Pennsylvania Public School
Employees' Retirement System (PSERS)

MedicareRx
Prescription Drug Coverage

# Health Options Program

## Enrollment Guide for Medicare-Eligible Members

## 2025

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

HOP
HEALTH OPTIONS PROGRAM
WWW.HOPBENEFITS.COM®

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 and vision 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:

- **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 only Original Medicare
- **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 plan, you can add a voluntary dental and vision plan and/or prescription drug coverage. Prescription drug coverage is also available on a stand-alone basis. If you choose a Medicare Advantage plan, prescription drug coverage is included; dental and vision 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 Supplement plans, two prescription drug plans, and dental and vision coverage. 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 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 (TTY users, 1-800-498-5428) weekdays from 8:00 a.m. to 8:00 p.m. ET. A website, **HOPbenefits.com**, is accessible 24 hours a day, seven 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 a Commonwealth public school employer plan 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. Over the course of your lifetime, on average, you could save up to $24,000 as a participant in the Health Options Program. 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 retirement requirements:

- All classes with at least 24½ eligibility points regardless of age, or
- Class T-C and T-D: You terminate school employment at or after reaching age 62 with at least 15 eligibility points, or
- Class T-E and T-F: You terminate school employment at or after reaching age 65 with at least 15 eligibility points, or
- Class T-G and T-H: You terminate school employment at or after reaching age 67 with at least 15 eligibility points, 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 stand-alone 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 nontaxable 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**.

# 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.

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 **a $50 deductible on Medicare Part B services**. After you meet the deductible, the combined coverage pays 100% of covered hospital and medical expenses except for a few copays—$10 for a primary care physician visit, $40 for an emergency room visit, $25 for an MRI or a CT scan, and 10% (up to $100 per item) for durable medical equipment. The HOP Medical Plan also provides additional coverage if you exceed your maximum Medicare benefits or if you need services when you are traveling abroad.

In addition, if you enroll in the HOP Medical Plan, you have **SilverSneakers®** fitness programs at no additional cost. SilverSneakers includes group fitness classes, social events, swimming pools, and a network of 13,000+ fitness locations, all included with your basic fitness membership. To find a location near you, go online to **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 $300**. When you have medical expenses, the Plan limits your share of the cost—but only after **you pay the annual deductible ($240 in 2024)**. 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. The Value Medical Plan coverage for services provided abroad is limited to those covered by Medicare.

If you enroll in the HOP Medical Plan within the three months before or after the month in which you turn 65, you will pay a discounted premium. If you remain enrolled in the HOP Medical Plan, you'll receive a discount on your premium each year until the year in which you turn 70. 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 Plan

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 two **prescription drug plans** (see page 6) and/or **a dental and vision 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 will pay for selected covered services if you are enrolled in Original Medicare and either the HOP Medical Plan or the Value Medical Plan. For more details about what's covered and any benefit limitations, refer to each Plan's *Summary Plan Description*.

| | WHAT YOU PAY IF YOU ARE ENROLLED IN ORIGINAL MEDICARE AND... | |
|---|---|---|
| | **The HOP Medical Plan** | **The Value Medical Plan** |
| Part B annual deductible | $50 | $240 (in 2024) |
| Annual out-of-pocket maximum | Does not apply | $5,000 |
| Doctor visits | $10 PCP; $20 specialist | 20% up to $20 |
| Outpatient surgery | $0 | 20% up to $100/procedure |
| Emergency room | $40 (waived if admitted) | $50 (waived if admitted) |
| Urgent care | $15 | 20% up to $20 |
| MRI and CT scans | $25 | 20% up to $100/procedure |
| Outpatient therapy | $0 | 20% |
| Durable medical equipment | 10% up to $100/item | 20% |
| Hospitalization | $0 | $300/admission |
| Skilled nursing facility (days 21–100) | $0 | $50/day |
| Coverage after Medicare benefits are exhausted | 20% (after $250 deductible) with $1,000 annual out-of-pocket limit | Not covered |

# 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 stand-alone basis (without a Medicare Supplement), **you will not be eligible for Premium Assistance**.

The Health Options Program offers two Medicare prescription drug plans—the **Medicare Plus Rx Option and the Medicare Standard Rx Option**. Your monthly premium for the Medicare Standard Rx Option is lower than for the Medicare Plus Rx Option, but you have to satisfy the $590 (in 2025) annual deductible before the Medicare Standard Rx Option pays any portion of your prescription drug expenses.

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

**In accordance with the requirements of the Inflation Reduction Act of 2022, the Medicare prescription drug options will provide enhanced benefits for insulin coverage and vaccines. See page 7 for details.**

## Medicare Plus Rx Option

With the Medicare Plus Rx Option, you have **a $200 deductible for preferred brand-name drugs, non-preferred drugs, or specialty drugs** (Tier 3, 4 and 5 drugs). There is no deductible for Tier 1 and Tier 2 generic drugs. The Medicare Plus Rx Option also covers certain medications not covered at all under the Medicare Standard Rx Option or Medicare prescription drug programs offered by commercial carriers. The Medicare Plus Rx Option has a different formulary from the Medicare Standard Rx Option.

## Medicare Standard Rx Option

The Medicare Standard Rx Option is for retirees who are willing to pay the **annual $590 (in 2025) prescription drug deductible for preferred brand-name drugs, non-preferred drugs, or specialty drugs** (Tier 3, 4 and 5 drugs) for a lower monthly premium. There is no deductible for Tier 1 and Tier 2 generic drugs. It is designed to provide financial protection in the event of unexpected high-cost prescription drug expenses. The Medicare Standard Rx Option has a different formulary from the Medicare Plus Rx Option. The Medicare Standard Rx Option's formulary is called the Gold5 formulary.

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 will pay under each Medicare Rx Option for a prescription. For more details about what's covered and any benefit limitations, refer to the *HOP Medical Plan Summary Plan Description* or the *Value Medical Plan Summary Plan Description*.

| | MEDICARE PLUS Rx OPTION | | MEDICARE STANDARD Rx OPTION | |
|---|---|---|---|---|
| **PRESCRIPTION DRUGS** | **Retail Pharmacy** | **Mail Order** | **Retail Pharmacy** | **Mail Order** |
| Annual deductible | $200 (excludes generics) | | $590 (excludes generics) | |
| **Initial Coverage up to an Out-of-Pocket Threshold of $2,000*** | | | | |
| Preferred generic drugs (Tier 1) | $4 maximum for up to a 30-day supply; $12 for a 31- to 90-day supply | $12 for a 31- to 90-day supply | $6 maximum for up to a 30-day supply; $18 for a 31- to 90-day supply | $18 for a 31- to 90-day supply |
| Non-preferred generic drugs (Tier 2) | $10 maximum for up to a 30-day supply; $30 for a 31- to 90-day supply | $30 for a 31- to 90-day supply | $15 maximum for up to a 30-day supply; $45 for a 31- to 90-day supply | $45 for a 31- to 90-day supply |
| Preferred brand-name drugs (Tier 3) | 20% | 20% | 25% | 25% |
| Non-preferred drugs (Tier 4) | 25% | 25% | 30% | 30% |
| Specialty drugs (Tier 5; limited to a 30-day supply) | 30% | 30% | 25% | 25% |
| **Catastrophic Coverage**** | | | | |
| Generic drugs*** | $0 | | $0 | |
| Brand-name drugs*** | $0 | | $0 | |

* Includes total costs for covered drugs paid by the participant
** Under the Medicare Plus Rx Option, you may have cost sharing for drugs that are covered under our Bonus Drug List.
*** Including specialty drugs

**Benefit enhancements are provided under the Inflation Reduction Act. Call Optum Rx for more information.**

**Insulin:** You won't pay more than $35 for a one-month supply of each insulin product covered by the Medicare Rx Options, no matter which cost-sharing tier it's on, even if you haven't paid your deductible.

**Vaccines:** The Medicare Rx Options cover most Part D vaccines at no cost to you, even if you haven't paid your annual deductible.

You can find a list of all covered medications in the *Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option* and the *Comprehensive Gold5 Prescription Drug Formulary,* available online at **HOPbenefits.com** or by request from the HOP Administration Unit.

# The MetLife Dental and EyeMed Vision Option

Under the MetLife Dental and EyeMed Vision Option, one election provides two types of coverage; you cannot enroll in vision and dental coverage separately.

The dental and vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider. Review the sections that follow for more details on how the benefits work, how to find network providers, and any limitations or restrictions.

You must enroll in the HOP Medical Plan or the Value Medical Plan to be eligible for dental and vision coverage. It is not available on a stand-alone basis or if you enroll in a Medicare Advantage plan.

If you do not enroll in dental and vision coverage when first eligible or enroll but drop your coverage at a later date, you will not be able to re-enroll unless there is an open enrollment or you experience a Qualifying Event.

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

## MetLife Dental Coverage

In addition to helping you maintain good oral health at a reasonable cost,* dental coverage 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.
- 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 $1,400 in basic and major restorative services. Preventive services do not count toward the maximum annual benefit.
- If you use an in-network dentist after you receive the maximum annual benefit, you'll continue to pay discounted rates.

## Coverage at a glance

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

| | IN-NETWORK | OUT-OF-NETWORK* |
|---|---|---|
| **Preventive Services (do not count toward the annual benefit maximum)** | | |
| Deductible | $0 | $0 |
| Oral exams; cleanings; full mouth or panoramic X-rays; bitewing X-rays; intraoral, periapical, and extraoral X-rays; fluoride treatments (for dependent child(ren) up to age 14) | 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 or 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 or relines, general anesthesia, consultations, inlays or onlays, crowns, crown build-ups, dentures, bridges, endodontics or 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 |

* These out-of-network reimbursement levels do not apply in Texas, Mississippi, Louisiana, Montana, Massachusetts, or Alaska. If you live in one of these states, call the HOP Administration Unit (1-800-773-7725) for reimbursement levels.

## Understanding in-network and out-of-network dental benefits

Each time you need dental care, you can decide whether to use an in-network dentist or one that is not part of the MetLife network. 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 that 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 that if you use an out-of-network dentist, you pay 100% of the difference between what the dentist charges and MetLife's discounted rate.

** Discounted rates refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing, and benefits maximums. Discounted rates are subject to change.

**Example.** You need a periodontal scaling and root planing (a basic restorative service), which has a discounted rate of $119. You have a choice of two equally qualified dentists. One dentist belongs to the MetLife network and charges the discounted rate of $119. You pay $35.70 (30% of $119), and MetLife pays $83.30.

The other dentist is not in the MetLife network and charges $259 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:

- $59.50 (50% of the $119 discounted rate), plus
- $140 (100% of the difference between the dentist's actual charge of $259 and the discounted rate of $119)

So you pay $199.50 ($59.50 + $140) and MetLife pays $59.50. In this example, **you would save $163.80** ($199.50 - $35.70) 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 **metlife.com/dental**. Click on **Find a participating dentist** on 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 $1,400 in dental benefits (in-network and out-of-network combined; this doesn't include preventive and diagnostic care), you pay 100% for any additional care you receive for the rest of the calendar year. However, **in-network dentists accept MetLife's negotiated rates after the maximum has been reached**—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.*

## EyeMed Vision Coverage

Vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider. Review the sections that follow for more details on how the benefits work, how to find network providers, and any limitations or restrictions.

The Vision Plan offers a number of important advantages:

- Eye examinations, frames, and prescription lenses or medically necessary contact lenses are covered once every other calendar year.
- You have the option to see a provider in the EyeMed Insight network or an out-of-network provider; however, you'll always pay less for in-network services.
- When you visit a PLUS Provider (e.g., LensCrafters or Target Optical), you are eligible for an additional $50 frame allowance.
- Out-of-network care will be reimbursed up to the Plan limits (noted in the chart below) after you submit a claim for the full amount of the service.
- The HealthyEyes wellness program keeps the focus on your eye health with online tools, articles, and videos.

### Coverage at a glance

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

| COVERED SERVICES (ONCE EVERY OTHER CALENDAR YEAR) | YOUR COST IN-NETWORK | YOUR REIMBURSEMENT OUT-OF-NETWORK |
|---|---|---|
| **Vision exam** | $0 | Up to $30 |
| **Frame** | 20% off balance over $100 allowance | Up to $45 |
| **Frame from a PLUS Provider** | 20% off balance over $150 allowance | Up to $45 |
| **Standard plastic lenses (in lieu of medically necessary contacts)** | | |
| Single-vision | $0 | Up to $25 |
| Bifocal | $0 | Up to $36 |
| Trifocal | $0 | Up to $46 |
| Lenticular | $0 | Up to $46 |
| Progressive – standard | $55 | Up to $36 |
| **Medically necessary contact lenses (in lieu of lenses)** | $0 | Up to $210 |

## Understanding in-network and out-of-network vision benefits

Each time you need vision care, you decide whether to use an in-network provider or one that is not part of the EyeMed Insight network. While you are free to go out of network whenever and as often as you like, using an EyeMed provider is your lower-cost option. Here's why:

- For most in-network services, including eye exams, most lenses, and frames, you'll pay nothing—a $0 copay—when you need care.
- When you purchase frames from a PLUS Provider (e.g., LensCrafters or Target Optical), you'll receive an additional $50 toward your frame allowance.
- If you visit an out-of-network provider, you'll pay the full amount of the service up front and submit a claim for reimbursement, along with an itemized invoice.
- EyeMed negotiates **discounted rates*** with in-network providers. This means that they are under contract to accept a specific amount for each service. Out-of-network providers can charge any amount, but EyeMed will only pay up to the maximum reimbursement level. This means that if you use an out-of-network provider, you pay 100% of the difference between what the provider charges and EyeMed's maximum reimbursement level.

* Discounted rates refer to the fees that in-network providers have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing, and benefits maximums. Discounted rates are subject to change.

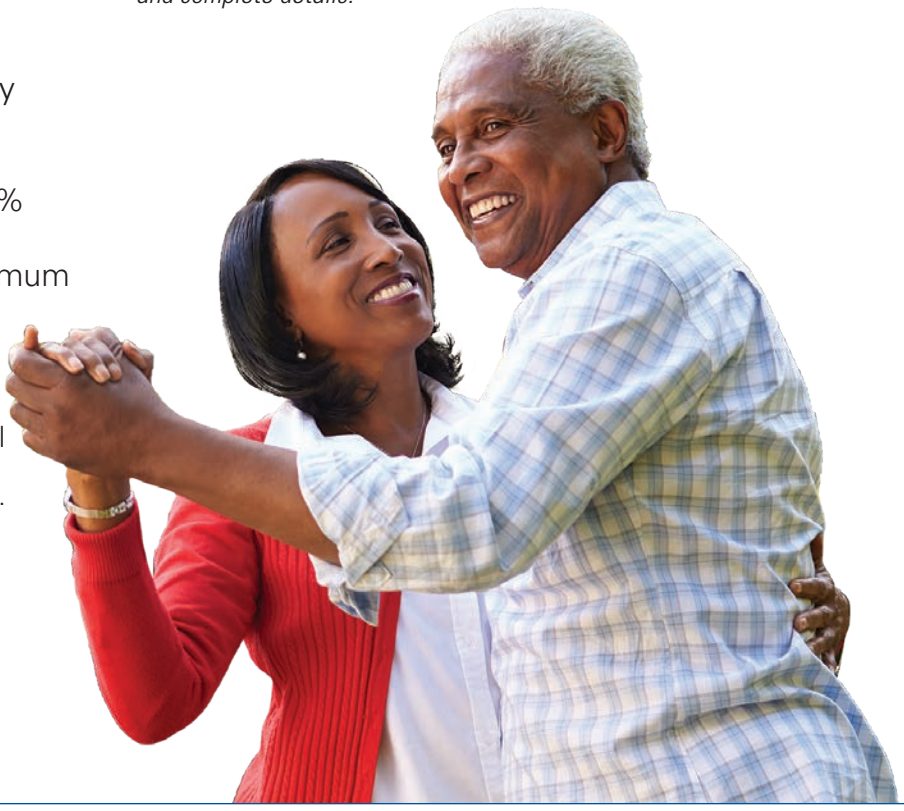
## To find an EyeMed vision provider

EyeMed's Enhanced Provider Search has more than 170,000 Insight network providers nationally. You can filter your search to find ones near you that have the frame brands, hours, and services you want most. To use the search tool, visit **eyedoclocator.eyemedvisioncare.com**, and select the Insight network. You may also download the EyeMed Members app through the Apple App Store or Google Play.

## When you go to the vision provider

EyeMed will send you two ID cards when you join, but you don't have to show the card when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement by logging in to **member.eyemedvisioncare.com**, or, to pull up a digital version anytime or anywhere, download the EyeMed Members app through the Apple App Store or Google Play.

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



# Someone Like Me

Deciding what medical plan is right for you is not always easy. We hope these someone-like-me examples can help you in this process. The profiles are for demonstration purposes only. The plan you elect should be based on your actual health care needs.

# Meet Frank

- About to retire at age 65
- In good health and generally only sees his doctor for wellness exams
- No prescription medications at this time
- Divorced and only needs coverage for himself
- Enjoys using technology

## What Frank Cares About

- **Easy access to resources.** Frank wants all his resources readily available. He likes the convenience of online information and tools.
- **Cost.** Frank is focused on keeping monthly expenses low. He's eligible for $100 a month in Premium Assistance and wants to make sure he is in a plan that's eligible for Premium Assistance.
- **Choice and flexibility.** Frank worries that over time, if his health changes, he might need more coverage. He wants the ability to change and update his coverage as his health care needs change.

## What Plan Is Right for Frank?

The Value Medical Plan plus Medicare Standard Rx Option.

- Frank doesn't have regular prescriptions right now; however, it's always a good idea to have at least a little coverage for one-off medications, like antibiotics if he ever gets sick. If he needs more coverage in the future, he knows there are other options available through the Health Options Program.
- Preventive care and wellness exams are covered 100% before the deductible.
- Frank's Premium Assistance covers the majority of the monthly cost of the Value Medical Plan, so he will pay less in monthly premiums; plus, he is protected from unforeseen high-cost medical expenses by the annual out-of-pocket maximum.
- The website, **HOPbenefits.com**, has a secure member portal with personalized information, general plan information, and lookup tools for network providers and covered medications. He can also elect to receive some of his paperwork electronically instead of through the mail.
- The Health Options Program also offers additional coverage options, like the Medicare Plus Rx Option or Medicare Advantage plans, in case he ever wants to change his coverage.
- Frank could enroll only in Original Medicare; however, he would not be able to apply his Premium Assistance to that coverage.

# Meet Mary and James

- Mary retired early and was able to remain on her school health insurance plan.
- Mary just turned 65 and is now eligible for Medicare, so she lost coverage under her school-sponsored plan.
- Mary needs to cover her husband James, who is 63 and not eligible for Medicare.
- James takes high blood pressure medication.
- Mary is a diabetic.

## What Mary and James Care About

- **Prescription drug coverage.** James is only taking one prescription, and Mary is on medication to help control her blood sugar. They want financial protection against high-cost medications.
- **Healthy lifestyle.** Mary wants to remain healthy and active, but now that she's on a fixed income, she's worried about her gym membership fees. To keep up their health, Mary and James get annual checkups and wellness exams.
- **A program with options for non-Medicare-eligible dependents.** Mary is excited to enroll in the Health Options Program, because she knows it has options for James now and once he becomes Medicare-eligible.
- **Costs.** Mary and James will have prescription drug costs, so they want to keep other expenses as low as possible. She also wants to make sure that the monthly premiums aren't based on her age.
- **Vision benefits.** Mary wears glasses. She knows how important it is to have regular eye exams to monitor her eye health and get her prescription updated, as needed.

## What Plan Is Right for Mary and James?

The HOP Medical Plan with Dental and Vision plus Rx and the HOP Pre-65 Medical Plan plus Rx.

- Mary is enrolling in the **HOP Medical Plan** within the three months before or after the month she turns 65, so she's eligible for a 15% discount. If she remains enrolled in the HOP Medical Plan, she'll receive a premium discount until the year in which she turns 70. Plus, she knows that Health Options Program premiums are set to a standard rate for age 70 and older. She likes that her premium isn't based on her age.
- Mary is eligible for Premium Assistance, so they will save $100 on their premium each month. She also likes the convenience of having her premiums deducted automatically from her pension.
- Mary also chooses to enroll in the MetLife Dental and EyeMed Vision Option. That way, her preventive visits are covered 100% by the Plan, and she's protected from high out-of-pocket costs if she ever needs dental or vision care.
- Every year during the Option Selection Period, they have the option to change plans. They like the flexibility of being able to change coverage as their health care needs change.
- The SilverSneakers fitness program is included, which can help them with lifestyle changes to better their health conditions.
- The Health Options Program offers a pre-65 plan for James. See page 23 to learn more about comparable coverage for non-Medicare-eligible spouses.

*continued*

## How Are Their Medications Covered?

Mary has diabetes and is taking a medication to manage her blood sugar. With the HOP Medical Plan, Mary has a choice of two prescription drug plans—the Medicare Plus Rx Option or the Medicare Standard Rx Option. Depending on the plan she chooses, she will pay a different amount for covered prescription drugs. The two Medicare Rx Options have different formularies, which she will want to keep in mind when choosing a plan.

Here's an example of what Mary would pay under each plan in Initial Coverage* for a 30-day fill:

| | MEDICARE PLUS RX OPTION | | MEDICARE STANDARD RX OPTION | |
|---|---|---|---|---|
| **Formulary** | **Medicare Plus Rx Option Fomulary** | | **Gold5 Formulary** | |
| | Preferred generic (Tier 1) | Preferred brand-name (Tier 3) | Preferred generic (Tier 1) | Preferred brand-name (Tier 3) |
| **Total Cost** | $132.00 | $547.00 | $132.00 | $547.00 |
| **Plan Pays** | $128.00 | $437.60 | $126.00 | $410.25 |
| **Mary Pays** | **$4 copay**** | **$109.40***** (20%) | **$6 copay**** | **$136.75***** (25%) |

* Costs may vary based on the coverage stage. See page 7 for details.
** Annual deductible does not apply.
*** Cost shown is after meeting the annual deductible.

# 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 | $203 |
| HOP Medical Plan + Medicare Plus Rx Option | $340 |
| HOP Medical Plan + Medicare Standard Rx Option | $260 |
| HOP Medical Plan with Dental and Vision | $241 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $378 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $298 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $102 |
| Value Medical Plan + Medicare Plus Rx Option | $239 |
| Value Medical Plan + Medicare Standard Rx Option | $159 |
| Value Medical Plan with Dental and Vision | $140 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $277 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $197 |

# Monthly Costs in Pennsylvania (Excluding Premium Assistance)

## 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 | $216 |
| HOP Medical Plan + Medicare Plus Rx Option | $353 |
| HOP Medical Plan + Medicare Standard Rx Option | $273 |
| HOP Medical Plan with Dental and Vision | $254 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $391 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $311 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $115 |
| Value Medical Plan + Medicare Plus Rx Option | $252 |
| Value Medical Plan + Medicare Standard Rx Option | $172 |
| Value Medical Plan with Dental and Vision | $153 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $290 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $210 |

## 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 | $225 |
| HOP Medical Plan + Medicare Plus Rx Option | $362 |
| HOP Medical Plan + Medicare Standard Rx Option | $282 |
| HOP Medical Plan with Dental and Vision | $263 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $400 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $320 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $117 |
| Value Medical Plan + Medicare Plus Rx Option | $254 |
| Value Medical Plan + Medicare Standard Rx Option | $174 |
| Value Medical Plan with Dental and Vision | $155 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $292 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $212 |

# 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 | $225 |
| HOP Medical Plan + Medicare Plus Rx Option | $362 |
| HOP Medical Plan + Medicare Standard Rx Option | $282 |
| HOP Medical Plan with Dental and Vision | $263 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $400 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $320 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $117 |
| Value Medical Plan + Medicare Plus Rx Option | $254 |
| Value Medical Plan + Medicare Standard Rx Option | $174 |
| Value Medical Plan with Dental and Vision | $155 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $292 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $212 |

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

Baker • Columbia • DeSoto • 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 | $216 |
| HOP Medical Plan + Medicare Plus Rx Option | $353 |
| HOP Medical Plan + Medicare Standard Rx Option | $273 |
| HOP Medical Plan with Dental and Vision | $254 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $391 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $311 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $115 |
| Value Medical Plan + Medicare Plus Rx Option | $252 |
| Value Medical Plan + Medicare Standard Rx Option | $172 |
| Value Medical Plan with Dental and Vision | $153 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $290 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $210 |

# 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 | $216 |
| HOP Medical Plan + Medicare Plus Rx Option | $353 |
| HOP Medical Plan + Medicare Standard Rx Option | $273 |
| HOP Medical Plan with Dental and Vision | $254 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $391 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $311 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $115 |
| Value Medical Plan + Medicare Plus Rx Option | $252 |
| Value Medical Plan + Medicare Standard Rx Option | $172 |
| Value Medical Plan with Dental and Vision | $153 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $290 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $210 |

**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 | $225 |
| HOP Medical Plan + Medicare Plus Rx Option | $362 |
| HOP Medical Plan + Medicare Standard Rx Option | $282 |
| HOP Medical Plan with Dental and Vision | $263 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $400 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $320 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $117 |
| Value Medical Plan + Medicare Plus Rx Option | $254 |
| Value Medical Plan + Medicare Standard Rx Option | $174 |
| Value Medical Plan with Dental and Vision | $155 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $292 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $212 |

# 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 | $225 |
| HOP Medical Plan + Medicare Plus Rx Option | $362 |
| HOP Medical Plan + Medicare Standard Rx Option | $282 |
| HOP Medical Plan with Dental and Vision | $263 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $400 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $320 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $117 |
| Value Medical Plan + Medicare Plus Rx Option | $254 |
| Value Medical Plan + Medicare Standard Rx Option | $174 |
| Value Medical Plan with Dental and Vision | $155 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $292 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $212 |

**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 | $216 |
| HOP Medical Plan + Medicare Plus Rx Option | $353 |
| HOP Medical Plan + Medicare Standard Rx Option | $273 |
| HOP Medical Plan with Dental and Vision | $254 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $391 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $311 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $115 |
| Value Medical Plan + Medicare Plus Rx Option | $252 |
| Value Medical Plan + Medicare Standard Rx Option | $172 |
| Value Medical Plan with Dental and Vision | $153 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $290 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $210 |

# Monthly Costs Outside Pennsylvania (Excluding Premium Assistance)

**Other States**

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

Alabama • Alaska • Arizona • Arkansas • California • Colorado • Connecticut • Delaware • Georgia
Guam • Hawaii • Idaho • Illinois • Indiana • Iowa • Kansas • Kentucky • Louisiana • Maine • Maryland
Massachusetts • Michigan • Minnesota • Mississippi • Missouri • Montana • Nebraska • Nevada
New Hampshire • New Mexico • North Carolina • North Dakota • Ohio • Oklahoma • Oregon • Puerto Rico
Rhode Island • South Carolina • South Dakota • Tennessee • Texas • Utah • Vermont • Virginia • Virgin Islands
Washington • Washington, D.C. • West Virginia • Wisconsin • Wyoming

| Your Options | Your Monthly Cost per Person |
|---|---|
| HOP Medical Plan only | $216 |
| HOP Medical Plan + Medicare Plus Rx Option | $353 |
| HOP Medical Plan + Medicare Standard Rx Option | $273 |
| HOP Medical Plan with Dental and Vision | $254 |
| HOP Medical Plan with Dental and Vision + Medicare Plus Rx Option | $391 |
| HOP Medical Plan with Dental and Vision + Medicare Standard Rx Option | $311 |
| Medicare Plus Rx Option | $137 |
| Medicare Standard Rx Option | $57 |
| Value Medical Plan only | $115 |
| Value Medical Plan + Medicare Plus Rx Option | $252 |
| Value Medical Plan + Medicare Standard Rx Option | $172 |
| Value Medical Plan with Dental and Vision | $153 |
| Value Medical Plan with Dental and Vision + Medicare Plus Rx Option | $290 |
| Value Medical Plan with Dental and Vision + Medicare Standard Rx Option | $210 |

# 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 and 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 are offered by Highmark, Aetna, Independence Blue Cross, Capital Blue Cross, and UPMC.

To find out which Medicare Advantage plans are available where you live, the benefits they offer, and their rates, visit **HOPbenefits.com**, and navigate to **Resources > Documents and Forms**. Look for the listing of the Medicare Advantage guides. There is one for each region of Pennsylvania and one for outside of Pennsylvania.

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 Parts A and B and pay the Part B premium.

## Comparable Coverage

If your spouse is not currently enrolled, consider when they might retire. Retirees and dependents must be enrolled in the same plan, which is determined by who enrolls first. If your spouse will become eligible within the next year but after you make your decision this Option Selection Period, you may want to consider what options will work for both of you. Otherwise, you won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period. For example, if you elect the HOP Medical Plan, when your spouse retires, he or she must also elect the HOP Medical Plan (if Medicare-eligible) or the HOP Pre-65 Medical Plan (if not eligible for Medicare). However, if you and your spouse are both PSERS annuitants, you may elect different options.

## Qualifying Events

You can enroll in the Health Options Program and/or change your benefit if you experience a Qualifying Event. However, don't wait too long. Certain time limits apply. Contact the HOP Administration Unit at 1-800-773-7725 for details.

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; or
- Your current plan terminates, or you move out of your current 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; and
- 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.**<br>Be sure to read all the information you receive from the Health Options Program that describes your options. You can also go online to **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.**<br>The *PSERS Health Options Program Application* is to be used only to enroll in one or more of the following:<br>• HOP Medical Plan<br>• Value Medical Plan<br>• Medicare Plus Rx Option<br>• Medicare Standard Rx Option<br>• MetLife Dental and EyeMed Vision Option<br>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.**<br>Complete and sign the enrollment application for the plan you want to enroll in within the three months prior to the desired effective date. Do not sign or submit your application more than three months prior to that date. |
| **Step 4:** | **Return your completed application to the HOP Administration Unit, even if you are electing a Medicare Advantage plan.**<br>All enrollment forms must be returned to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764. This ensures that you are enrolled in the right plan and that 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

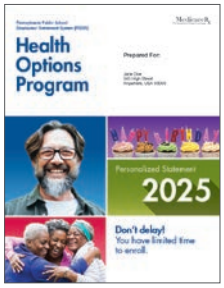
The Health Options Program's website, **HOPbenefits.com**, includes information, tools, and videos for both current and prospective members. It describes the health care options that are available to both Medicare-eligible and non-Medicare-eligible members and covers topics such as eligibility and Premium Assistance. Easy-to-use search tools, such as Find a Plan, Find a Drug, and Find a Pharmacy, help you make the most of your benefits. A Resources section of the site houses many useful documents, such as the *Comprehensive Prescription Drug Formulary for the Medicare Plus Rx Option* and the *Comprehensive Gold5 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 Medicare Plus or Medicare Standard Rx Option receive additional information. Note: The version you receive is for your current plan. If you want a different version to compare the benefits, you can request it from the HOP Administration Unit.

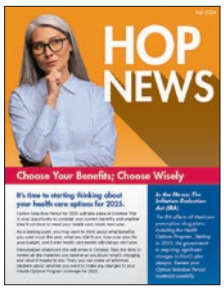
- An *Annual Notice of Changes*, which explains the coverage and premium changes that will become effective the following year
- An *Abridged Prescription Drug Formulary*, which is a listing of the most common prescription drugs covered under the Medicare Plus and Medicare Standard Rx Options
- An *Evidence of Coverage* brochure, which provides a detailed description of the Medicare Plus and Medicare Standard Rx Options is available online at **HOPbenefits.com**

# Participant Resources




## 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, vision, 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 **HOPbenefits.com**.


## Surveys

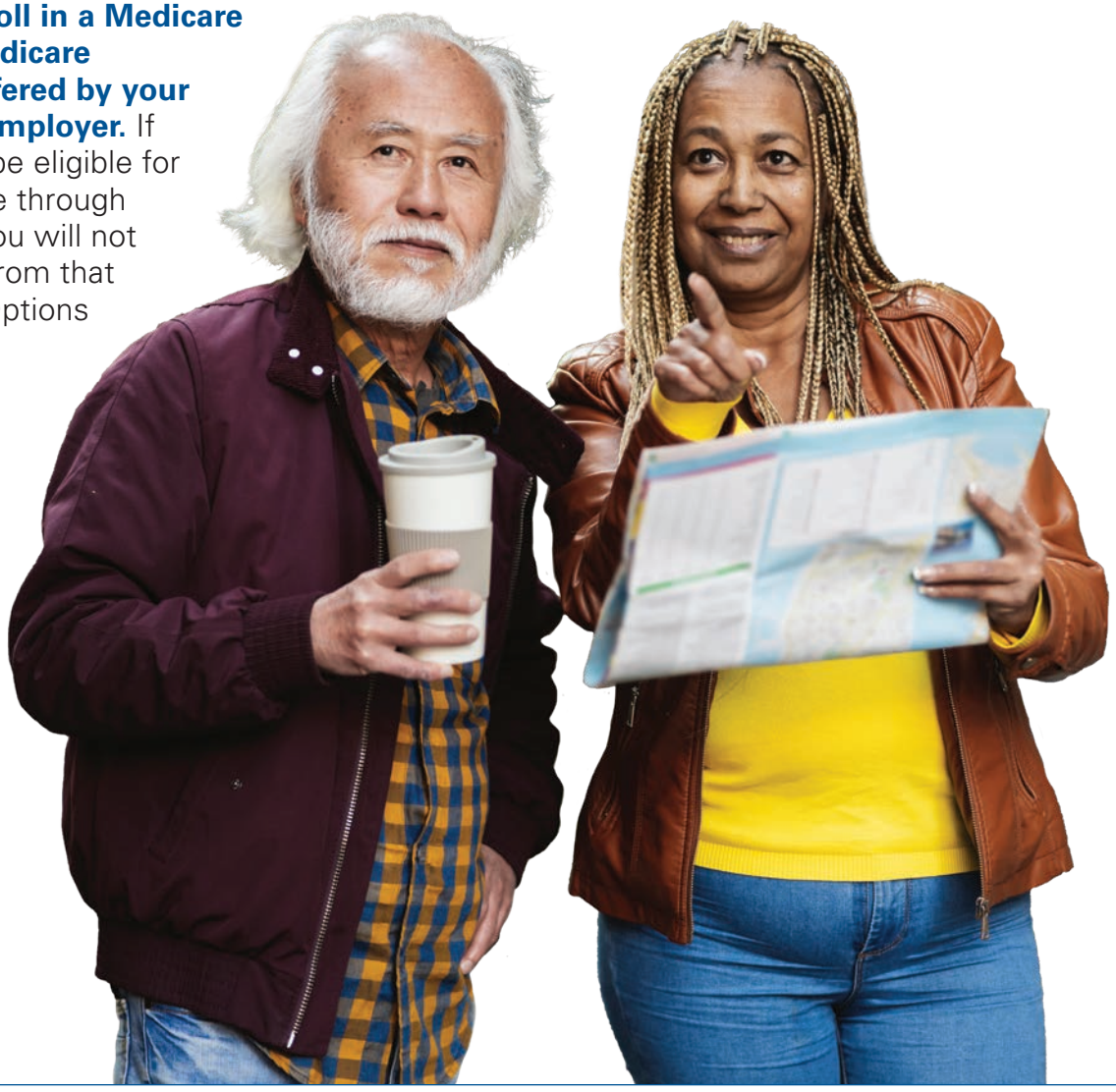
The Health Options Program is interested in what members think and periodically distributes surveys to find out if the Program is meeting their insurance and communications needs.

# For More Information

| Type of Question | Please Call | Or Go Online |
|---|---|---|
| HOP Medical Plan<br>Value Medical Plan<br>Health Options Program in general | HOP Administration Unit<br>1-800-PSERS25<br>(1-800-773-7725)<br>TTY: 1-800-498-5428<br>8:00 a.m. to 8:00 p.m. ET, weekdays | HOPbenefits.com |
| Medicare Plus Rx Option<br>Medicare Standard Rx Option | Optum Rx<br>1-888-239-1301<br>TTY: 1-800-498-5428<br>Available 24/7 | HOPbenefits.com |
| Dental coverage | MetLife<br>1-855-700-7997<br>8:00 a.m. to 11:00 p.m. ET, weekdays | metlife.com/dental |
| Vision coverage | EyeMed<br>1-855-663-7444<br>Monday to Saturday: 7:30 a.m. to 11:00 p.m. ET<br>Sunday: 11:00 a.m. to 8:00 p.m. ET | eyemed.com |
| Premium Assistance | Premium Assistance Office<br>1-866-483-5509<br>8:00 a.m. to 8:00 p.m. ET, weekdays | HOPbenefits.com |
| Medicare | Medicare<br>1-800-MEDICARE<br>(1-800-633-4227)<br>TTY: 1-877-486-2048 | 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 that, 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 Medicare Plus and Medicare Standard 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). An increase in the cost of your school employer's plan does not count as a Qualifying Event.



HOP
HEALTH OPTIONS PROGRAM
WWW.HOPBENEFITS.COM®

MedicareRx
Prescription Drug Coverage

**EFFECTIVE JANUARY 1, 2025**
**DOC. NUMBER 121-25-v2**

Form Approved
OMB# 0938-1421

# Pennsylvania Public School Employees' Retirement System (PSERS)

## Multi-Language Insert

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-773-7725. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-773-7725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-800-773-7725。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-800-773-7725。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-773-7725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-773-7725. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-773-7725 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-773-7725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-773-7725 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-773-7725. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-773-7725. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-773-7725 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-773-7725. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-773-7725. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-773-7725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-773-7725. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-773-7725 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。