



OSEEGB
Oklahoma State and Education
Employees Group Insurance Board

Medicare Supplement Plans and Medicare Advantage Prescription Drug Plans Option Period Guide



Summary of Benefits Plan Year 2010

January 1 through December 31, 2010

Medicare^R
Prescription Drug Coverage **X**

Helpful Hints for Completing Your Option Period Form

- ◆ Review section B of your *Option Period Enrollment/Change Form*. This is the coverage you will have January 1, through December 31, 2010, if you do not make changes to your coverage this Option Period.

If you ARE NOT making changes:

- ◆ No further action is necessary. You do NOT need to return your *Option Period Enrollment/Change Form*.
- ◆ If you do not make any changes to your coverage, you will not receive a *Confirmation Statement* from OSEEGIB. Keep your *Option Period Enrollment/Change Form* as verification of your insurance coverage.
- ◆ If you live in a long-term care facility, such as a skilled nurse facility or nursing home, do not allow your facility to enroll you in another Medicare Part D plan. Enrollment in another Part D plan will result in the termination of your Medicare Part D coverage through OSEEGIB and will increase your monthly premium.

If you ARE making changes:

- ◆ Review the premium rates and plan changes for 2010. Premium rates are listed on the following page and plan changes are listed in the *2010 Plan Changes* beginning on page 3 of this Guide.
- ◆ Use the following resources to help you decide on the right coverage for you (and your dependents):
 - ◆ This Guide
 - ◆ Plan Websites
 - ◆ Customer Service Telephone Numbers
 - ◆ Provider Directories
 - ◆ OSEEGIB Member Services
- ◆ Decide on the coverage for yourself (and your dependents).
- ◆ Check the appropriate box(es) in Section C of your *Option Period Enrollment/Change Form* to make any coverage changes.
- ◆ Complete your *Option Period Enrollment/Change Form* and return it to OSEEGIB by **December 4, 2009**.
- ◆ Review your *Confirmation Statement* when you receive it in the mail to verify your coverage is correct.
- ◆ Contact OSEEGIB Member Services immediately if your *Confirmation Statement* is incorrect, so corrections can be made as soon as possible.

Oklahoma State and Education Employees Group Insurance Board
Monthly Premiums for Medicare Eligible Members
Plan Year January 1, 2010 - December 31, 2010

MEDICARE SUPPLEMENT PLANS					
HealthChoice Employer PDP High Option With Part D		\$289.42 per enrolled person			
HealthChoice Employer PDP Low Option With Part D		\$236.10 per enrolled person			
HealthChoice High Option Without Part D		\$345.82 per enrolled person			
HealthChoice Low Option Without Part D		\$292.50 per enrolled person			
UnitedHealthcare Senior Supplement High Option (formerly PacifiCare)		\$362.14 per enrolled person			
UnitedHealthcare Senior Supplement Low Option (formerly PacifiCare)		\$325.36 per enrolled person			
MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS (MA-PD)					
CommunityCare Senior		\$179.00 per enrolled person			
CommunityCare Senior Alternate (NEW)		\$148.00 per enrolled person			
Generations HealthCare by GlobalHealth		\$116.30 per enrolled person			
Secure Horizons Medicare Complete Retiree Plan (HMO)		\$189.22 per enrolled person			
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental		\$30.28	\$30.28	\$25.24	\$65.50
Assurant Freedom Preferred		\$26.33	\$26.18	\$19.63	\$52.79
Assurant Heritage Plus with SBA (Prepaid)		\$11.74	\$ 8.86	\$ 7.60	\$15.20
Assurant Heritage Secure (Prepaid)		\$ 7.20	\$ 5.98	\$ 5.20	\$10.38
CIGNA Dental Care Plan (Prepaid)		\$ 9.26	\$ 6.06	\$ 7.08	\$15.32
Delta Dental PPO (POS)		\$30.48	\$30.50	\$26.80	\$68.22
Delta’s Choice (PPO)		\$13.40	\$30.44	\$30.68	\$74.46
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan		\$6.76	\$5.06	\$3.57	\$ 4.46
Primary Vision Care Services (PVCS)		\$9.25	\$8.00	\$8.50	\$10.75
Superior Vision Plan		\$6.98	\$6.90	\$6.60	\$ 6.60
UnitedHealthcare Vision		\$8.18	\$5.79	\$4.59	\$ 6.98
Vision Service Plan (VSP)		\$8.96	\$6.00	\$5.74	\$12.92
LIFE PLAN		From \$5,000 to \$40,000		\$1.94 Per \$1,000 Unit	
Age Rated Life – Cost Per \$1,000 from \$41,000 and Up					
< 30 ----- \$0.05		45 - 49 ----- \$0.19		65 - 69 ----- \$0.99	
30 - 34 ----- \$0.05		50 - 54 ----- \$0.32		70 - 74 ----- \$1.67	
35 - 39 ----- \$0.08		55 - 59 ----- \$0.52		75+ ----- \$2.60	
40 - 44 ----- \$0.12		60 - 64 ----- \$0.60			
DEPENDENT LIFE		\$0.97 Per \$500 Unit, Per Dependent			

These rates do not reflect any contribution from your retirement system.

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Oklahoma State and Education Employees Group Insurance Board
Monthly COBRA Premiums for Medicare Eligible Members
Plan Year January 1, 2010 - December 31, 2010

MEDICARE SUPPLEMENT PLANS					
HealthChoice Employer PDP High Option With Part D		\$289.42 per enrolled person			
HealthChoice Employer PDP Low Option With Part D		\$236.10 per enrolled person			
HealthChoice High Option Without Part D		\$352.74 per enrolled person			
HealthChoice Low Option Without Part D		\$298.35 per enrolled person			
UnitedHealthcare Senior Supplement High Option (formerly PacifiCare)		\$362.14 per enrolled person			
UnitedHealthcare Senior Supplement Low Option (formerly PacifiCare)		\$325.36 per enrolled person			
MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS (MA-PD)					
CommunityCare Senior		\$179.00 per enrolled person			
CommunityCare Senior Alternate (NEW)		\$148.00 per enrolled person			
Generations HealthCare by GlobalHealth		\$116.30 per enrolled person			
Secure Horizons Medicare Complete Retiree Plan (HMO)		\$189.22 per enrolled person			
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental		\$30.89	\$30.89	\$25.74	\$66.81
Assurant Freedom Preferred		\$26.86	\$26.70	\$20.02	\$53.85
Assurant Heritage Plus with SBA (Prepaid)		\$11.97	\$ 9.04	\$ 7.75	\$15.50
Assurant Heritage Secure (Prepaid)		\$ 7.34	\$ 6.10	\$ 5.30	\$10.59
CIGNA Dental Care Plan (Prepaid)		\$ 9.45	\$ 6.18	\$ 7.22	\$15.63
Delta Dental PPO (POS)		\$31.09	\$31.11	\$27.34	\$69.58
Delta’s Choice (PPO)		\$13.67	\$31.05	\$31.29	\$75.95
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan		\$6.90	\$5.16	\$3.64	\$ 4.55
Primary Vision Care Services (PVCS)		\$9.44	\$8.16	\$8.67	\$10.97
Superior Vision Plan		\$7.12	\$7.04	\$6.73	\$ 6.73
UnitedHealthcare Vision		\$8.34	\$5.91	\$4.68	\$ 7.12
Vision Service Plan (VSP)		\$9.14	\$6.12	\$5.85	\$13.18

The Rules of the Oklahoma State and Education Employees Group Insurance Board state that for any benefit continued under COBRA, one person must always pay the primary member premium. In cases where a spouse, child, or children are insured under a particular benefit and the member did not retain coverage, one person will always be billed at the primary member rate.

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A searchable text version of this Option Period Guide is available on the OSEEGIB website at www.sib.ok.gov or www.healthchoicetok.com. This Guide is also available in CD format at the Oklahoma Library for the Blind and Physically Handicapped (OLBPH). Contact OLBPH at 1-405-521-3514, toll-free 1-800-523-0288, or TDD 1-405-521-4672.

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Plan Identification Information

Plan Administrator

Oklahoma State and Education Employees Group Insurance Board (OSEEGIB)
3545 N.W. 58th Street, Suite 110, Oklahoma City, OK 73112
1-405-717-8701 or toll-free 1-800-752-9475

HealthChoice Medicare Supplement & Part D Prescription Drug Plan

Member Services / Monday through Friday, 7:30 a.m. to 4:30 p.m. Central time
1-405-717-8780 or toll-free 1-800-752-9475; Fax: 1-405-717-8942
TDD 1-405-949-2281 or toll-free 1-866-447-0436
Website: www.sib.ok.gov or www.healthchoiceok.com

UnitedHealthcare Senior Supplement Plans

Monday through Friday, 9:00 a.m. to 9:00 p.m. Central time
P.O. Box 6072, Cypress, CA 90630
Toll-free 1-800-851-3802 or toll-free TDD 1-800-557-7595
Website: www.securehorizons.com

CommunityCare Senior Health Plans

Monday through Sunday, 8:00 a.m. to 8:00 p.m. Central time
P.O. Box 3327, Tulsa, OK 74101
1-918-594-5323 or toll-free 1-800-642-8065
Relay Service for the Hearing Impaired toll-free 1-800-722-0353
Website: www.ccok.com

Generations Healthcare offered by GlobalHealth

Monday through Friday, 8:00 a.m. to 5:00 p.m. Central time
55 N. Robinson, Oklahoma City, OK 73102
Toll-free 1-866-547-3060 or toll-free TTY/TDD/Voice 1-800-958-2692
Website: www.generationshealthcare.cc

Secure Horizons Medicare Complete Retiree Plan (HMO)

Monday through Friday, 8:00 a.m. to 5:00 p.m. Central time
7666 E. 61st Street, Tulsa, OK 74133
Toll-free 1-888-635-2701 or toll-free TDD 1-800-387-1074
Website: www.securehorizons.com

Medicare

Customer Service: 7 days a week / 24 hours a day
Toll-free 1-800-MEDICARE (1-800-633-4227) or toll-free TTY 1-877-486-2048
Website: www.medicare.gov
Website Questions and Answers: <http://questions.medicare.gov>

Social Security Administration

Customer Service: Monday through Friday, 7:00 a.m. to 7:00 p.m. Central time
Toll-free 1-800-772-1213 or toll-free TTY 1-800-325-0778
Website: www.socialsecurity.gov

2010 Plan Changes

By January 31, 2010, HealthChoice will send you a plan handbook/Evidence of Coverage that will explain the plan rules and benefits in greater detail. Your plan will notify you 60 days before making any formulary changes that would alter your drug's tier level or increase the cost of your medication, so that you'll have time to review your options.

Health Plan Changes

- ◆ OSEEGIB is required by CMS to designate its status as an Employer Prescription Drug Plan (PDP) in the names of its HealthChoice Medicare Supplement Plans With Part D. The new plan names are:
 - ◆ HealthChoice Employer PDP High Option Medicare Supplement With Part D
 - ◆ HealthChoice Employer PDP Low Option Medicare Supplement With Part D
- ◆ “At-Home Recovery” and “Preventive Care not Covered by Medicare (up to \$120)” will no longer be covered by the Medicare Supplement Plans.
- ◆ Changes to the copays for the Medicare Advantage Prescription Drug Plans (MA-PD) are indicated in bold text in the *Comparison of Benefits for the Medicare Advantage Prescription Drug Plans* on pages 38-44.

Pharmacy Plan Changes

HealthChoice Medicare Supplement Plans

- ◆ Pharmacy copays are increasing for the High Option Plans. See *Pharmacy Benefits for HealthChoice High Option Medicare Supplement Plans* on page 23 for details.
- ◆ Medicare members will no longer be charged the cost difference between a brand-name product and its generic version.
- ◆ In accordance with CMS guidelines, the pharmacy deductible, initial coverage limit, and out-of-pocket amounts are changing. See below:

Plan Name	Pharmacy Deductible	Annual Out-of-Pocket Maximum	Initial Coverage Limit (Low Option Only)	Charges Applied to Out-of-Pocket Maximum
HealthChoice Employer PDP High Option With Part D	Not applicable	Increases from \$4,350 to \$4,550	Not applicable	All out-of-pocket costs for covered drugs purchased at Network pharmacies will apply to the annual out-of-pocket maximum
HealthChoice High Option Without Part D				
HealthChoice Employer PDP Low Option With Part D	Increases from \$295 to \$310		Increases from \$2,700 to \$2,830	
HealthChoice Low Option Without Part D				

Dental Plan Changes

- ◆ The *Comparison of Benefits for Dental Plans* on pages 48-51 has been redesigned to show your costs for Network services instead of what the plans pay.

HealthChoice Dental Plan

- ◆ Topical fluoride treatments will be covered only for children through age 12.

CIGNA Dental Care Plan

- ◆ CIGNA Dental Care Plan has a new phone number and hours of operation. The new toll-free number is 1-800-244-6224. Also, their customer service hours have been extended to 24 hours a day, seven days a week.

Vision Plan Changes

- ◆ Humana/CompBenefits will apply a \$25 copay for frames purchased out-of-network. This change is indicated by bold text in the *Comparison of Benefits for Vision Plans* on pages 52-53.

Medicare Premiums, Deductibles, Coinsurance, and Copays

As of the print date of this Guide, the amounts for Medicare premiums, deductibles, coinsurance, and copays were not available. Use this Guide together with your 2010 *Medicare & You* handbook for more information and exact amounts. The Centers for Medicare and Medicaid Services will be mailing you a *Medicare & You* handbook in the near future.

Monthly Premiums for the HealthChoice Medicare Supplement Plans

The chart below lists 2009 member premiums for the HealthChoice Medicare Supplement Plans and the new 2010 premiums that are effective January 1.

Plan Name	2009 Premium	2010 Premium	Increase
HealthChoice Employer PDP High Option With Part D	\$279.28	\$289.42	\$10.14
HealthChoice Employer PDP Low Option With Part D	\$222.92	\$236.10	\$13.18
HealthChoice High Option Without Part D	\$333.24	\$345.82	\$12.58
HealthChoice Low Option Without Part D	\$276.88	\$292.50	\$15.62

For a list of the standard monthly premiums for the Medicare supplement, dental, vision, and life insurance plans, see *Monthly Premiums* at the beginning of this Guide.

Extra Help Paying for Part D - Medicare Low Income Subsidy Information

If you qualify for extra help through Social Security, you pay \$0 or a reduced monthly premium for the prescription drug portion of your coverage. This extra help also assists you in paying for your prescription drugs. If you qualify for extra help in 2010, the chart below shows the amount you will pay for your prescription drugs. For more information, contact Social Security at the number listed on page 2 of this Guide.

Extra Help Groups	If you pay up to this much in 2009	You will pay up to this much in 2010
Rx 1	\$0 deductible	\$0 deductible
	\$0 copay	\$0 copay
Rx 2	\$0 deductible	\$0 deductible
	\$1.10 generic copay	\$1.10 generic copay
	\$3.20 brand/other drug copay	\$3.30 brand/other drug copay
Rx 3	\$0 deductible	\$0 deductible
	\$2.40 generic copay	\$2.50 generic copay
	\$6.00 brand/other drug copay	\$6.30 brand/other drug copay
Rx 4-7	\$60.00 deductible	\$63.00 deductible
	15% copay	15% copay

HealthChoice Medicare Formulary

Enclosed with this Guide is a copy of the new HealthChoice Abridged Medicare Formulary that will be effective January 1, 2010. Medicare has reviewed and approved the covered drugs listed in this formulary.

Please review this formulary carefully, as there have been many changes because new generic alternative drugs are now available. Some drugs have been added to the formulary and others have been removed. Also, some drugs have new limitations. To find out how your medications are covered or for a copy of the HealthChoice Comprehensive Medicare Formulary, please contact Medco toll-free at 1-800-758-3605 or toll-free TTY 1-800-871-7138, or go to the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com.

General Information

The benefit information provided in this Option Period Guide (Summary of Benefits) is only a brief description of each plan's benefits. If you need additional information to help you make a coverage decision, contact each plan. See *Help Lines* on page 54 of this Guide.

Options for Medicare Members

You can:

- ◆ Change health or dental plans that are already in place.
- ◆ Drop benefits and/or dependents.
- ◆ Decrease the amount of your life insurance coverage.
- ◆ Enroll, disenroll, or change vision plans.



Eligibility Requirements

To participate in the plans described in this Guide, you must be:

- ◆ Entitled to benefits under Medicare Part A or enrolled in Medicare Part B.*
- ◆ Enrolled in only one Part D plan. If you have Part D coverage through another plan and wish to continue that coverage, you must select the HealthChoice Medicare Supplement High or Low Option Plan Without Part D. Enrolling in another Medicare Supplement Plan With Part D or an MA-PD plan will end your current coverage.

*You must be enrolled in Part B to be eligible for UnitedHealthcare Senior Supplement.

Eligible Dependents

If one eligible dependent is covered, all eligible dependents must be covered. As a former employee, you can only add dependents if one of the following events occur:

- ◆ A dependent loses other group coverage. Coverage must be added within 30 days of the date of the loss. You must provide OSEEGIB proof of your dependent's loss of coverage.
- ◆ You are granted custody, guardianship, or adopt a child under 25 years of age. Documentation must be provided.
- ◆ You marry. You have 30 days from the date of your marriage to add your new spouse and any new dependent child under 25 years of age. If you add your new dependents to coverage, you must submit a copy of your marriage license or certificate to OSEEGIB.

Medicare Supplement Plans

The Medicare supplement plans described in this Guide provide coverage in addition to your Medicare Part A and Part B coverage, so you **MUST KEEP** your Medicare coverage. This means you must continue to pay your Medicare Part B premiums.

- ◆ HealthChoice Employer PDP High and Low Option Medicare Supplement Plans **With** Part D
- ◆ HealthChoice High and Low Option Medicare Supplement Plans **Without** Part D
- ◆ UnitedHealthcare Senior Supplement Plans - High and Low Options (formerly PacifiCare)

Medicare Advantage Plans MA-PD

A Medicare Advantage Prescription Drug Plan (MA-PD) is also an option for those members who live within one of the MA-PD plan's service areas.

- ◆ CommunityCare Senior
- ◆ CommunityCare Senior Alternate (NEW)
- ◆ Generations HealthCare by GlobalHealth
- ◆ Secure Horizons Medicare Complete Retiree Plan (HMO)

Dental Plans

- ◆ Assurant Freedom Preferred
- ◆ Assurant Heritage Plus with SBA (Prepaid)
- ◆ Assurant Heritage Secure (Prepaid)
- ◆ CIGNA Dental Care Plan (Prepaid)
- ◆ Delta Dental PPO (POS)
- ◆ Delta's Choice (PPO)
- ◆ HealthChoice Dental

Vision Plans

- ◆ Humana/CompBenefits VisionCare Plan
- ◆ Primary Vision Care Services (PVCS)
- ◆ Superior Vision Plan
- ◆ UnitedHealthcare Vision
- ◆ Vision Service Plan (VSP)

Life Plan

- ◆ Now is the time to review your life insurance coverage and beneficiaries. A *Beneficiary Designation Form* is available on the HealthChoice website, or you can contact HealthChoice Member Services. See *Help Lines* on page 54 of this Guide.

Confirming Coverage

- ◆ Plan changes made during Option Period will be reflected on the *Confirmation Statement* you will receive from OSEEGIB.
- ◆ Review your *Confirmation Statement* to make sure your coverage is correct. Contact OSEEGIB Member Services immediately if your *Confirmation Statement* is incorrect, so corrections can be made as soon as possible.
- ◆ If you do not make any changes to your coverage, you will not receive a *Confirmation Statement*. Keep your personalized *Option Period Enrollment/Change Form* as proof of your coverage.

COBRA Coverage

- ◆ A dependent who becomes ineligible for coverage may be able to continue health, dental, and/or vision coverage under the federal COBRA law. Examples of qualifying events that will allow dependents to continue coverage under COBRA include:
 - ◆ Reaching age 25
 - ◆ Marriage of a child
 - ◆ Divorce of a spouse
 - ◆ Your death

Extra Help Paying for Part D - Medicare Low Income Subsidy Information

You may be able to get Extra Help to pay for your prescription drug premiums and costs. This Extra Help, known as a low income subsidy, is offered through the Social Security Administration. If you are eligible, Medicare could pay up to 75% of your drug costs including monthly prescription drug premiums, annual deductibles, and copays. Additionally, those who qualify are not subject to the coverage gap or late enrollment penalty. For more information about this Extra Help, contact your local Social Security Administration office or Medicare. See *Plan Identification Information* on page 2 for contact information.

Extra Help – If You Are Already Qualified

If you are already qualified for the low income subsidy for Medicare Part D Prescription Drug costs, the amount of your monthly premiums and pharmacy costs will be less. Please include a copy of your letter from Social Security confirming you are qualified for extra help along with your *Option Period Enrollment/Change Form*. Once you have enrolled in a plan with Medicare Part D, Medicare or your plan will tell us how much assistance you will receive, and we will send you information on the amount you will pay. If you think you qualify for this extra help but have not yet applied, see the previous section, *Extra Help Paying for Part D*.

Find a Provider

- ◆ To find a dental or vision provider or to check the Network status of a provider, visit each plan's website or call its customer service number for assistance. See *Help Lines* on page 54 of this Guide.

Address Information

- ◆ It's important for you to keep your address information up-to-date. You risk delaying claims processing or missing important communications when there is incorrect information in our files.
- ◆ Medicare requires that you report changes in your home address to your plan.

More Information

- ◆ If you have eligibility questions, call OSEEGIB Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.
- ◆ Plan specific benefit questions must be directed to the individual plan.

Enrollment Information

This Option Period Guide provides information about your coverage options for plan year 2010. Your personalized *Option Period Enrollment/Change Form* is being mailed in a separate security envelope. Your form will list the coverage that will be in effect on January 1, 2010.

OSEEGIB will automatically carry your 2009 coverage over to 2010 if you do not make any changes during Option Period. For example, if you are currently enrolled in the HealthChoice Employer PDP High Option Medicare Supplement Plan With Part D, you will continue to be enrolled in that same Plan for 2010. You do not need to return your personalized *Option Period Enrollment/Change Form*; however, keep your form as proof of your coverage.

You can change your coverage to a different plan through OSEEGIB or cancel your coverage altogether. If you want to change your coverage for the 2010 plan year, you must complete an *Option Period Enrollment/Change Form* and return it to OSEEGIB by December 4, 2009.

You can be enrolled in only one Medicare prescription drug plan at a time. It is your responsibility to inform OSEEGIB of any other prescription drug coverage you have or get in the future. If you are currently enrolled in a Medicare prescription drug plan, enrolling in a different Medicare Supplement Plan With Part D or MA-PD plan will end that coverage.

If You Are Already Enrolled in a Medicare Supplement Plan With Part D or MA-PD Plan

Your Medicare Part D plan through OSEEGIB provides you with prescription coverage. If you enroll in a Medicare Part D plan outside of OSEEGIB, Medicare must disenroll you from your current Medicare Part D plan. If this occurs, OSEEGIB must change your coverage to the HealthChoice Medicare Supplement Plan Without Part D. Your coverage will be similar and include prescription drug coverage, but not Medicare Part D benefits. You must continue on the plan without Part D benefits until the next Option Period and pay the higher premium associated with that plan, or since you have other coverage, you may drop your coverage through OSEEGIB. If you drop your coverage through OSEEGIB, you can not regain coverage through OSEEGIB in the future and you will lose any contribution made by your retirement system.

If You Currently Have Health Coverage Through Your Employer or Union

If you have health coverage through your employer or union, joining one of the plans offered by OSEEGIB may change how your current coverage works. Please read the information sent to you by your employer or union. If you have questions, visit your employer's/union's website or see your benefits administrator.

Enrollment in a Medicare Supplement Plan is generally for the entire year. You may leave your plan only at certain times of the year or under special circumstances. For more information, please contact OSEEGIB Member Services at 1-405-717-8780 or toll-free at 1-800-752-9475. TDD users should call 1-405-949-2281 or toll-free 1-866-447-0436. You can also call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

The Medicare Supplement Plans offered through OSEEGIB provide coverage throughout the United States. If you move out of the United States, you must notify your plan so that you can be disenrolled and find a new plan in your area.

Be aware that if you leave your plan and do not get other Medicare Part D prescription drug coverage or other coverage that is as good as Medicare's (Creditable Coverage) in the future, you may have to pay a late Medicare enrollment penalty in addition to your premium for Medicare prescription drug coverage.

Release of Information

HealthChoice uses and discloses your protected health information for your treatment, payment for services, and business operations. HealthChoice will also release your information, including your prescription drug event date, to Medicare, who may release it for research and other purposes which follow federal statutes and regulations.

Section II

HealthChoice Medicare Supplement Plans



Any charges for services or items which are not a Medicare covered service or covered under the Plans, are your responsibility.

HealthChoice Medicare Supplement Plans

Contracting Statement

The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) contracts with the Centers for Medicare and Medicaid Services (CMS), a division of the federal government, to provide Part D coverage. The HealthChoice Employer PDP Medicare Supplement Plans With Part D are Medicare approved Part D plans. OSEEGIB's contract with CMS is renewed annually and is not guaranteed beyond the 2010 contract year. OSEEGIB has the right to refuse to renew its contract with CMS or CMS may refuse to renew its contract with OSEEGIB. Termination or non-renewal of the contract will result in the termination of your enrollment in a HealthChoice Employer PDP Medicare Supplement Plan With Part D.

Creditable Coverage Notice

Prescription drug coverage is called “creditable” if the value of the coverage equals or exceeds the value of Medicare's standard prescription drug plan. The HealthChoice plans provide coverage that is equal to, or better than, the standard benefits of Medicare's prescription drug plan. The High Option plans exceed the standards and the Low Option plans meet the standards set by the Centers for Medicare and Medicaid Services.

The Plans With Part D

The Plans with Part D benefits include Medicare Part D prescription drug coverage.

The Plans Without Part D

The Plans without Part D include pharmacy benefits, but they are not Medicare Part D plans. These plans have been specifically designed for members who:

- ◆ Already have Medicare Part D coverage through another plan or employer.
- ◆ Receive a subsidy for prescription drug benefits from their or their spouse's employer.
- ◆ Receive Veterans Administration health benefits for prescription drugs.

Note: Premiums for the Plans without Part D are higher because HealthChoice does not receive a subsidy from Medicare for members enrolled in these plans.

Service Area

The HealthChoice Medicare Supplement Plans offer nationwide services to our Medicare eligible members.

Enrollment Periods

There are three time periods when you may enroll in or disenroll from the HealthChoice Medicare Supplement Plans.

- ◆ **Initial Enrollment Period** – Initial Enrollment Period refers to the time period when you first become eligible for enrollment in a Part D plan. This seven month period begins three months prior to your month of eligibility and extends three months beyond your month of eligibility.

Example: *Your 65th birthday is April 20, 2010. You are eligible for Medicare Part A and your Part B Initial Enrollment Period begins on January 1, 2010. Your Initial Enrollment Period for Part D also begins on January 1, 2010 (three months prior to your birthday month) and ends on July 31, 2010 (three months after your birthday month).*

- ◆ **The Annual Enrollment Period** – This year, the HealthChoice annual Option Period (Annual Enrollment Period) runs through December 4, 2009; however, your plan selection may be changed up until January 1, 2010, the effective date of your coverage. Once your enrollment is effective, you have exhausted your annual enrollment period and plan changes can not be made until the next annual Option Period.
- ◆ **Special Enrollment Periods** – Special Enrollment Periods are allowed under certain situations, such as when:
 - ◆ You move outside the United States.
 - ◆ CMS or HealthChoice terminates the Plans' participation in the Part D Program.
 - ◆ You lose Creditable Coverage for reasons other than failure to pay premiums.
 - ◆ You meet other exception rules as set out by CMS.
 - ◆ For more information on Special Enrollment Periods, contact HealthChoice Member Services. See *Help Lines* on page 54 of this Guide.

Effective Date of Coverage

If you enroll during one of the following enrollment periods, your effective date is:

- ◆ **Initial Enrollment Period for Part D** - The first of the month in which you become Medicare eligible, or the first of the month following your election, whichever is later.
- ◆ **Option Period/Annual Enrollment Period** - January 1, 2010.
- ◆ **Special Enrollment Periods** - These are dependent on individual circumstances. The effective date of coverage always follows the processing of your completed enrollment form and can never occur before that date.

ID Cards

HealthChoice members have two ID cards, one for health and/or dental benefits, and another for pharmacy benefits. If you are currently a HealthChoice member, continue using your current ID cards. If you are new to HealthChoice, you will be issued new ID cards.

Grievance and Appeals Procedures

Under Medicare guidelines, HealthChoice has a process in place to handle grievances and appeals regarding complaints about care or services related to your Part D prescription drug benefits. HealthChoice has similar processes in place for all other types of claims that are unrelated to Part D. Details are available on the HealthChoice website and in the member handbook.

Disenrollment - Voluntary

- ◆ You may voluntarily disenroll from a HealthChoice Medicare Supplement Plan only during a specified enrollment period.
- ◆ All disenrollments must be submitted in writing to OSEEGIB, and CMS will determine the effective date of the disenrollment.
- ◆ HealthChoice can deny a voluntary request for disenrollment if the request is made outside of an enrollment period.

NOTE: If you drop your coverage through OSEEGIB, you may not regain coverage through OSEEGIB in the future.

Disenrollment - Involuntary

HealthChoice must disenroll you from the plan if you:

- ◆ Move outside the United States.
- ◆ Fail to pay premiums on time.
- ◆ Lose entitlement to Medicare.
- ◆ Die.

HealthChoice Pharmacy Network

The HealthChoice Pharmacy Network offers a host of participating pharmacies across Oklahoma and throughout the nation. To locate a Network pharmacy near you, contact Medco, the HealthChoice pharmacy benefits manager, toll-free at 1-800-590-6828 or TTD 1-800-716-3231, or log on to the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com.

For More Information

Contact HealthChoice Member Services:

Member Services Representatives are available Monday through Friday, 7:30 a.m. to 4:30 p.m. Central time. If you call after hours, please leave a message. Your call will be returned the next business day. Contact HealthChoice Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TTY/TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Contact Medicare Customer Service:

Customer service representatives are available 24 hours a day, including weekends, to answer your Medicare questions. Get information about the Medicare Program by visiting www.medicare.gov on the web or by calling toll-free 1-800-MEDICARE (1-800-633-4227). TTY users call toll-free 1-877-486-2048.

HealthChoice Pharmacy Benefit Information

HealthChoice Medicare Formulary (List of Covered Drugs)

The HealthChoice Medicare Formulary applies to all HealthChoice Medicare Supplement Plans. The HealthChoice Plans cover both brand-name and generic drugs. Medicare formulary drugs are sorted into the following four tiers:

- ◆ Tier 1 Generics
- ◆ Tier 2 Preferred Brand
- ◆ Tier 3 Non-Preferred Brand
- ◆ Tier 4 Very high cost and unique drugs

Tiers 1, 2, and 4 drugs offer the lowest or Preferred copay, and Tier 3 drugs have the highest copay. Drugs that are not on the formulary are not covered.

Pharmacy Prior Authorization

Prior authorization medications are medications that may be covered under the plan if the prescribed use meets approved guidelines. Prior authorization requests must be submitted by your physician.

Quantities of Medications

Pharmacy benefits generally cover up to a 34-day supply or 100 units, whichever is greater, not to exceed the FDA approved 'usual' dosage for a 100-day supply. Specific therapeutic categories, medications, and/or dosage forms may have more restrictive quantity and/or duration of therapy limitations. Some medications have a maximum quantity limitation and/or the medication is not dispensed in a tablet or capsule form.

Transition Supply of Medication (Applies Only to Plans With Part D)

During transition to a HealthChoice Employer PDP Medicare Supplement Plan With Part D, you can be authorized to purchase a **one-time supply** of a non-covered medication. This transition supply, not to exceed a 30-day supply, is available to help you make a successful transition to a HealthChoice Medicare Formulary medication. This temporary supply will be provided, when necessary, prior to initiating or completing the coverage review process for a medication requiring prior authorization. For information on how to obtain a covered transition supply of medication, have your pharmacy contact Medco. See *Help Lines* on page 54 of this Guide.

Network Pharmacy Access

You will always receive a greater benefit when you use a HealthChoice Network Pharmacy. The HealthChoice Pharmacy Network includes both local and national retail pharmacies. To check the Network status of your pharmacy, you can contact Medco customer service. Members with a Part D plan call toll-free 1-800-590-6828 or toll-free TDD 1-800-716-3231. Members without a Part D plan call toll-free 1-800-903-8113 or toll-free TDD 1-800-825-1230. You can also access the HealthChoice Pharmacy Directory online at www.sib.ok.gov or www.healthchoicetok.com

Non-Network Pharmacy Access

Although HealthChoice will pay for your covered prescriptions if they are obtained from a non-Network pharmacy, a reduced benefit will apply. An exception may be made for use of a non-Network pharmacy in the event of an emergency.

As of the print date of this Guide, some of the amounts for Medicare premiums, deductibles, coinsurance, and copays were not available. Please refer to your 2010 *Medicare & You* handbook for more information and exact amounts. The Centers for Medicare and Medicaid Services will mail you a *Medicare & You* handbook. You can also access the handbook at www.medicare.gov

Summary of HealthChoice High and Low Option Medicare Supplement Plans

Medicare Part A (Hospitalization) Services All benefits are based on Medicare Approved Amounts

Services or Items	Description	Medicare Part A Pays	HealthChoice Pays	You Pay
Hospitalization: Semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies	First 60 days	All except the Part A deductible	100% of the Part A deductible	0%
	61st through 90th day	All except the coinsurance per day	The coinsurance per day	0%
	91st day and after using 60 Medicare lifetime reserve days	All except the coinsurance per day	The coinsurance per day	0%
	Once Medicare's lifetime reserve days are used, HealthChoice provides additional lifetime reserve days Limited to 365 days	0%	100% of Medicare eligible expenses Certification by HealthChoice is required	0%
	Beyond the 365 HealthChoice lifetime reserve days	0%	0%	100%
Skilled Nurse Facility Care: Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare approved facility within 30 days of leaving the hospital. Limited to 100 days per calendar year.	First 20 days	All approved amounts	0%	0%
	21st through 100th day	All except the coinsurance per day	The coinsurance per day	0%
	101st day and after	0%	0%	100%

Medicare Part A (Hospitalization) Services - Continued

Services or Items	Description	Medicare Part A Pays	HealthChoice Pays	You Pay
Hospice Care	Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	0%	Balance
Blood	Limited to the first 3 pints unless you or someone else donates blood to replace what you use	0%	100%	0%

Medicare Part B (Medical) Services

All Benefits are Based on Medicare Approved Amounts

Services or Items	Description	Medicare Part B Pays	HealthChoice Pays	You Pay
Medical Expenses: Inpatient and outpatient hospital treatment, such as physician services, medical and surgical services and supplies, physical and speech therapy, and diagnostic tests (Medicare limits apply)	The Part B deductible	0%	0%	The Part B deductible
	Remainder of Medicare approved amounts	80%	20%	0%
	Part B charges in excess of Medicare approved amounts	0%	100%	0%
Clinical Laboratory Services	Blood tests and urinalysis for diagnostic services	100%	0%	0%

Medicare Part B (Medical) Services - Continued

Services or Items	Description	Medicare Part B Pays	HealthChoice Pays	You Pay
Home Health Care: Medicare approved services	Medically necessary skilled care and medical supplies	100%	0%	0%
Durable Medical Equipment	The Part B deductible	0%	0%	100%
	Remainder of Medicare approved amounts	80%	20%	0%
Blood	Amounts in addition to the coverage under Part A unless you or someone else donates blood to replace what you use	80% after the Part B deductible	20% after the Part B deductible	0%
Hospice Prescription	Covered for Medicare beneficiaries with a terminal illness	80%	20%	0%
One-time Initial Wellness Physical Exam: To be completed within 12 months of the day you first enroll in Medicare Part B	All Medicare beneficiaries	80% No Part B deductible	20% No Part B deductible	0%

Medicare Part B (Preventive) Services

All Benefits are Based on Medicare Approved Amounts

Preventive Services	Who is Covered	Medicare Pays	HealthChoice Pays	You Pay
Screening Mammogram: Once every 12 months	All female Medicare beneficiaries age 40 and older	80% No Part B deductible	20% No Part B deductible	0%

Medicare Part B (Preventive) Services - Continued

Preventive Services	Who is Covered	Medicare Pays	HealthChoice Pays	You Pay
Screening Blood Tests for Early Detection of Cardiovascular (Heart) Disease	All Medicare beneficiaries	100%	0%	0%
Pap Test and Pelvic Exam: Once every 24 months; includes a clinical breast exam Once every 12 months if high risk/abnormal Pap test in preceding 36 months	All female Medicare beneficiaries	Pap Test, 100% No Part B deductible	0%	0%
		For all other exams, 80% No Part B deductible	For all other exams, 20% No Part B deductible	0%
Diabetes Screening Test	All Medicare beneficiaries at risk for diabetes	100%	0%	0%
Diabetes Self-Management Training	All Medicare beneficiaries with diabetes (insulin and non-insulin users)	80% after the Part B deductible	20% after the Part B deductible	0%
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets without regard to the use of insulin	All Medicare beneficiaries with diabetes - must be requested by your doctor	80% after the Part B deductible	20% after the Part B deductible	0%
Bone Mass Measurements: Once every 24 months for qualified individuals	All Medicare beneficiaries at risk for losing bone mass	80% after the Part B deductible	20% after the Part B deductible	0%

Medicare Part B (Preventive) Services - Continued

[illegible]

Providers who do not accept Medicare assignment may not charge a Medicare beneficiary more than 115% of the Medicare Approved Amount.

Medicare Part B (Preventive) Services - Continued

Preventive Services	Who is Covered	Medicare Part B Pays	HealthChoice Pays	You Pay
Prostate Cancer Screening Digital Rectal Exam: Once every 12 months	All male Medicare beneficiaries age 50 and older	For the digital rectal exam, 80% after the Part B deductible	For the digital rectal exam, 20% after the Part B deductible	0%
Prostate Specific Antigen Test (PSA): Once every 12 months		For the PSA test, 100% No Part B deductible	0% for the PSA test	0%

Preventive Services - Vaccinations

Flu Vaccination: One per flu season	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
Pneumococcal Vaccination: One-time vaccination	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
Hepatitis B Vaccination: Medicare beneficiaries at medium to high risk for Hepatitis B	For members with Part D, the vaccine and administration are covered under the HealthChoice pharmacy benefit. For members without Part D, the vaccine and administration are covered under the Medicare Part B benefit.

For Services Not Covered by Medicare

Services	Benefits	Medicare Part B Pays	HealthChoice Pays	You Pay
Foreign Travel: Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A.	Contact Medicare for foreign travel exceptions that are covered by Medicare	0%	80% of billed charges after the first \$250 of each calendar year \$50,000 lifetime maximum	First \$250 each calendar year, then 20% All amounts over the \$50,000 lifetime maximum No Medicare deductible

2010 Pharmacy Benefits for HealthChoice High Option Medicare Supplement Plans With and Without Part D

OUT-OF-POCKET MAXIMUM FOR THE HIGH OPTION PLANS

Your Deductible \$0	Annual Out-of-Pocket Maximum	HealthChoice Pays
	<p>\$4,550 in prescription benefit copays for covered medications at Network pharmacies. See the chart below for copay amounts.</p> <p>The out-of-pocket costs for covered prescription drugs purchased at Network pharmacies will apply to the annual out-of-pocket maximum.</p>	After you reach the \$4,550 pharmacy out-of-pocket maximum described in the column on the left, HealthChoice pays 100% of allowable amounts for covered prescription drugs for the remainder of the calendar year.

HOW THE HIGH OPTION PLANS WORK

Pharmacy benefits may cover up to a 34-day supply or 100 units, whichever is greater, not to exceed the FDA approved 'usual' dosing for a 100-day supply and subject to specific quantity limits.

Prescription Medications	Medicare Pays	HealthChoice Pays	You Pay
Generic (Tier 1) and Preferred (Tier 2 and Tier 4) medications costing \$100 or less purchased at a HealthChoice Network pharmacy	\$0	Allowable amounts in excess of your copay	Copay up to \$30
Generic (Tier 1) and Preferred (Tier 2 and Tier 4) medications costing more than \$100 purchased at a HealthChoice Network pharmacy	\$0	Allowable amounts in excess of your copay	Copay of 25% up to a \$60 maximum
Non-Preferred (Tier 3) medications costing \$100 or less purchased at a HealthChoice Network Pharmacy	\$0	Allowable amounts in excess of your copay	Copay up to \$60
Non-Preferred (Tier 3) medications costing more than \$100 purchased at a HealthChoice Network Pharmacy	\$0	Allowable amounts in excess of your copay	Copay of 50% up to a \$120 maximum

2010 Pharmacy Benefits for HealthChoice Low Option Medicare Supplement Plans With and Without Part D

BENEFIT LEVELS FOR THE LOW OPTION PLANS

Your Deductible \$310	After the deductible, you pay 25% (\$630) of the next \$2,520 of prescription drug costs.	COVERAGE GAP \$3,610 You pay 100% of the next \$3,610 of prescription drug costs.	100% BENEFIT After you spend \$4,550 out-of-pocket, HealthChoice pays 100% of all allowable amounts for covered prescription drugs for the remainder of the calendar year.
	HealthChoice pays 75% (\$1,890) of the next \$2,520 of prescription drug costs.		
Out-of-Pocket Maximum	Individual annual out-of-pocket maximum for covered drugs is \$4,550. This amount includes: \$ 310 Deductible \$ 630 25% coinsurance of the next \$2,520 in prescription costs <u>\$3,610</u> Coverage Gap – you pay 100% \$4,550 Total annual out-of-pocket HealthChoice pays 100% of allowed prescription costs after the \$4,550 out-of-pocket maximum is met		

DESCRIPTION OF HOW THE LOW OPTION PLANS WORK

Pharmacy benefits may cover up to a 34-day supply or 100 units, whichever is greater, not to exceed the FDA approved 'usual' dosing for a 100-day supply and subject to specific quantity limits.

Prescription Medications	You Pay	HealthChoice Pays
	Annual \$310 deductible	\$0
	Plus. . . . You pay 25% (\$630) of the next \$2,520 of prescription drug costs	HealthChoice pays 75% (\$1,890) of the next \$2,520
	Plus. . . . You pay 100% of the next \$3,610 of prescription drug costs	\$0 HealthChoice pays no benefits in the Coverage Gap
	After you have spent \$4,550 out-of-pocket for prescription drugs (\$310 deductible + \$630 + \$3,610)	HealthChoice pays 100% of Allowed Charges for covered drugs for the remainder of the calendar year

Section III

UnitedHealthcare Senior Supplement High and Low Option Plans (formerly PacifiCare Senior Supplement)



UnitedHealthcare Senior Supplement High and Low Option Plans
Medicare Part A (Hospitalization) Services
All Benefits are based on Medicare Approved Amounts

Services or Items	Description	Medicare Part A Pays	UnitedHealthcare Pays	You Pay
Hospitalization: Semiprivate room, meals, drugs as part of your inpatient treatment, and other hospital services and supplies	First 60 days	All except the Part A deductible	100% of the Part A deductible	0%
	61st through 90th day	All except the coinsurance per day	The coinsurance per day	0%
	91st day and after using 60 Medicare lifetime reserve days	All except the coinsurance per day	The coinsurance per day	0%
	Once Medicare's lifetime reserve days are used, UnitedHealthcare provides additional lifetime reserve days Limited to 365 days	0%	100% of Medicare eligible expenses Certification is required	0%
	Beyond the 365 UnitedHealthcare lifetime reserve days	0%	0%	100%
Skilled Nurse Facility Care: Must meet Medicare requirements, including inpatient hospitalization for at least 3 days and entering a Medicare approved facility within 30 days of leaving the hospital. Limited to 100 days per calendar year.	First 20 days	All approved amounts	0%	0%
	21st through 100th day	All except the coinsurance per day	The coinsurance per day	0%
	101st day and after	0%	0%	100%

Medicare Part A (Hospitalization) Services - Continued

Services or Items	Description	Medicare Part A Pays	UnitedHealthcare Pays	You Pay
Hospice Care	Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	0%	Balance
Blood	Limited to the first 3 pints unless you or someone else donates blood to replace what you use	0%	100%	0%

Medicare Part B (Medical) Services

All Benefits are Based on Medicare Approved Amounts

Services or Items	Description	Medicare Part B Pays	UnitedHealthcare Pays	You Pay
Medical Expenses: Inpatient and outpatient hospital treatment, such as physician services, medical and surgical services and supplies, physical and speech therapy, and diagnostic tests (Medicare limits apply)	The Part B deductible	0%	0%	The Part B deductible
	Remainder of Medicare approved amounts	80%	20%	0%
	Part B charges in excess of Medicare approved amounts	0%	100%	0%
Clinical Laboratory Services	Blood tests and urinalysis for diagnostic services	100%	0%	0%

Medicare Part B (Medical) Services - Continued

Services or Items	Description	Medicare Part B Pays	UnitedHealthcare Pays	You Pay
Home Health Care: Medicare Approved Services	Medically necessary skilled care and medical supplies	100%	0%	0%
Durable Medical Equipment	The Part B deductible	0%	0%	100%
	Remainder of Medicare approved amounts	80%	20%	0%
Blood	Amounts in addition to coverage under Part A unless you or someone else donates blood to replace what you use	80% after the Part B deductible	20% after the Part B deductible	0%
Hospice Prescription	Covered for Medicare beneficiaries with a terminal illness	80%	20%	0%
One-time Initial Wellness Physical Exam: To be completed within 12 months of the day you first enroll in Medicare Part B	All Medicare beneficiaries	80% No Part B deductible	20% No Part B deductible	0%

Medicare Part B (Preventive) Services

All Benefits are Based on Medicare Approved Amounts

Preventive Services	Who is Covered	Medicare Pays	UnitedHealthcare Pays	You Pay
Screening Mammogram: Once every 12 months	Female Medicare beneficiaries age 40 and older	80% No Part B deductible	20% No Part B deductible	0%

Medicare Part B (Preventive) Services - Continued

Preventive Services	Who is Covered	Medicare Pays	UnitedHealthcare Pays	You Pay
Screening Blood Tests for Early Detection of Cardiovascular (Heart) Disease	All Medicare beneficiaries	100%	0%	0%
Pap Test and Pelvic Exam: Once every 24 months; includes a clinical breast exam Once every 12 months if high risk/abnormal Pap test in preceding 36 months	Female Medicare beneficiaries	Pap Test, 100% No Part B deductible	0%	0%
		For all other exams, 80% No Part B deductible	For all other exams, 20% No Part B deductible	0%
Diabetes Screening Test	All Medicare beneficiaries at risk for diabetes	100%	0%	0%
Diabetes Self-Management Training	All Medicare beneficiaries with diabetes (insulin users and non-insulin users)	80% after the Part B deductible	20% after the Part B deductible	0%
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets without regard to the use of insulin	All Medicare beneficiaries with diabetes - must be requested by your doctor	80% after the Part B deductible	20% after the Part B deductible	0%
Bone Mass Measurements: Once every 24 months for qualified individuals	Medicare beneficiaries at risk for losing bone mass	80% after the Part B deductible	20% after the Part B deductible	0%

Medicare Part B (Preventive) Services - Continued

[illegible]

Providers who do not accept Medicare assignment may not charge a Medicare beneficiary more than 115% of the Medicare Approved Amount.

Medicare Part B (Preventive) Services - Continued

Preventive Services	Who is Covered	Medicare Part B Pays	UnitedHealthcare Pays	You Pay
Prostate Cancer Screening	All male Medicare beneficiaries age 50 and older	For the digital rectal exam, 80% after the Part B deductible	For the digital rectal exam, 20% after the Part B deductible	0%
Digital Rectal Exam: Once every 12 months				
Prostate Specific Antigen (PSA) Test: Once every 12 months		For the PSA test, 100% No Part B deductible	0% for the PSA test	0%

Preventive Services - Vaccinations

Flu Vaccination: One per flu season	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
Pneumococcal Vaccination: One-time vaccination	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
Hepatitis B Vaccination: Medicare beneficiaries at medium to high risk for Hepatitis B	The vaccine and administration are covered under the pharmacy benefit.

Services Not Covered by Medicare

Services	Benefits	Medicare Part B Pays	UnitedHealthcare Pays	You Pay
Foreign Travel: Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A.	Contact Medicare for foreign travel exceptions that are covered by Medicare	0%	80% of billed charges after the first \$250 of each calendar year \$50,000 lifetime maximum	First \$250 each calendar year, then 20% All amounts over the \$50,000 lifetime maximum

UnitedHealthcare Senior Supplement High and Low Option Plans Prescription Drug Coverage

Prescription Medications	You Pay
Tier 1	\$10
Tier 2	\$30
Tier 3	\$60
Specialty Tier	33%

UnitedHealthcare Senior Supplement High and Low Option Plans - You pay the applicable copays of \$10 for Tier 1 prescriptions, \$30 for Tier 2 prescriptions, and \$60 for Tier 3 prescriptions. For prescriptions in the Specialty Tier, you pay 33% of the discounted network price. You can find a complete formulary listing on www.UnitedhealthRxforGroups.com. If the formulary changes, you will be notified in writing before the change. Only Medicare Part D covered drugs will impact your Medicare prescription drug plan annual out-of-pocket spending.

Certain prescription drugs have maximum quantity limits. Your provider must get prior authorization from UnitedHealthcare for certain prescription drugs.

Once you are out-of-pocket \$2,830 (the gap) in copays and/or specialty prescriptions, you are responsible for 100% of the discounted network price for all prescriptions except for Tier 1 drugs. After you are out-of-pocket \$4,550, you pay 5% or a minimum of \$2.50 for generics and a minimum of \$6.30 for brand-name prescriptions.

Additionally, a mail order benefit is available. You can receive a 90-day supply of prescriptions for two copays. The coverage, during and after the gap, still applies.

Section IV

Medicare Advantage Prescription Drug Plans (MA-PD Plans)



Medicare Advantage Prescription Drug Plans (MA-PD Plans)

What is a Medicare Advantage Prescription Drug Plan?

An MA-PD plan offers a combination of health and prescription drug benefits within a specified service area.

Plan Premiums

The monthly premiums in the chart below are per person.

CommunityCare Senior Health Plan	\$179.00 per enrolled person
CommunityCare Senior Health Plan Alternate	\$148.00 per enrolled person
Generations Healthcare by GlobalHealth	\$116.30 per enrolled person
Secure Horizons Medicare Complete Retiree Plan (HMO)	\$189.22 per enrolled person

Eligibility in an MA-PD Plan

This option is available to eligible retired, vested, and non-vested former employees, your survivors, your covered dependents, and COBRA participants. You must be currently enrolled in Medicare and participating in the health insurance coverage available through OSEEGIB.

The following additional requirements also apply:

- ◆ You must be a permanent resident of the MA-PD plan's service area.
- ◆ You must be enrolled in both Medicare Part A (Hospital) and Part B (Medical) and continue to pay your monthly Medicare Part B premium. If you are already enrolled in a Medicare Managed Care Plan and have only Medicare Part B, you can stay with your current plan.
- ◆ If you have been diagnosed with End-Stage Renal Disease (ESRD), you are not eligible to enroll in an MA-PD plan. If you are currently enrolled in an MA-PD plan and develop ESRD or undergo a transplant, you can remain with your plan. Please contact the MA-PD plan of your choice for further information.

Service Area

You must reside in the MA-PD plan's service area. This is a federally qualified area in which the MA-PD provides services. Check the *MA-PD Plan Service Areas* in this section to make sure your county is in the MA-PD's service area.

Note: Not all ZIP Codes in every county fall within the MA-PD Plan's Service Area. If you are unsure, check with each MA-PD plan to verify your address is in its service area.

Plan Guidelines

- ◆ While the MA-PD plans market to the general public throughout the year, the options available to you are a result of your status as a former state, education, or local government employee or dependent. If you enroll in another MA-PD plan, such as one offered to the general public, you may lose your benefits through OSEEGIB as well as any retirement system contribution toward your insurance coverage.
- ◆ When you enroll with an MA-PD plan, that plan becomes your Medicare benefits administrator. Your MA-PD plan replaces Medicare and administers all your healthcare benefits.
- ◆ If you permanently move out of your MA-PD's service area or are absent from the service area for more than six consecutive months, you must disenroll from your MA-PD plan and select another plan that provides coverage in your new area.

Primary Care Physician (PCP)

- ◆ When you join an MA-PD plan, you agree that the Primary Care Physician (PCP) you select will coordinate all your medical services. There are exceptions in cases of out-of-area emergency or urgent care.
- ◆ If you do not use your PCP for routine care, you will be financially responsible for any charges related to those services.
- ◆ You may change doctors for any reason as long as the physician you select participates in your MA-PD plan's provider network. To change your PCP, please contact the MA-PD plan's customer service. See *Help Lines* on page 54 of this Guide. If your provider leaves your plan, you cannot change plans until the next annual Option Period.

Enrolling in an MA-PD Plan

- ◆ If you are interested in enrolling in one of the MA-PD plans, contact the plan directly. Be sure to indicate that you are with the State of Oklahoma account and an enrollment packet will be mailed to you. Follow the instructions enclosed in your packet and return your completed forms to the MA-PD plan.
- ◆ You must also indicate your MA-PD plan selection on your *Option Period Enrollment/Change Form* and return it to OSEEGIB. If you are currently enrolled in an MA-PD plan and want to continue your coverage for the 2010 plan year, you do not have to return your form unless you wish to make changes to other coverages or wish to enroll in vision. Please keep your personalized *Option Period Enrollment/Change Form* as proof of your coverage.

Your Option Period Enrollment/Change Form must be returned to OSEEGIB no later than December 4, 2009.

Confirming Enrollment

You will receive a letter from your MA-PD plan confirming your enrollment and effective date. Just before your effective date, you will receive your plan ID card and member handbook. Your handbook will provide you with all the information you need to receive medical and prescription drug services.

When a Covered Family Member is Not Yet Eligible for Medicare

All covered family members must enroll in the same plan. For example, if you are enrolled in the CommunityCare MA-PD plan, your pre-Medicare spouse or dependents must enroll in the CommunityCare HMO Option. As the primary member, you must indicate that you have elected an MA-PD plan option and complete all the required information regarding your dependents on your *Option Period Enrollment/Change Form*.

Disenrolling or Transferring Plans

- ◆ If you are changing from one MA-PD plan to another, your new plan coverage will begin on January 1, 2010, and you will automatically be disenrolled from your previous plan.
- ◆ If you are changing from an MA-PD plan to a Medicare supplement plan, Medicare requires that you write to your former MA-PD plan to advise them of your disenrollment. You will receive a letter from your former plan advising you of the date your coverage ends. You must also complete and submit your *Option Period Enrollment/Change Form* to OSEEGIB indicating your change in plans.
- ◆ Failure to notify your current MA-PD plan of your disenrollment can result in additional expenses that will not be reimbursed by Medicare or your new plan.
- ◆ Failure to notify your plan and OSEEGIB in a timely manner can result in delayed or denied enrollment in your new plan and create problems receiving services.

Creditable Coverage Notice

The Medicare Advantage Plans offered through OSEEGIB qualify as Medicare Prescription Drug Plans (MA-PD plans). All MA-PD plans available through OSEEGIB offer Creditable Coverage. This means that if you elect a different Medicare plan the next year, you will not have a penalty.

Limiting Charge

Under Medicare guidelines, the highest amount you can be charged for a covered service by doctors and other health care suppliers who don't accept assignment is known as the limiting charge. The limiting charge is 15% over Medicare's approved amount. The limiting charge only applies to certain services and not to supplies or equipment.

Enrollment Periods

There are three time periods when you may enroll in or disenroll from an MA-PD plan.

- ◆ **The Initial Enrollment Period** – The Initial Enrollment Period refers to the time period when you first become eligible for enrollment. This seven-month period begins three months prior to your month of eligibility and extends three months beyond your month of eligibility.
- ◆ **The Annual Enrollment Period** – This year, the annual Option Period (Annual Enrollment Period) runs through December 4, 2009; however, your plan selection may be changed up until January 1, 2010, the effective date of coverage. Once the enrollment becomes effective, you have exhausted your annual enrollment period and no plan changes can be made until the next annual Option Period.
- ◆ **Special Enrollment Periods** – Special Enrollment Periods may be allowed under certain situations.

Effective Date of Coverage

If you enroll during one of the following enrollment periods, your effective date is:

- ◆ **Initial Enrollment Period for Part D** – The first of the month in which you become Medicare eligible, or the first of the month following your election, whichever is later.
- ◆ **Option Period/Annual Election Period** – January 1, 2010.
- ◆ **Special Enrollment Periods** – These are dependent on individual circumstances. The effective date of coverage always follows the processing of the completed enrollment form and can never occur before that date.

Extra Help Paying For Part D (Medicare Low Income Subsidy Information)

If you have limited income and resources, you may be able to get help paying your monthly premiums, deductibles, and copays. This extra help, known as a low income subsidy, is offered through the Social Security Administration. If you are interested in applying for the Medicare Part D subsidy, you can apply online or contact the Social Security Administration office. See *Plan Identification Information* on page 2 for contact information.

Grievance and Appeals Procedures

Under Medicare guidelines, each plan has a process in place to handle grievances and appeals regarding member complaints. Contact each plan for details regarding its procedures.

**Comparison of Benefits for
Medicare Advantage Prescription Drug Plans (MA-PD)
All Benefits are Based on Medicare Approved Amounts**

Services or Items	CommunityCare Senior Health and CommunityCare Senior Health-Alternate Plans	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
Hospitalization: Semiprivate room or private room if medically necessary Laboratory tests, X-rays, and other radiology services Inpatient physician and surgical services, including anesthesia Necessary medical supplies and appliances Blood and its administration	Senior Health Plan: \$50 each day for days 1-5 \$0 each day for days 6-90 for a Medicare-covered stay in a network hospital Senior Health Plan - Alternate: \$100 each day for days 1-5 \$0 each day for days 6-90 for a Medicare-covered stay in a network hospital Both Plans: Prior authorization is required, except in the case of an emergency	\$195 copay per admission	\$300 copay per admission
Organ Transplants: At a Medicare approved transplant facility	Both Plans: The following types of transplants are covered: cornea, kidney, lung, heart-lung, bone marrow, intestinal and multivisceral, and stem cell Heart, liver, lung, heart-lung, and intestinal multivisceral transplants are only covered if performed in a Medicare approved transplant center	\$195 copay per admission	Plan covers organ transplants the same as any other inpatient illness/admission; there is no separate copay for transplants

Services or Items	CommunityCare Senior Health and CommunityCare Senior Health-Alternate Plans	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
In-Area Urgent Care Services: Contact Primary Care Physician (PCP) first	Senior Health Plan: \$10 to \$50 for each Medicare-covered urgent care visit Senior Health Plan - Alternate: \$20 to \$50 for each Medicare-covered urgent care visit	No copay for PCP visits \$10 copay per visit for all other providers	\$35 copay
Skilled Nurse Facility (Inpatient Services): Semiprivate room and regular nursing services Physical, occupational, and speech therapy Drugs furnished by the facility Necessary medical equipment and supplies Blood and its administration Inpatient radiology and pathology Use of appliances such as wheelchairs	Both Plans: \$0 for days 1-20 \$50 for days 21-100 for each benefit period in a skilled nursing facility You pay the inpatient hospital copay for each benefit period; no prior hospital stay is required; prior authorization is required \$20 for each Medicare- covered occupational, physical, speech, and language therapy visit; prior authorization is required \$0 for blood services \$0 for each Medicare-covered radiation therapy service \$0 to \$50 or 20% for each Medicare-covered DME item; prior authorization is required	\$195 per admission	\$75 per day for days 1-40 \$0 per day for days 41-100

Services or Items	CommunityCare Senior Health and CommunityCare Senior Health-Alternate Plans	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
Physical, occupational, and speech therapy services	Both Plans: \$20 for each occupational, physical, speech, and language therapy visit Prior authorization is required	\$0 copay	\$25 copay
Chiropractic: Limited to manual manipulation of the spine	Senior Health Plan: \$20 per visit Prior authorization is required Senior Health Plan - Alternate: \$30 per visit Prior authorization is required	\$10 copay per visit	\$30 copay per Medicare-covered visit \$10 copay per routine visit Limited to 12 visits per year
X-Ray Services: Limited to annual mammography screening, if medically indicated	Both Plans: \$0 per visit \$0 per screening mammogram	\$0 copay	\$0 copay for standard film x-rays
Professional Services: Office visit; consultation, diagnosis, and treatment by a specialist; medical and surgical care; allergy tests and treatment (serum); diagnostic tests and treatments; medical supplies including casts, dressings, and splints	Senior Health Plan: \$10 per PCP visit \$20 per specialist visit Prior authorization is required for specialty care Senior Health Plan - Alternate: \$20 per PCP visit \$30 per specialist visit Prior authorization is required for specialty care	\$10 copay per specialist visit \$10 per visit for testing and treatment, no copay for serum \$0 copay for other professional services	\$15 PCP copay \$30 SCP copay

Services or Items	CommunityCare Senior Health and CommunityCare Senior Health-Alternate Plans	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
Hearing Examinations	Senior Health Plan: \$10 for routine hearing tests \$20 for Medicare-covered benefits You pay 100% for hearing aids Senior Health Plan - Alternate: \$20 for routine hearing tests \$30 for Medicare-covered benefits You pay 100% for hearing aids	\$10 copay per visit	\$15 copay per Medicare-covered visit \$30 copay per routine exam Limited to one per year
Immunizations: Includes flu shots and all Medicare approved immunizations	Senior Health Plan: \$0 for annual flu vaccine \$0 for pneumonia vaccine No referral is necessary \$10 copay for Hepatitis B vaccine Senior Health Plan - Alternate: \$0 for annual flu vaccine \$0 for pneumonia vaccine No referral is necessary \$20 copay for Hepatitis B vaccine	\$0 copay	\$0 copay
Physical Examinations	Senior Health Plan: \$0 for one routine physical exam Limited to one per year You must pay the \$10 PCP office visit copay Senior Health Plan - Alternate: \$0 for one routine physical exam Limited to one per year You must pay the \$20 PCP office visit copay	\$0 copay	\$0 copay Annual Routine Physical Exam

Services or Items	CommunityCare Senior Health and CommunityCare Senior Health-Alternate Plans	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
Well Female Exams	Both Plans: \$0 for Pap test and pelvic exam Limited to one pap and one pelvic exam per year	\$0 copay	\$0 copay
Laboratory Services	Both Plans: \$0 for each Medicare-covered clinical/diagnostic lab service with prior approval \$0 to \$100 for each clinical/diagnostic lab service \$0 for each Medicare-covered radiation therapy service	\$0 copay	\$0 copay
Part-Time or Intermittent Skilled Nursing Care: Aide in conjunction with skilled care	Both Plans: \$0 for home health visits; prior authorization is required	\$0 copay	\$0 copay
Durable Medical Equipment	Both Plans: \$0 to \$50 copay or 20% for each Medicare-covered item Authorization rules may apply for these items	20% coinsurance	20% coinsurance
Ambulance Services (medically necessary services)	Both Plans: \$50 for Medicare-covered ambulance services This amount is waived if you are admitted to a medical facility	No copay Covered 100% worldwide for medically necessary transports	\$100 copay

PHARMACY BENEFITS FOR MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

Services or Items	CommunityCare Senior	CommunityCare Senior Alternate
<p>Prescriptions: Mandatory generic and formulary options</p> <p>Quantity limits apply to certain drugs, also some drugs require prior authorization</p> <p>Pharmacy programs must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p>	<p>This plan uses a formulary</p> <p>You will be notified before any changes are made to the formulary</p> <p>In-Network Benefits 30-day supply: \$0 copay for a select list of Preferred generic drugs \$10 copay for Preferred generic drugs \$30 copay for Preferred brand drugs \$60 copay for non-Preferred generic/non-Preferred brand drugs 33% coinsurance for Specialty drugs and non-Specialty injectables</p>	<p>This plan uses a formulary</p> <p>You will be notified before any changes are made to the formulary</p> <p>In-Network Benefits 30-day supply: \$0 copay for a select list of Preferred generic drugs \$10 copay for Preferred generic drugs \$35 copay for Preferred brand drugs \$90 copay for non-Preferred generic/non-Preferred brand drugs 33% coinsurance for Specialty drugs and non-Specialty injectables</p>
	<p>Mail order 90-day supply: \$0 copay for a select list of Preferred generic drugs \$20 copay for Preferred generic drugs \$60 copay for Preferred brand drugs \$120 copay for non-Preferred generic/non-Preferred brand drugs 33% coinsurance for Specialty drugs and non-Specialty injectables</p>	<p>Mail order 90-day supply: \$0 copay for a select list of Preferred generic drugs \$20 copay for Preferred generic drugs \$70 copay for Preferred brand drugs \$180 copay for non-Preferred generic/non-Preferred brand drugs 33% coinsurance for Specialty drugs and non-Specialty injectables</p>

PHARMACY BENEFITS FOR MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

Services or Items	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
<p>Prescriptions: Mandatory generic and formulary options</p> <p>Quantity limits apply to certain drugs, also some drugs require prior authorization</p> <p>Pharmacy programs must meet the minimum requirements for benefits as outlined in the Medicare Modernization Act of 2003</p>	<p>Retail 1-month supply: \$5 copay for formulary generic \$30 copay for formulary brand \$50 copay for non-Preferred brand 20% coinsurance for Specialty drugs</p> <p>Retail 3-month supply: \$10 copay for formulary generic \$60 copay for formulary brand \$100 copay for non-Preferred brand 20% coinsurance for Specialty drugs</p> <p>Includes generic coverage in the Coverage Gap</p>	<p>Retail Up to 30-day supply: Tier 1: \$ 4 copay Tier 2: \$25 copay Tier 3: \$50 copay Tier 4: \$50 copay</p> <p>Mail Order Up to 90-day supply: Tier 1: \$ 8 copay Tier 2: \$ 65 copay Tier 3: \$140 copay Tier 4: \$150 copay</p> <p>Includes full coverage in the coverage gap</p>

MA-PD Plan Service Areas

E = Entire County Service Area

P= Partial County Service Area

Counties	CommunityCare Senior Health Plans	Generations Healthcare	Secure Horizons Medicare Complete Retiree Plan (HMO)
Canadian	-	E	E
Cleveland	-	E	E
Creek	E	E	E
Grady	-	E	-
Lincoln	-	E	-
Logan	-	E	-
McClain	-	E	-
Mayes	-	E	E
Oklahoma	-	E	E
Osage	P*	E	P**
Pottawatomie	-	E	E
Rogers	E	E	E
Seminole	-	E	-
Tulsa	E	E	E
Wagoner	E	E	E
Washington	P*	-	-

*Community Care Senior Health Plans

Osage County - Service Area includes the following ZIP Codes **ONLY**:

74002, 74035, 74054, 74060, 74063, 74070, 74084, 74126, 74127

Washington County - Service Area includes the following ZIP Codes **ONLY**:

74003, 74005, 74006, 74029, 74051, 74061, 74070

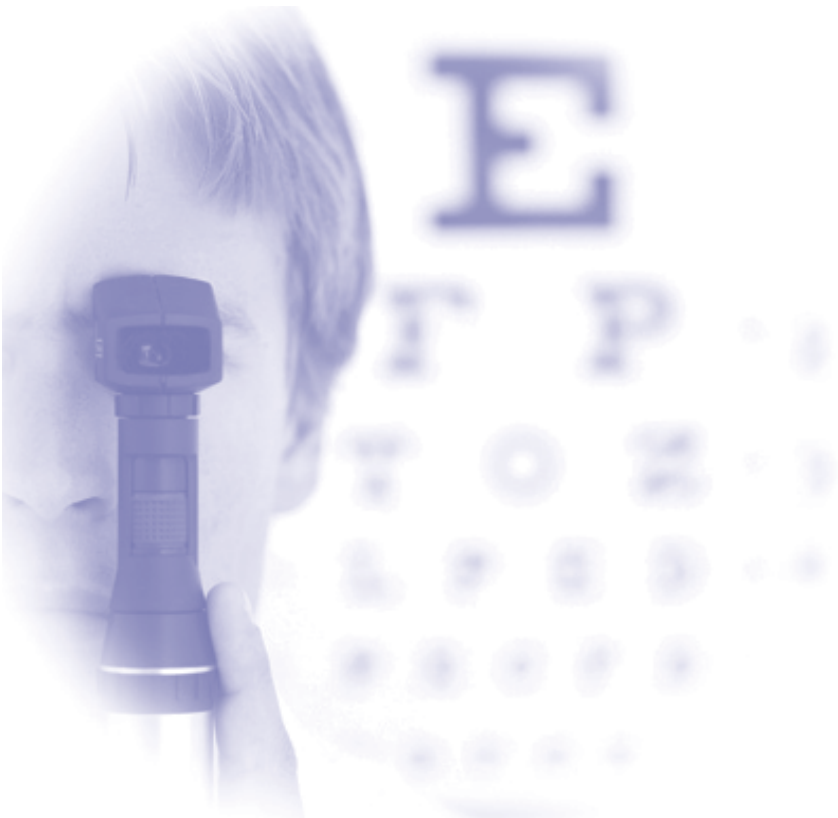
**Secure Horizons Medicare Complete Retiree Plan (HMO)

Osage County - Service Area includes the following ZIP Codes **ONLY**:

74003, 74022, 74051, 74063, 74070, 74073, 74106, 74126, 74127, 74604, 74650

Section V

Dental and Vision Plan Options



Information on Dental Plans

There are seven dental plans available:

- ◆ HealthChoice Dental
- ◆ CIGNA Dental Care Plan (Prepaid)
- ◆ Assurant Freedom Preferred
- ◆ Assurant Heritage Plus with SBA (Prepaid)
- ◆ Assurant Heritage Secure (Prepaid)
- ◆ Delta Dental PPO (POS)
- ◆ Delta's Choice (PPO)

See *Comparison of Benefits for Dental Plans* on pages 48-51 to determine your costs under each plan.

The loss of your dental provider on any of the dental plans does not allow a change in plans until the next annual Option Period. You may change providers within your selected plan as needed.

NOTE: Dental prescriptions are not covered under the dental plans, but may be covered under your health plan and are subject to the health plan's rules.

Information on Vision Plans

There are five vision plans available:

- ◆ Humana/CompBenefits VisionCare Plan
- ◆ Primary Vision Care Services (PVCS)
- ◆ Superior Vision Plan
- ◆ UnitedHealthcare Vision
- ◆ Vision Service Plan (VSP)

See *Comparison of Benefits for Vision Plans* on pages 52-53 to determine your costs under each plan.

IMPORTANT NOTICES:

- ◆ All vision plan benefits are based on a calendar year instead of a 12-month basis.
- ◆ Humana/CompBenefits will apply a \$25 copay for frames purchased out-of-network. This change is indicated by bold text in the *Comparison of Benefits for Vision Plans*.

The loss of your vision provider on any of the vision plans does not allow a change in plans until the next annual Option Period. You may change providers within your selected plan as needed.

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Freedom Preferred
ANNUAL DEDUCTIBLE	Network: \$25 Basic and Major Non-Network: \$25 Preventive, Basic, and Major	No deductible or plan maximum \$5 office copay applies	\$25 per person, per calendar year, waived for preventive services in-network
PREVENTIVE CARE Allowed Charges apply	Network: \$0 Non-Network: \$0 of Allowed Charges after deductible	Sealant: \$15 per tooth No charge for routine cleaning once every 6 months No charge for topical fluoride application (through age 18) No charge for periodic oral evaluations	\$0 with no deductible when in-network
BASIC CARE Allowed Charges apply	Network: 15% Non-Network: 30% Deductible applies	Amalgam: One surface, permanent teeth \$20	Network: 15% Non-Network: 30% Plan pays 85% of usual and customary when in-network, Deductible applies
MAJOR CARE Allowed Charges apply	Network: 40% Non-Network: 50% Deductible applies	Root canal, anterior: \$325 Periodontal/scaling/ root planing 1-3 teeth (per quadrant): \$65	Network: 40% Non-Network: 50% Plan pays 60% of usual and customary when in-network, deductible applies

Comparison of Benefits For Dental Plans

Assurant Prepaid Plans Heritage Plus with SBA and Heritage Secure	Delta Dental PPO – “Point of Service”		Delta’s Choice – PPO
	PPO Network	Premier Network and Non-Network	PPO Network
No deductibles	\$25 per person per year applies to Basic and Major Care only	\$100 per person per year	\$100 per person per year applies to Major Care only (Level 4)
No charge for routine cleaning (once every 6 months) No charge for topical fluoride application (up to age 18) No charge for periodic oral evaluations	\$0 of allowable amounts No deductible applies	\$0 of allowable amounts after deductible	Schedule of covered services and copays. Copay examples: Routine cleaning \$5 Periodic oral evaluation \$5 Topical fluoride application (up to age 19) \$5
Fillings Minor oral surgery Refer to the copayment schedule for each plan	15% of allowable amounts after deductible	30% of allowable amounts after deductible	Schedule of covered services and copays. Copay example: Amalgam - One surface, primary or permanent tooth \$12
Root canal Periodontal Crowns Refer to the copayment schedule for each plan	40% of allowable amounts after deductible	50% of allowable amounts after deductible	Schedule of covered services and copays. Copay examples: Crown - porcelain/ ceramic substrate \$241 Complete denture - maxillary \$320

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Freedom Preferred
ORTHODONTIC CARE Allowed Charges apply	Network: 50% Non-Network: 50% 12-month waiting period may apply No lifetime orthodontic maximum for Network or non-Network Covered for members under age 19 and members over age 19 with TMD	\$2,100 out-of-pocket for children through age 18 \$2,900 out-of-pocket for adults 24-month treatment excludes orthodontic treatment plan and banding	Network: 40% Non-Network: 50% Up to \$1,800 lifetime maximum for members under age 19 24-month waiting period may apply
PLAN YEAR MAXIMUM	Network and non-Network \$2,000 per person per year	No maximum	\$2,000
FILING CLAIMS	Network: No claims to file Non-Network: You file claims	No claims to file	Member/provider must file claims

Comparison of Benefits For Dental Plans

Assurant Prepaid Plans Heritage Plus with SBA and Heritage Secure	Delta Dental PPO – “Point of Service”		Delta’s Choice – PPO
	PPO Network	Premier Network and Non-Network	PPO Network
25% discount Adults and children	40% of allowable amounts, up to lifetime maximum of \$1,800 No deductible applies No waiting period	40% of allowable amounts, up to lifetime maximum of \$1,800 No deductible applies No waiting period	You pay amounts in excess of \$50 per month Lifetime maximum up to \$1,800 No deductible applies No waiting period
No annual maximum for general dentist	\$2,000 per person per year	\$2,000 per person per year	\$2,000 per person per year
No claims to file	Claims are filed by participating dentists	Claims are filed by participating dentists	Claims are filed by participating dentists

Comparison of Benefits for Vision Plans

	Humana/CompBenefits VisionCare Plan		Primary Vision Care Services, Inc.	
Covered Services	In-Network	Out-of- Network	In-Network	Out-of- Network*
Eye Exams	\$10 copay One exam for eyeglasses or contacts per year	Copays do not apply Plan pays up to \$35; One exam per year	\$0 copay No limit on exams per year	Exam fee reimbursed up to \$40 One exam per year
Lenses Per Pair	\$25 material copay applies to lenses and/or frames (single, lined bifocal, trifocal, lenticular are covered at 100%); A discount applies to progressive lenses One pair of lenses per year	Plan pays up to: \$25 single \$40 bifocals \$60 trifocals \$100 lenticular One pair of lenses per year	You pay wholesale cost with no limit on number of pairs	Fees reimbursed up to \$40-\$60 for one set of lenses and frames
Frames	\$25 material copay applies to lenses and/or frames; \$45 wholesale frame allowance; One set of frames per year	\$25 copay Plan pays up to \$45 One set of frames per year	You pay wholesale cost with no limit on number of pairs	Fees reimbursed up to \$40-\$60 for one set of lenses and frames
Contact Lenses	\$130 allowance for conventional or disposable lenses and fitting fee in lieu of all other benefits Medically necessary, Plan pays 100% One set of contacts per year	\$130 allowance for exam, contacts, and fitting fee in lieu of all other benefits Medically necessary, Plan pays \$210 One set of contacts per year	You pay wholesale cost for an annual supply of contacts. For first time fittings, \$50 copay on soft lenses and \$75 copay on all rigid gas permeable lenses	Fees reimbursed up to \$60 One set annually (in lieu of glasses)
Laser Vision Correction	\$895 copay conventional \$1,295 copay custom \$1,895 copay custom plus bladeless when services are rendered by a TLC Network Provider	No benefit	Discounted laser refractive surgery at multiple state locations	No benefit

* Out-of-Network limited to one eye exam and one set of eyeglasses or contact lenses annually. Cannot be used with In-Network services.

Comparison of Benefits for Vision Plans

Superior Vision Plan		UnitedHealthcare Vision		Vision Service Plan (VSP)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$10 copay One exam per year	OD-\$26 max MD-\$34 max	\$10 copay One exam per year	Plan pays up to \$40	\$10 copay One exam per year	\$10 copay Plan pays up to \$35
\$25 copay One pair of lenses per year	Plan pays up to: \$26 single \$39 bifocals \$49 trifocals \$78 lenticular	\$25 copay One pair of lenses per year	Plan pays up to: \$40 single \$60 bifocals \$80 trifocals \$80 lenticular	\$25 copay* One set of lenses per year Polycarbonate lenses covered in full for dependent children Average 35-40% savings on all non-covered lens options	\$25 copay* Plan pays up to: \$25 single \$40 bifocals \$55 trifocals \$80 lenticular
\$25 copay Plan pays up to \$125 One set of frames per year	Plan pays up to \$68	\$25 copay One set of frames per year	Plan pays up to \$45	\$25 copay* One frame per year, \$120 allowance; 20% off any out-of-pocket costs above the allowance	\$25 copay* Plan pays up to \$45
\$0 copay Plan pays up to \$120 Medically necessary contacts are covered in full (in lieu of glasses)	\$0 copay Plan pays up to \$100 For medically necessary contacts, Plan pays up to \$210 (in lieu of glasses)	\$25 copay covers fitting/evaluation fees, contacts (including disposables), and up to 2 follow-up visits (in lieu of glasses)	Plan pays up to \$150 For medically necessary contacts, Plan pays up to \$210 (in lieu of glasses)	\$0 copay \$120 allowance applied to the cost of your contact lens exam and the contact lenses. 15% discount on contact lens exam (in lieu of glasses)	\$0 copay Plan pays up to \$105 for disposable or conventional contact lenses (in lieu of glasses)
20% off retail price	No benefit	Access to discounted refractive eye surgery from numerous provider locations throughout the U.S.	No benefit	Laser vision correction services (PRK, LASIK, and Custom LASIK) at a reduced cost through VSP's contracted laser surgery centers	No benefit

* Benefit includes an annual \$25 materials copay on lenses or frames, but not both.

Health Plans' Help Lines

HealthChoice

Health, Dental, and Life Claims, ID Cards, Benefits and Verification of Coverage

Oklahoma City Area	1-405-416-1800
All Areas	1-800-782-5218
TDD Oklahoma City	1-405-416-1525
TDD All Areas	1-800-941-2160
Website	www.sib.ok.gov or www.healthchoiceok.com

Pharmacy Claims/Pharmacy ID Cards

Plans With Part D:	
All Areas	1-800-590-6828
TDD All Areas	1-800-716-3231
Plans Without Part D:	
All Areas	1-800-903-8113
TDD All Areas	1-800-825-1230

Certification

All Areas	1-800-848-8121
TDD All Areas	1-877-267-6367

Member Services / Provider Directory

Oklahoma City Area	1-405-717-8780
All Areas	1-800-752-9475
TDD Oklahoma City	1-405-949-2281
TDD All Areas	1-866-447-0436

UnitedHealthcare Senior Supplement Plans

All Areas	1-800-851-3802
TDD All Areas	1-800-557-7595
Website	www.securehorizons.com

Medicare Advantage Prescription Drug Plans (MA-PD)

CommunityCare Senior Health Plan

Tulsa Area	1-918-594-5323
All Other Areas	1-800-642-8065
Hearing Impaired Relay	1-800-722-0353
Website	www.ccok.com

Generations Healthcare by GlobalHealth

All Other Areas	1-866-547-3060
TTY/TDD/Voice	1-866-958-2692
Website	www.generationshealthcare.cc

Secure Horizons Medicare Complete Retiree Plan (HMO)

All Other Areas	1-888-635-2701
TDD	1-800-387-1074
Website	www.securehorizons.com

If a TDD or TYY number is not listed for a plan, hearing impaired members should use a relay service to contact the plan.

Dental Plans' Help Lines

Assurant, Inc. Dental

Prepaid Plan	1-800-443-2995
Indemnity Plan	1-800-442-7742
Website	www.assurantemployeebenefits.com

CIGNA Dental Care Plan (Prepaid)

All Areas	1-800-244-6224
Hearing Impaired Relay	1-800-654-5988
Website	www.cigna.com

Delta Dental

Oklahoma City Area	1-405-607-2100
All Areas	1-800-522-0188
Website	www.deltadentalok.org/state_employees/

Vision Plans' Help Lines

Humana/CompBenefits VisionCare Plan

All Areas	1-800-865-3676
TDD All Areas	1-877-553-4327
Website	www.compbenefits.com/custom/stateofoklahoma

Primary Vision Care Services (PVCS)

All Areas	1-888-357-6912
TDD All Areas	1-800-722-0353
Website	www.pvcs-usa.com

Superior Vision Plan

All Areas	1-800-507-3800
TDD All Areas	1-916-852-2382
Website	www.superiorvision.com

UnitedHealthcare Vision

All Areas	1-800-638-3120
TDD All Areas	1-800-524-3157
Website	www.myuhcvision.com

Vision Service Plan (VSP)

All Areas	1-800-877-7195
TDD All Areas	1-800-428-4833
Website	www.vsp.com

If a TDD or TYY number is not listed for a plan, hearing impaired members should use a relay service to contact the plan.

The information contained in this Guide is only a brief summary of the listed options. All benefits and limitations of these plans are governed in all cases by the relevant plan documents, insurance contracts, handbooks, Rules of the Oklahoma State and Education Employees Group Insurance Board, and the regulations governing the Medicare Prescription Drug Benefit, Improvement, and Modernization Act. The Federal Regulation at 42 C.F.R. § 423 et seq. and the Rules of the Oklahoma Administrative Code, Title 360, are controlling in all aspects of Plan benefits. No oral statement of any person shall modify or otherwise affect the benefits, limitations, or exclusions of any plan.



Oklahoma State and Education
Employees Group Insurance Board
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**IMPORTANT PLAN INFORMATION
OPTION PERIOD GUIDE FOR 2010**