drugs have new restrictions, such as needing approval before you fill your prescription? Can you continue to use the same pharmacies? Are there changes to the cost of using this pharmacy? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1 on page 5 of this booklet for information about changes to our drug coverage.

Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Think about your overall costs in the plan.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium and, if you are enrolled in the Basic Medicare Rx Option, how much will you spend on the deductible? How do the total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with the Enhanced or Basic Medicare Rx Option:

If you want to stay with the same option next year, it's easy—you don't need to do anything.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans starting in early October through November 15, 2019. If you enroll in a new plan, your new coverage will begin on January 1, 2020. Look in Section 2.2 on page 9 of this booklet to learn more about your choices.

SUMMARY OF IMPORTANT COSTS FOR 2020

The tables below and on the next page compare the 2019 costs and 2020 costs for the Enhanced and Basic Medicare Rx Options in several important areas. **Please note these are only summaries of changes.** A copy of the *Evidence of Coverage* is located on our website at www.HOPbenefits.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call the HOP Administration Unit to ask us to mail you an *Evidence of Coverage*.

	ENHANCED MEDICARE Rx OPTION			
	2019 (this year)		2020 (next year)	
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$125		\$128	
Part D prescription drug coverage (See Section 1.3 for details.)	Copays during the Initial Coverage Stage			
	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order
Preferred Generic Drugs (Tier 1)	\$7 for up to a 30-day supply; \$21 for a 31- to 90-day supply	\$21 for a 31- to 90-day supply	\$4 for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply
Non-Preferred Generic Drugs (Tier 2)	\$7 for up to a 30-day supply; \$21 for a 31- to 90-day supply	\$21 for a 31- to 90-day supply	\$11 for up to a 30-day supply; \$33 for a 31- to 90-day supply	\$33 for a 31- to 90-day supply
Preferred Brand-Name Drugs (Tier 3)	25% to a maximum of \$75 for up to a 30-day supply and \$150 for a 31- to 90-day supply	25% to a maximum of \$140 for a 31- to 90-day supply	25% to a maximum of \$150 for up to a 30-day supply and \$300 for a 31- to 90-day supply	25% to a maximum of \$280 for a 31- to 90-day supply
Non-Preferred Brand-Name Drugs (Tier 4)	35% to a maximum of \$100 for up to a 30-day supply and \$200 for a 31- to 90-day supply	35% to a maximum of \$190 for a 31- to 90-day supply	35% to a maximum of \$200 for up to a 30-day supply and \$400 for a 31- to 90-day supply	35% to a maximum of \$380 for a 31- to 90-day supply
Specialty Drugs (Tier 5) Limited to a 30-day supply.	33%		33%	

	BASIC MEDICARE Rx OPTION			
	2019 (this year)		2020 (next year)	
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$67		\$69	
Part D prescription drug coverage (See Section 1.3 for details.)	Copays during the Initial Coverage Stage			
	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order
Annual Deductible	\$100 (brand-name and specialty only)	\$100 (brand-name and specialty only)	\$100 (brand-name and specialty only)	\$100 (brand-name and specialty only)
Preferred Generic Drugs (Tier 1)	\$8 for up to a 30-day supply; \$24 for a 31- to 90-day supply	\$24 for a 31- to 90-day supply	\$5 for up to a 30-day supply; \$15 for a 31- to 90-day supply	\$15 for a 31- to 90-day supply
Non-Preferred Generic Drugs (Tier 2)	\$8 for up to a 30-day supply; \$24 for a 31- to 90-day supply	\$24 for a 31- to 90-day supply	\$12 for up to a 30-day supply; \$36 for a 31- to 90-day supply	\$36 for a 31- to 90-day supply
Preferred Brand-Name Drugs (Tier 3)	30% to a maximum of \$100 for up to a 30-day supply and \$250 for a 31- to 90-day supply	30% to a maximum of \$225 for a 31- to 90-day supply	30% to a maximum of \$200 for up to a 30-day supply and \$500 for a 31- to 90-day supply	30% to a maximum of \$450 for a 31- to 90-day supply
Non-Preferred Brand-Name Drugs (Tier 4)	40%	40%	40%	40%
Specialty Drugs (Tier 5) Limited to a 30-day supply.	30%	30%	30%	30%

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SECTION 1

CHANGES TO BENEFITS AND COSTS FOR NEXT YEAR

Section 1.1 Changes to the Monthly Premium

	ENHANCED MEDICARE Rx OPTION		BASIC MEDICARE Rx OPTION	
	2019 (this year)	2020 (next year)	2019 (this year)	2020 (next year)
Monthly plan premium (You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$125	\$128	\$67	\$69

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more, if you enroll in Medicare prescription drug coverage in the future.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year.

We included a list of network pharmacies closest to where you live in the envelope with this booklet and an updated Pharmacy Directory is located on our website at

www.HOPbenefits.com. You may also call OptumRx for updated provider information or the HOP Administration Unit to ask us to mail you a Pharmacy Directory. **Please review the online Pharmacy Directory to see which pharmacies are in our network.**

Section 1.3 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” We sent you a copy of our Abridged Drug List in this envelope. The Drug List we included in this envelope includes

many—but *not all*—of the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling the HOP Administration Unit (see the front cover) or visiting our website (www.HOPbenefits.com).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. We encourage **current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call OptumRx.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call OptumRx to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Current formulary exceptions will still be covered next year. You do not need to resubmit an exception.

We may immediately remove a brand-name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand-name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand-name drug at a network pharmacy. If you are taking the brand-name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this

insert by September 30, please call the HOP Administration Unit and ask for the "LIS Rider." Phone numbers for the HOP Administration Unit are in Section 6.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages—the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages—the Coverage Gap Stage or the Catastrophic Coverage Stage.) To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our

website at www.HOPbenefits.com. You can also review the separately mailed *Evidence of Coverage* to see if other benefit or cost changes affect you. You may also call the HOP Administration Unit to ask us to mail you a copy.

Changes to the Deductible Stage

Because the Enhanced Medicare Rx Option has no deductible, this payment stage may not apply to you if you are enrolled in this plan. However, the Basic Medicare Rx Option does have a deductible, and it is not changing for 2020. Refer to the chart on page 3.



Changes to Your Cost Sharing in the Initial Coverage Stage**Initial Coverage Stage**

During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.**

The costs in this table are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

ENHANCED MEDICARE Rx OPTION

2019 (this year)	2020 (next year)
Your cost for a one-month supply filled at a network pharmacy: Generic Drugs (Tier 1) You pay \$7 per prescription Preferred Brand-Name Drugs (Tier 2) You pay 25% to a maximum of \$75 Non-Preferred Brand-Name Drugs (Tier 3) You pay 35% to a maximum of \$100 Specialty Drugs (Tier 4; 30-day supply limit) You pay 33% Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy: Preferred Generic Drugs (Tier 1) You pay \$4 per prescription Non-Preferred Generic Drugs (Tier 2) You pay \$11 per prescription Preferred Brand-Name Drugs (Tier 3) You pay 25% to a maximum of \$150 Non-Preferred Brand-Name Drugs (Tier 4) You pay 35% to a maximum of \$200 Specialty Drugs (Tier 5; 30-day supply limit) You pay 33% Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).

BASIC MEDICARE Rx OPTION

2019 (this year)	2020 (next year)
Your cost for a one-month supply filled at a network pharmacy: Generic Drugs (Tier 1) You pay \$8 per prescription; not subject to the annual deductible Preferred Brand-Name Drugs (Tier 2) You pay 30% to a maximum of \$100 Non-Preferred Brand-Name Drugs (Tier 3) You pay 40% Specialty Drugs (Tier 4; 30-day supply limit) You pay 33% Once your total drug costs have reached \$3,820, you will move to the next stage (the Coverage Gap Stage)	Your cost for a one-month supply filled at a network pharmacy: Preferred Generic Drugs (Tier 1) You pay \$5 per prescription; not subject to the annual deductible Non-Preferred Generic Drugs (Tier 2) You pay \$12 per prescription; not subject to the annual deductible Preferred Brand-Name Drugs (Tier 3) You pay 30% to a maximum of \$200 Non-Preferred Brand-Name Drugs (Tier 4) You pay 40% Specialty Drugs (Tier 5; 30-day supply limit) You pay 30% Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).

Changes to Your Cost Sharing in the Coverage Gap Stage and the Catastrophic Stage

The other two drug coverage stages—the Coverage Gap Stage and the Catastrophic Coverage Stage—are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2**DECIDING WHICH PLAN TO CHOOSE****Section 2.1 If You Want to Stay in the Enhanced or Basic Medicare Rx Option**

To stay in your plan, you don't need to do anything. If you want to switch from your

current plan to the Enhanced, Basic or Value Medicare Rx Option (as applicable), you must submit an application to the HOP Administration Unit by November 15, 2019. If you do not sign up for a different plan by November 15, you will automatically stay enrolled in your current option for 2020.

Section 2.2 If You Want to Change Plans

If you want to change for 2020, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan timely,
- —OR—You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- —OR—You can keep your current Medicare health coverage and drop your Medicare prescription drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage and quality ratings for Medicare plans.**

As a reminder, the Health Options Program offers Medicare Advantage plans that include prescription drug coverage. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

Step 2: Change your coverage

- To change **to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from the Enhanced or Basic Medicare Rx Option.

- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from the Enhanced or Basic Medicare Rx Option.
 - You will automatically be disenrolled from the Enhanced or Basic Medicare Rx Option if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan or a Medicare Cost Plan, you can enroll in that new plan and keep the Enhanced or Basic Medicare Rx Option for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from the Enhanced or Basic Medicare Rx Option. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from the Enhanced or Basic Medicare Rx Option. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll; contact the HOP Administration Unit if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet),
 - —OR—Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3

DEADLINE FOR CHANGING PLANS

If you want to change to a different prescription drug plan or to a Medicare Advantage plan offered by the Health Options Program for next year, you can do it from **early October until November 15, 2019**. The change will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4

PROGRAMS THAT OFFER FREE COUNSELING ABOUT MEDICARE

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. It is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. A list of phone numbers for the SHIP in each state is in Chapter 2, Section 3 of your *Evidence of Coverage*.

SECTION 5

PROGRAMS THAT HELP PAY FOR PRESCRIPTION DRUGS

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age or medical condition. Each state has different rules. To learn more about the program in your state, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*).
- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance.

In Pennsylvania, the program is called the **Special Pharmaceutical Benefits Program (SPBP)**. For information on eligibility criteria, covered drugs or how to

enroll in the SPBP, please call 1-800-922-9384 or send an email to SPBP@pa.gov. You can also go online to <http://www.health.state.pa.us/spbp>. If you need help contacting an ADAP outside of Pennsylvania, call the HOP Administration Unit. (Phone numbers for the HOP Administration Unit are printed on the front cover of this booklet.)

SECTION 6 QUESTIONS?

Section 6.1 Getting Help from the Enhanced or Basic Medicare Rx Option

Questions? We're here to help. For questions about prescription drugs, please call OptumRx at 1-888-239-1301. (TTY only, call 1-800-498-5428.) OptumRx is available for phone calls 24 hours/7 days a week. For questions about enrollment, billing or ID cards, please call the HOP Administration Unit at 1-800-773-7725. (TTY only, call 1-800-498-5428.) We are available for phone calls Monday–Friday, 8 am to 8 pm, eastern time. Calls to these numbers are free.

Read your 2020 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 *Evidence of Coverage* for the Enhanced and Basic Medicare Rx Options. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* will be mailed to you separately and is available online at www.HOPbenefits.com. You may also call the HOP Administration Unit to ask us to mail you an *Evidence of Coverage*.

Visit our website

You can also visit our website at www.HOPbenefits.com. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare website

You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on "Find Health & Drug Plans.")

Read Medicare & You 2020

You can read the *Medicare & You 2020* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

PENNSYLVANIA PUBLIC SCHOOL EMPLOYEES' RETIREMENT SYSTEM (PSERS) NOTICE OF NONDISCRIMINATION

The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The PSERS Health Options Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Peter Camacci, Director, Health Insurance Office.

If you believe that the PSERS Health Options Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Peter Camacci, Director, Health Insurance Office
Public School Employees' Retirement System
5 N 5th Street
Harrisburg, PA 17101-1905
Phone: 1-888-773-7748; TTY use: 711; Fax: 717-772-3860; Email: pcamacci@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Peter Camacci is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: FREE LANGUAGE ASSISTANCE

This chart displays, in various languages, the phone number to call for free language assistance services for individuals with limited English proficiency.

Language	Message About Language Assistance
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-773-7725; TTY: 711.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-773-7725; TTY: 711。
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-773-7725; TTY: 711.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-773-7725; TTY: 711.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-773-7725; TTY: 711.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-773-7725; TTY: 711.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-773-7725; TTY: 711.
Arabic	ملحوظة: إذا كنت تتحدث العربية اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم . TTY: 711; 1-800-773-7725
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-773-7725; TTY: 711 번으로 전화해 주십시오.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-773-7725; TTY: 711.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-773-7725; TTY: 711.
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-773-7725; TTY: 711.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-773-7725; TTY: 711.
Ukrainian	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-773-7725; TTY: 711.
Cambodian	ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អិត គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-773-7725; TTY: 711។
French Creole (Haitian)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-773-7725; TTY: 711.
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-773-7725; TTY: 711.
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-773-7725; TTY: 711.
Pennsylvania Dutch	Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-773-7725; TTY: 711.

MEMBER SERVICES

For help or information about prescription drugs, please call **OptumRx**.

Phone: 1-888-239-1301 (Calls to this number are free)

TTY: 1-800-498-5428 (Calls to this number are free)

Hours: 24 hours/7 days a week

For help or information about enrollment, billing or ID cards, please call the **HOP Administration Unit** or go to our plan website at www.HOPbenefits.com.

Phone: 1-800-773-7725 (Calls to this number are free)

TTY: 1-800-498-5428 (Calls to this number are free)

Fax: 1-877-411-4921

Hours: Monday—Friday, 8 am – 8 pm

State Health Insurance Assistance Program (SHIP)

To find a SHIP in your state, go to Chapter 2, Section 3 in the *Evidence of Coverage*.

**A STAND-ALONE PRESCRIPTION DRUG PLAN
WITH A MEDICARE CONTRACT
CMS CONTRACT NUMBER: E3014
EFFECTIVE: OCTOBER 2019**