



# HOP NEWS

## Your Benefit Power Tools

Knowledge is power, and understanding how your benefits work is important. This issue is dedicated to the tools that can help you understand how the Health Options Program benefits work.

For example, if you are enrolled in the Enhanced, Basic, or Value Rx Option, you have access to tools that answer the questions asked most by members:

- **What medications are covered?** Covered medications are listed in the formulary. You can find a link to an online formulary on our website, [HOPbenefits.com](https://www.hopbenefits.com). You can also download a PDF of the formulary booklet. You can request a paper copy by calling the HOP Administration Unit.
- **How much does the plan pay?** While prescription drugs are expensive, the Plan covers the majority of these costs. See page 3 for a breakdown of Plan versus member costs.
- **How much do I pay?** To all the math teachers out there, this one's for you. It requires a few quick calculations and knowing what stage of coverage you are in. See page 2 for details.

## Do the Math

The good news is you don't need to be a math major to figure out your costs. All you need is a few data points. If you want to skip the math altogether, you can review the benefit chart for your plan option at [HOPbenefits.com](https://www.hopbenefits.com) on the Medicare Rx Options page.

The table below shows how the plan components work together to determine the cost of a medication.

Plan Design Element	What It Means	How It Works
<b>Deductible</b>	If your plan has a deductible, you pay the costs up to the deductible amount before benefits begin. If your plan has no deductible, benefits begin immediately.	The <b>Basic and Value Medicare Rx Options</b> have deductibles. The <b>Enhanced Rx Option</b> has no deductible.
<b>Coverage Stage</b>	Each year, Medicare defines the parameters for each coverage stage. You move through the coverage stages based on how much is paid by you, the Plan, and manufacturer discounts for drugs. Plan benefits under each coverage stage are different.	There are three stages: 1. <b>Initial Coverage:</b> Up to a total drug cost of \$4,660 (in 2023) paid by you and the Plan 2. <b>Coverage Gap:</b> Until a maximum of \$7,400 (in 2023) is paid by you and manufacturer discounts 3. Once you reach the Coverage Gap maximum, you are in <b>Catastrophic Coverage</b> .
<b>Medication Tier Level</b>	During the Initial Coverage stage, benefits are based on the tier of the medication. As a reminder, medication tiers are listed in the formulary. Medications are put into one of five tier levels.	For example, Eliquis is a Tier 3 medication, which is a preferred brand drug. Under the <b>Enhanced Medicare Rx Option</b> , a member's costs in the Initial Coverage stage is 25%, up to a maximum of \$150 for a 30-day supply. In the Coverage Gap, the cost is 25% (no maximum).

*If you are enrolled in a Medicare Advantage plan, please check with the insurer for a copy of the applicable formulary.*

## Summer Information Sessions and Webinars

### Individual consultations

To schedule a 30-minute telephone appointment (not a group meeting), call the HOP Administration Unit at 1-800-773-7725, and let the representative know that you want to schedule an individual telephone consultation.

### Online webinars

Registration is required. The summer webinars will be held in July and August. The schedule and registration links are posted to the Information Sessions page (under About the Health Options Program) on [HOPbenefits.com](https://www.hopbenefits.com). Or you can call the HOP Administration Unit to register.

# Who Pays What When You Fill a Prescription?

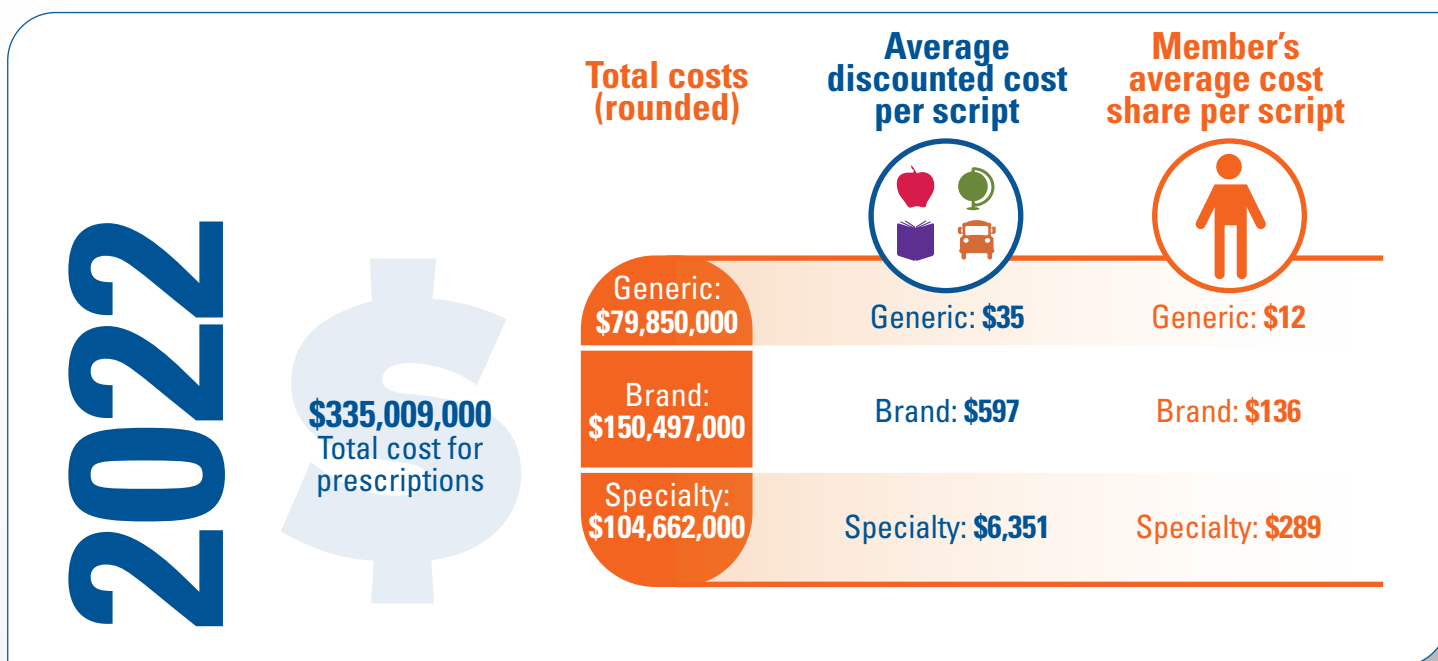
The Medicare Rx Options available through the Health Options Program are designed to cover the majority of the cost of members' prescription medications.

The infographic below shows that in 2022, the Medicare Rx Options available through the Health Options Program paid a total of over \$300 million in members' prescriptions. You can see how that number is broken out by type of drug—generic, brand name, and specialty, and

then further into what the average price per prescription is and what the member's average cost is.

For example, in 2022, the average cost per brand-name prescription was \$597; however, the average member cost share was much less, at \$136.

For more information about these benefits, visit [HOPbenefits.com](https://HOPbenefits.com).



## Thanks for Your Feedback!

Thank you to the more than 6,000 members who responded to the OSP materials survey. This was the highest response rate since 2018! As a reminder, the survey was included in the packet you received at the start of the Option Selection Period in fall 2022. We are pleased to report that 90% of respondents were very satisfied with the materials, and 88% found the personalized statement helpful. We also received some great ideas for future newsletter topics—like the topics covered in this issue. Stay tuned to see what's next!

## Mark Your Calendar

This fall will be the 2024 Option Selection Period. Option Selection Period is an annual opportunity for members who are currently enrolled in the Health Options Program to change their plan options, as applicable. Your personalized statement and materials will help you make your enrollment decisions.

# How to Use the Formulary

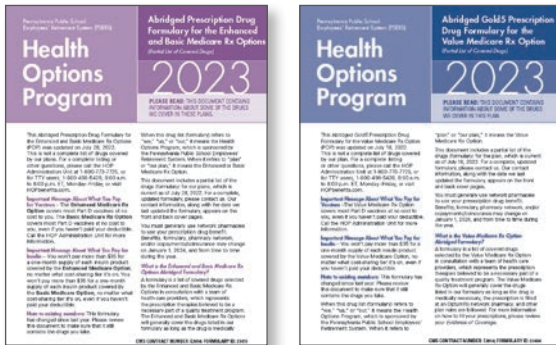
A formulary is a list of covered drugs under the Enhanced, Basic, and Value Medicare Rx Options. The list is created in consultation with a team of health care providers, and it represents the prescription therapies believed to be a necessary part of a quality treatment program. When you need to check whether your medication is covered, you can use the formulary booklet or the online lookup tool. As a reminder, if you are enrolled in a Medicare Advantage plan, please check with the insurer for a copy of the applicable formulary.

## Abridged vs. Comprehensive Formulary

Many members first check the shorter list of common medications in the abridged formulary. If a medication isn't listed there, the comprehensive formulary lists every covered medication and is updated monthly and posted to [HOPbenefits.com](https://www.hopbenefits.com). Also, it's important to make sure you are using the correct formulary for your plan. **The Value Rx Option has a separate formulary.**

### Formulary booklet (paper or electronic PDF file)

Use the booklet that's right for your prescription drug option. (The Value Rx Option has a separate formulary.)



You can find a medication based on the medical condition it is used to treat. For example, Eliquis is an anticoagulant used to prevent blood clots. The entries show what's covered, the dosage, tier, and any quantity limits (QL).

TRESIBA FLEXTOUCH		3
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
FRAGMIN INJ 2500UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days) NDS
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days) NDS
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days) NDS
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days) NDS
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days) NDS
	5	QL (35 ML per 90 days) NDS
	5	QL (7 ML per 90 days) NDS

You can also look up a medication by name using the index.

Drug Name	Page #	Drug Name	Page #
EFFEXOR XR	7	etravirine	17
EFUDEK	28	EUCRISA	28
ELIGARD	32	everolimus	12
ELIQUIS	22	everolimus	33
ELIQUIS STARTER PACK	22	EVOTAZ	18
ELMIRON	30	exemestane	11
EMCYT	10	EXKIVITY	12
EMGALITY	9	EXTAVIA	27
EMSAM	7	ezetimibe	25

Take note of the drug tier. All covered medications are put into one of five drug tiers. Generally, the lower the tier, the less expensive the drug is. See the **Do the Math** article for more about drug costs.

## Bonus drug list under the Enhanced Medicare Rx Option



The **Enhanced Medicare Rx Option** covers a few drugs that are not covered by Medicare. They are listed in the back of the **Comprehensive Formulary** for this plan. Note: The bonus drug list does not apply to the Basic Rx or Value Rx Options.

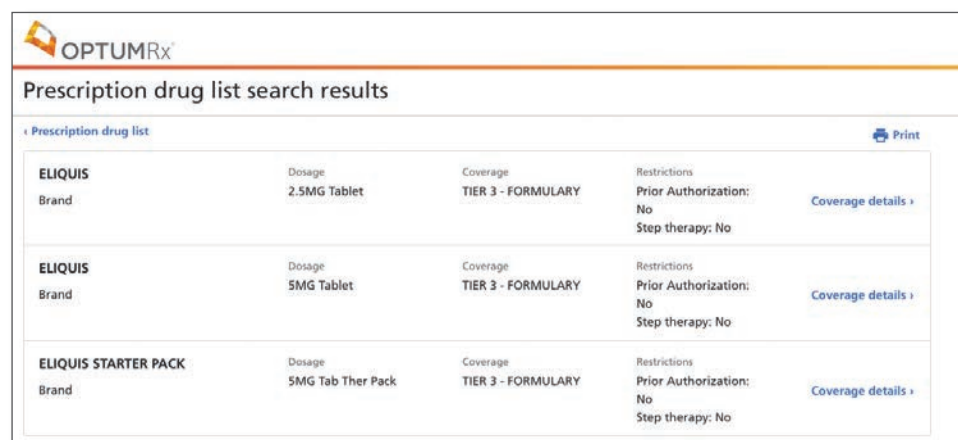
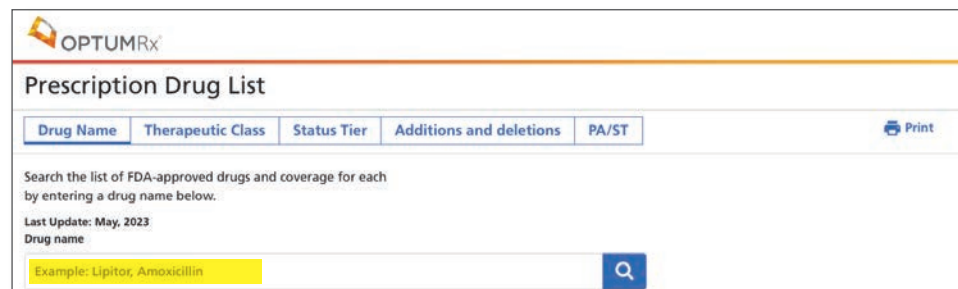
Medicare-excluded Drugs Covered under the Enhanced Medicare Rx Option Only (Bonus Drug List)			
DRUG NAME	DRUG TIER	DRUG NAME	DRUG TIER
<b>COUGH AND COLD</b>			
ASCORBIC ACI SOL 500MG/ML	3	sildenafil tab 25mg (Limit: 6 per 30 days)	1
benzonatate cap 100mg	1	sildenafil tab 50mg (Limit: 6 per 30 days)	1
benzonatate cap 150mg	1	tadalafil tab 10mg (Limit: 6 per 30 days)	1
benzonatate cap 200mg	1	tadalafil tab 20mg (Limit: 6 per 30 days)	1
brom/pse/dm syp	1	varidenafil tab 10mg (Limit: 6 per 30 days)	1
bromfed dm syp	1	varidenafil tab 2.5mg (Limit: 6 per 30 days)	1
fortigan cap	1	varidenafil tab 20mg (Limit: 6 per 30 days)	1
hyd pol/cpm sus 10-8/5ml	1	varidenafil tab 5mg (Limit: 6 per 30 days)	1
hydr/cpm/pse liq 5-4-60mg	1		
hydroc/homat tab 5-1.5mg	1		
hydrocod/hom sup 5-1.5mg	1		

## Online lookup tools

**OptumRx**, the administrator of the Medicare Rx Options, provides an easy-to-use Part D Formulary Lookup Tool that lists all the medications. Note that the Value Rx Option has a separate link to its lookup tool. The links are posted on [HOPbenefits.com](https://www.hopbenefits.com).

### How to use the online lookup tools:

1. Enter the name of the medication you are looking for, and click on the search icon.
2. The search results show that the medication is covered, the dosage, the tier, and any applicable restrictions.



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# Benefit Power Tools

## Have a Question?

If You Have a Question About	Please Call	Or Go Online
<b>Health Options Program enrollment or eligibility</b> HOP Medical Plan, Value Medical Plan, or HOP Pre-65 Medical Plan benefits or claims	<b>HOP Administration Unit</b> <b>1-800-PSERS25 (1-800-773-7725)</b> TTY: <b>1-800-498-5428</b> From outside the U.S.: <b>+1 717-305-7388</b> 8:00 a.m. to 8:00 p.m. ET, weekdays	<b>HOPbenefits.com</b>
<b>Prescription drugs</b> (retail or mail order) under the Enhanced, Basic, or Value Medicare Rx Option or the HOP Pre-65 Medical Plan	<b>OptumRx</b> <b>1-888-239-1301</b> TTY/TDD: <b>1-800-498-5428</b> Available 24/7	<b>HOPbenefits.com</b>
<b>Medicare Advantage or Managed Care plan</b> benefits, claims, or prescription drugs	Please call the plan directly.	
<b>MetLife Dental and EyeMed Vision Option</b>	<b>MetLife</b> <b>1-855-700-7997</b> 8:00 a.m. to 11:00 p.m. ET, weekdays <b>EyeMed</b> <b>1-855-663-7444</b> 7:30 a.m. to 11:00 p.m. ET, weekdays 8:00 a.m. to 11:00 p.m. ET, Saturdays 11:00 a.m. to 8:00 p.m. ET, Sundays	MetLife Dental and EyeMed Vision Option page on <b>HOPbenefits.com</b>
<b>Premium Assistance</b>	<b>Premium Assistance</b> <b>1-866-483-5509</b> 8:00 a.m. to 8:00 p.m. ET, weekdays	
<b>Retirement</b>	<b>PSERS</b> <b>1-888-PSERS4U (1-888-773-7748)</b> 7:30 a.m. to 5:00 p.m. ET, weekdays	<b>psers.pa.gov</b>