



Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2021 Annual Notice of Changes for the Value Medicare Rx Option

You are currently enrolled as a member of the Value 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 16, 2020, 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 2020. 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,
8:00 a.m.–8:00 p.m.

VALUE MEDICARE Rx OPTION

ANNUAL NOTICE OF CHANGES FOR 2021

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 Value Medicare Rx Option

- The Value Medicare Rx Option is a stand-alone prescription drug plan 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 Value Medicare Rx Option.

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 4 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 4 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 [go.medicare.gov/drugprices](https://www.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 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 Value 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 16, 2020. If you enroll in a new plan, your new coverage will begin on January 1, 2021. Look in Section 2.2 on page 7 of this booklet to learn more about your choices.

SUMMARY OF IMPORTANT COSTS FOR 2021

The table below compares the 2020 costs and 2021 costs for the Value Medicare Rx Option 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*.

	VALUE MEDICARE Rx OPTION			
	2020 (this year)		2021 (next year)	
Monthly Plan Premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$23		\$23	
Annual Deductible	\$435		\$445	
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)	\$2 for up to a 30-day supply; \$6 for a 31-90 day supply. Not subject to the annual deductible.	\$6 for a 31-90 day supply. Not subject to the annual deductible.	\$2 for up to a 30-day supply; \$6 for a 31-90 day supply. Not subject to the annual deductible.	\$6 for a 31-90 day supply. Not subject to the annual deductible.
Generic Drugs (Tier 2)	25%	25%	25%	25%
Preferred Brand-Name Drugs (Tier 3)	25%	25%	25%	25%
Non-Preferred Brand-Name Drugs (Tier 4)	25%	25%	25%	25%
Specialty Drugs (Tier 5) Limited to a 30-day supply	25%	25%	25%	25%

TABLE OF CONTENTS

Think About Your Medicare Coverage for Next Year	1
Summary of Important Costs for 2021	2
SECTION 1 Changes to Benefits and Costs for Next Year	4
Section 1.1 Changes to the Monthly Premium.....	4
Section 1.2 Changes to the Pharmacy Network.....	4
Section 1.3 Changes to Part D Prescription Drug Coverage.....	4
SECTION 2 Deciding Which Plan to Choose	7
Section 2.1 If You Want to Stay in the Value Medicare Rx Option	7
Section 2.2 If You Want to Change Plans.....	7
SECTION 3 Deadline for Changing Plans	8
SECTION 4 Programs That Offer Free Counseling About Medicare	8
SECTION 5 Programs That Help Pay for Prescription Drugs	8
SECTION 6 Questions?	9
Section 6.1 Getting Help From the Value Medicare Rx Option.....	9
Section 6.2 Getting Help From Medicare	9

SECTION 1

CHANGES TO BENEFITS AND COSTS FOR NEXT YEAR

Section 1.1 Changes to the Monthly Premium

	VALUE MEDICARE Rx OPTION	
	2020 (this year)	2021 (next year)
Monthly plan premium (You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$23	\$23

- 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. Please see Section 5 regarding “Extra Help” from Medicare.

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, or both. 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."

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

The Value Medicare Rx Option has a deductible, and it is changing for 2021. Refer to the chart on page 2.

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*.

VALUE MEDICARE Rx OPTION	
2020 (this year)	2021 (next year)
Your cost for a one-month supply filled at a network pharmacy:	Your cost for a one-month supply filled at a network pharmacy:
Preferred Generic Drugs (Tier 1) \$2 for up to a 30-day supply. Not subject to the annual deductible.	Preferred Generic Drugs (Tier 1) \$2 for up to a 30-day supply. Not subject to the annual deductible.
Generic Drugs (Tier 2) You pay 25% per prescription	Generic Drugs (Tier 2) You pay 25% per prescription
Preferred Brand-Name Drugs (Tier 3) You pay 25%	Preferred Brand-Name Drugs (Tier 3) You pay 25%
Non-Preferred Drugs (Tier 4) You pay 25%	Non-Preferred Drugs (Tier 4) You pay 25%
Specialty Drugs (Tier 5; 30-day supply limit) You pay 25%	Specialty Drugs (Tier 5; 30-day supply limit) You pay 25%
Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,130, 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 Value 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 or Basic Medicare Rx Option (as applicable), you must submit an application to the HOP Administration Unit by November 16, 2020. If you do not sign up for a different plan by November 16, you will automatically stay enrolled in your current option for 2021.

Section 2.2 If You Want to Change Plans

If you want to change for 2021, follow these steps:

Step 1: Learn about and compare your choices

- You can timely join a different Medicare prescription drug plan, 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 2021*, 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 www.medicare.gov/plan-compare. **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 Value 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 Value Medicare Rx Option.
 - You will automatically be disenrolled from the Value 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 Value Medicare Rx Option for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from the Value 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 Value 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 16, 2020**. The change will take effect on January 1, 2021.

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 7:00 a.m. and 7:00 p.m., 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/underinsured 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 www.health.pa.gov/topics/programs/HIV/Pages/Special-Pharmaceutical-Benefits.aspx. 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 Value 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, 8:00 a.m. to 8:00 p.m. Eastern Time. Calls to these numbers are free.

Read your 2021 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 2021. For details, look in the 2021 *Evidence of Coverage* for the Value Medicare Rx Option. 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 (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 www.medicare.gov/plan-compare).

Read Medicare & You 2021

You can read the *Medicare & You 2021* 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 (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.

MEMBER SERVICES

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Hours: Monday–Friday,
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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 2020**