



OSEEGB
Oklahoma State and Education
Employees Group Insurance Board
*A Division of the Office of
Management and Enterprise Services*

MedicareRx
Prescription Drug Coverage X



Option Period Guide

Summary of Benefits for Plan Year 2013

January 1 through December 31, 2013



Medicare Supplement, MA-PD, Dental, Life, and Vision

MDIS 2749
E7848_H3000

Update to Printed Version of This Guide

Update to the copays for Specialty drugs listed on pages 13 and 23:

- ◆ For Specialty drugs, including generics, you pay \$60.

You should have already received a schedule of retiree Option Period meetings. If you plan to attend one of these meetings, please bring this Guide with you.

Enrollment Information

- ◆ Your *Option Period Enrollment/Change Form* is being mailed in a separate security envelope. When you receive your form, review your personalized information in the upper right-hand corner. This section lists your current coverage.

If you DO NOT WANT to make changes:

- ◆ **No further action is necessary unless you are enrolled in a UnitedHealthcare plan.*** You do NOT need to return your *Option Period Enrollment/Change Form*. OSEEGIB will automatically carry your 2012 coverage over to 2013.
- ◆ You will **not** receive a *Confirmation Statement* from OSEEGIB. Keep your *Option Period Enrollment/Change Form* as proof 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 end your Part D coverage through OSEEGIB and cause your premiums to increase.

If you WANT TO make changes, your enrollment form is due by December 7.

- ◆ The following resources are available to help you decide on your coverage:
 - Online Provider Directories
 - Customer Service Representatives
 - Plan Websites
- ◆ Review the premium rates and plan changes for 2013.
- ◆ Enroll in only one Part D plan.
- ◆ Check the appropriate boxes on your *Option Period Enrollment/Change Form* to make changes.
- ◆ If you already have Part D coverage through another employer or union plan, you must select one of the HealthChoice Medicare Supplement Plans *Without* Part D.
- ◆ Return your enrollment/change form by **December 7**.
- ◆ Review your *Confirmation Statement* when you receive it to verify your coverage is correct.
- ◆ If your coverage is listed incorrectly, please contact OSEEGIB Member Services as soon as possible. See *Help Lines* on page 48.

If you have questions or need more information, please contact OSEEGIB 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.

***UnitedHealthcare is not a plan option for 2013. If you are enrolled in a UnitedHealthcare plan, you must make a new plan selection.**

Monthly Premiums for Medicare Eligible Members

Plan Year January 1, 2013 - December 31, 2013

MEDICARE SUPPLEMENT PLANS				
HealthChoice Employer PDP High Option With Part D		\$316.34 per enrolled person		
HealthChoice Employer PDP Low Option With Part D		\$255.62 per enrolled person		
HealthChoice High Option Without Part D		\$404.56 per enrolled person		
HealthChoice Low Option Without Part D		\$333.86 per enrolled person		
MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) PLANS				
CommunityCare Senior Health Plan		\$235.00 per enrolled person		
Generations Healthcare		\$205.00 per enrolled person		
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$31.38	\$31.38	\$26.90	\$66.96
Assurant Freedom Preferred	\$28.83	\$28.67	\$21.50	\$57.80
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	\$33.64	\$33.62	\$29.26	\$74.04
Delta Dental Premier	\$40.66	\$40.66	\$35.40	\$89.54
Delta Dental PPO – Choice	\$15.06	\$34.18	\$34.44	\$83.60
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	\$7.14	\$7.10	\$6.72	\$13.80
UnitedHealthcare Vision	\$8.18	\$5.79	\$4.59	\$ 6.98
Vision Service Plan (VSP)	\$8.93	\$5.98	\$5.73	\$12.88
LIFE PLAN*	From \$5,000 to \$40,000		\$1.88 Per \$1,000 Unit	
Age Rated Life – Cost Per \$1,000 from \$41,000 and Up				
< 30 ----- \$0.04	45 - 49 ----- \$0.10		65 - 69 ----- \$0.52	
30 - 34 ----- \$0.04	50 - 54 ----- \$0.18		70 - 74 ----- \$0.88	
35 - 39 ----- \$0.04	55 - 59 ----- \$0.28		75+ ----- \$1.36	
40 - 44 ----- \$0.06	60 - 64 ----- \$0.32			
DEPENDENT LIFE	\$0.94 Per \$500 Unit, Per Dependent			

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

*Life insurance premiums for surviving dependents can be found on the next page.

Monthly COBRA Premiums for Medicare Eligible Members

Plan Year January 1, 2013 - December 31, 2013

MEDICARE SUPPLEMENT PLANS				
HealthChoice Employer PDP High Option With Part D	\$316.34 per enrolled person			
HealthChoice Employer PDP Low Option With Part D	\$255.62 per enrolled person			
HealthChoice High Option Without Part D	\$412.65 per enrolled person			
HealthChoice Low Option Without Part D	\$340.54 per enrolled person			
MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) PLANS				
CommunityCare Senior Health Plan	\$235.00 per enrolled person			
Generations Healthcare	\$205.00 per enrolled person			
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$31.38	\$31.38	\$25.68	\$66.63
Assurant Freedom Preferred	\$29.41	\$29.24	\$21.93	\$58.96
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	\$34.31	\$34.29	\$29.85	\$75.52
Delta Dental Premier	\$39.13	\$39.13	\$34.05	\$86.15
Delta Dental PPO – Choice	\$15.36	\$34.86	\$35.13	\$85.27
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	\$7.28	\$7.24	\$6.85	\$14.08
UnitedHealthcare Vision	\$8.34	\$5.91	\$4.68	\$ 7.12
Vision Service Plan (VSP)	\$8.94	\$5.99	\$5.73	\$12.89

OSEEGIB policy states that one person must always pay the primary member premium. When a spouse, child, or children are insured under a particular benefit, but the member did not keep that coverage, one person is always billed the primary member rate.

Monthly Life Insurance Premiums for Surviving Dependents

Dependents of Current Employees	Low – \$2.60	Standard – \$4.32	Premier – \$8.64
Spouse	\$6,000 of coverage	\$10,000 of coverage	\$20,000 of coverage
Child (age 6 months to 26)	\$3,000 of coverage	\$ 5,000 of coverage	\$10,000 of coverage
Child (live birth to 6 months)	\$1,000 of coverage	\$ 1,000 of coverage	\$ 1,000 of coverage
Dependents of Former Employees	\$0.94 Per \$500 Unit, Per Dependent		

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A fully accessible version of this guide is available on the OSEEGIB website at www.sib.ok.gov or www.healthchoiceok.com.

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2013 Plan Year

This Guide is a Summary of Benefits

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, agency Rules, 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.

Release of Information

OSEEGIB/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.

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 each plan. See *Help Lines* on pages 48 and 49.
- ◆ You can also call Medicare toll-free at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users call toll-free 1-877-486-2048.

Section I

Health Plan Identification and General Information

Health Plan Identification Information

Plan Administrator

OSEEGIB

3545 NW 58 Street, Suite 110, Oklahoma City, OK 73112

1-405-717-8701 or toll-free 1-800-543-6044

TDD 1-405-949-2281 or toll-free 1-866-447-0436

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

CommunityCare Senior Health Plan

Member Services/Monday through Sunday/8:00 a.m. to 8:00 p.m., Central time

PO Box 3327, Tulsa, OK 74101

Toll-free 1-800-642-8065

Relay Service for the Hearing Impaired toll-free 1-800-722-0353

Website: www.ccok.com

Generations Healthcare by Universal American

Member Services/Monday through Friday/8:00 a.m. to 5:00 p.m., Central time

55 N Robinson, Oklahoma City, OK 73102

Toll-free 1-866-496-7817 or toll-free TTY/TDD/Voice 1-800-958-2692

Website: www.generationshealthcare.cc

Medicare

Customer Service/24 hours a day/7 days a week

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

General Information

The 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 individual plan. See *Help Lines* on pages 48 and 49.

The Annual Option Period Ends December 7, 2012

You have from October 15 until December 7 to make changes to your coverage. Changes received after the December 7 deadline cannot be accepted.

2013 Plan Changes

There are changes to the plans and plan benefits being offered for 2013.

- ◆ UnitedHealthcare is not offering its Medicare supplement or MA-PD plans. If you are currently enrolled in one of these plans, you must make another plan selection.
- ◆ Global Health, the plan administrator for Generations Healthcare, has changed its name to Universal American.
- ◆ Plan changes are indicated by **bold text** in each of the Comparison of Benefits charts.

Plans Participating in 2013

Medicare Supplement Plans:

- ◆ HealthChoice Employer PDP High and Low Option Medicare Supplement Plans ***With*** Part D
- ◆ HealthChoice High and Low Option Medicare Supplement Plans ***Without*** Part D

Medicare Advantage Prescription Drug (MA-PD) Plans:

- ◆ CommunityCare Senior Health Plan
- ◆ Generations Healthcare

Dental Plans:

- | | |
|---|-----------------------------|
| ◆ Assurant Employee Benefits Freedom Preferred | ◆ Delta Dental PPO |
| ◆ Assurant Employee Benefits Heritage Plus with SBA | ◆ Delta Dental Premier |
| ◆ Assurant Employee Benefits Heritage Secure | ◆ Delta Dental PPO – Choice |
| ◆ CIGNA Dental Care Plan | ◆ HealthChoice Dental |

Vision Plans:

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

HealthChoice Life Insurance Plan:

- ◆ Now is the time to review your life insurance coverage and beneficiaries. To change your beneficiaries, complete and return a *Beneficiary Designation Form* available on the HealthChoice website or contact HealthChoice Member Services and request a form. See *Help Lines* on pages 48 and 49.

Options for Medicare Members

During Option Period, you can:

- ◆ Change health and/or dental plans
- ◆ Drop benefits and/or dependents
- ◆ Decrease your life insurance coverage
- ◆ Drop or change vision plans
- ◆ Enroll in a vision plan if you have not dropped that coverage within the past 12 months

Eligibility Requirements

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

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

To participate in the MA-PD Plans described in this Guide:

- ◆ You must be a permanent resident of the MA-PD plan's service area. This service area is a federally qualified area in which the MA-PD provides services. Check the *MA-PD Plans' ZIP Code Service Areas* on pages 35 and 36 to make sure you reside in the MA-PD plan's service area.
- ◆ You must be enrolled in both Medicare Part A and Part B, 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.
- ◆ You are not eligible to enroll in an MA-PD plan if you have been diagnosed with End-Stage Renal Disease (ESRD). 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 each MA-PD plan directly for further information. See *Help Lines* on pages 48 and 49.

Enrollment in Medicare Part B

All Medicare eligible individuals, except current employees, must be enrolled in a Medicare plan through OSEEGIB. To maximize benefits, you need to be enrolled in Medicare Part B. HealthChoice Medicare supplement plans **do not require** you to be enrolled in Part B, but pay benefits as if you are. The MA-PD plans offered through OSEEGIB require you to have both Medicare Part A and Part B.

Your Current Coverage

Your current coverage is listed in the upper right-hand corner of your personalized *Option Period Enrollment/Change Form*. Your form is being mailed in a separate security envelope. If you want to, you can switch to a different plan. If you do not return your enrollment/change form by December 7, you will automatically be enrolled in the same coverage you currently have, unless you are enrolled in a UnitedHealthcare plan. Remember, if you are enrolled in a UnitedHealthcare plan, you must make a new plan selection.

Service Areas

- ◆ The HealthChoice 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.
- ◆ The ZIP Code service areas of the MA-PD plans are federally qualified areas in which the MA-PD plans provide services. You must be a permanent resident of the MA-PD plan's service area. Check the *MA-PD Plans' ZIP Code Service Areas* on pages 35 and 36 to make sure you reside in the MA-PD plan's service area.

Creditable Coverage Notice

Prescription drug coverage is called *creditable* when the plan's prescription drug coverage pays, on average, at least as much as Medicare's standard prescription drug coverage. The Medicare supplement plans and MA-PD plans offered through OSEEGIB provide coverage that is equal to, or better than, the standard benefits of Medicare's prescription drug plan. All plans meet or exceed the standards set by the Centers for Medicare and Medicaid Services.

Medicare Premiums and Deductibles

As of the print date of this Guide, the amounts for Medicare premiums and deductibles for 2013 were not available. Use this Guide together with your 2013 *Medicare & You* handbook for more information and exact amounts.

Part D Income-Related Premium Adjustment

If you are a member of one of the Medicare supplement or MA-PD plans offered through OSEEGIB, your premium for Part D prescription drug coverage is included in your regular monthly premium. However, if your income is above a certain level, you must pay an additional premium for your Part D coverage. If you have to pay an extra amount, the Social Security Administration will send you a letter telling you what the extra amount will be. For more

information, call Social Security toll-free at 1-800-772-1213, Monday through Friday, 7 a.m. to 7 p.m., Central time. TTY users call toll-free 1-800-325-0778.

Medicare's Limiting Charge

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

Charges for Services Not Covered by Medicare

Any charges for services or supplies which are not covered by Medicare or covered under your plan are your financial responsibility.

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

There is a program available to help people who have limited income and resources as determined by Social Security. You may be able to get Extra Help paying your monthly premiums, pharmacy deductibles, and pharmacy copays. This Extra Help also counts toward your out-of-pocket maximum. If you think you may qualify or want more information, visit the Social Security website at www.socialsecurity.gov or call Social Security, Monday through Friday, 7:00 a.m. to 7:00 p.m., Central time, at:

- ◆ Toll-free 1-800-772-1213 or toll-free TTY/TDD 1-800-325-0778

You can also visit www.medicare.gov, or call Medicare, 24 hours a day, 7 days a week, at:

- ◆ Toll-free 1-800-MEDICARE (1-800-633-4227)
- ◆ Toll-free TTY/TDD 1-877-486-2048

After you apply for Extra Help, you will get a letter letting you know whether or not you qualify and what you need to do next. You may receive full or partial help depending on your income, family size, and resources.

Extra Help — If You Are Already Qualified

If you already get help paying for your prescription drugs, some of the information in this Guide about premiums and Part D drug costs is not correct for you. The amounts of your monthly premiums and pharmacy costs will be less. Your plan may request a copy of your letter from Social Security confirming you are qualified. Once you enroll in a Part D plan, Medicare

or your plan will tell us the amount of assistance you will receive. We will then send you information about the amount you will pay.

Confirming Coverage

- ◆ Plan changes made during Option Period are reflected on the *Confirmation Statement* you receive from OSEEGIB.
- ◆ Review your *Confirmation Statement* to make sure your coverage is correct. Contact OSEEGIB Member Services right away if your *Confirmation Statement* is incorrect, so corrections can be made as soon as possible.
- ◆ If you do not make any changes, 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 allow dependents to continue coverage under COBRA include:

- ◆ A child reaching age 26
- ◆ Your death
- ◆ Divorce of a spouse

It is the policy of the Oklahoma State and Education Employees Group Insurance Board, a division of the Office of Management and Enterprise Services, that one person must always pay the primary member premium. When a spouse, child, or children are insured under a particular benefit, but the member did not keep that coverage, one person is always billed the primary member rate.

Finding 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 pages 48 and 49.

Address Information

Medicare requires that you report changes in your home address to your plan.

If You Are Already Enrolled in a Plan With Part D Prescription Drug Coverage

Your Medicare Part D plan through OSEEGIB provides Part D prescription drug coverage. If you enroll in a Medicare Part D plan outside of OSEEGIB, Medicare must disenroll you

from your current 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 Part D benefits. You must continue on the plan without Part D benefits until the next Option Period and pay the higher premium for that plan, or since you have other Part D (prescription) coverage, you can drop your health and prescription coverage through OSEEGIB, or drop your Part D coverage, whichever you decide. If you drop your coverage through OSEEGIB, you cannot regain coverage through OSEEGIB in the future, and you will lose any premium contribution made by your retirement system.

If You Currently Have Health Coverage Through Your Employer or Union

If you or your spouse have health coverage through an employer or union, joining one of the plans offered by OSEEGIB may change your current coverage. Please read the information sent to you by your employer or union. If you have questions, see your benefits administrator. If you leave your plan and do not get other Medicare Part D coverage or other coverage that is as good as Medicare's (Creditable Coverage), in the future, you may have to pay Medicare's late enrollment penalty in addition to your premium for Part D prescription drug coverage.

Section II

HealthChoice Medicare Supplement Plans

Any charges for services or supplies that are not Medicare covered services or supplies or covered under the Plans are your responsibility.

2013 Annual Notice of Change

Please read this HealthChoice Annual Notice of Change. Each year, Medicare prescription drug plans may change premiums, cost-sharing amounts, and benefits. These changes may include increasing premiums, increasing or decreasing cost-sharing amounts, and adding or subtracting benefits. This notice provides a summary of how HealthChoice benefits and costs will change and what you will pay for services beginning January 1, 2013.

Federal Contracting Statement for Medicare Part D

The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB), a division of the Office of Management and Enterprise Services, 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 is a Medicare approved Part D sponsor and its contract with CMS is renewed annually and is not guaranteed beyond the 2013 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 Medicare Supplement Plan With Part D.

HealthChoice Employer PDP Medicare Supplement Plans With Part D

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

HealthChoice Medicare Supplement Plans Without Part D

The Plans without Part D include pharmacy benefits, but they are not Medicare Part D plans. These plans are 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.

Enrolling in a HealthChoice Medicare Supplement Plan With Part D

If you are enrolling in or changing your coverage to a HealthChoice Employer PDP Medicare Supplement Plan With Part D, you must complete and return the *Application for Medicare Supplement With Part D* to OSEEGIB along with your *Option Period Enrollment/ Change Form*.

This application is available on the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com. First, go to *Members* and click *Medicare Members*, then scroll down to *Forms and Applications*. You can also request an application by contacting HealthChoice 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.

Changes to the HealthChoice Medicare Supplement Plans' Monthly Premiums

The chart below compares 2012 monthly premiums with the new 2013 premiums:

Plan Name	2012 Premium	2013 Premium	+ Increase - Decrease
HealthChoice Employer PDP High Option With Part D	\$332.54	\$316.34	-\$16.20
HealthChoice Employer PDP Low Option With Part D	\$273.02	\$255.62	-\$17.40
HealthChoice High Option Without Part D	\$383.34	\$404.56	+\$21.22
HealthChoice Low Option Without Part D	\$323.82	\$333.86	+\$10.04

If you currently pay a premium for Medicare Part A, Part B, or Part D, you must continue to pay your premiums in order to keep your Medicare coverage.

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

If you qualify for the *low-income subsidy* through Social Security, you pay 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 in 2013, the chart below shows the amount you will pay for your prescription drugs. For more information, contact Social Security. See *Health Plan Identification Information* for contact information.

LIS Groups	If you pay up to this much in 2012	You will pay up to this much in 2013
Rx 1	\$0 deductible	\$0 deductible
	\$0 copay	\$0 copay
Rx 2	\$0 deductible	\$0 deductible
	\$1.10 generic and Preferred-brand copay	\$1.15 generic and Preferred-brand copay
	\$3.30 non-Preferred brand and other drug copays	\$3.50 non-Preferred brand and other drug copays
Rx 3	\$0 deductible	\$0 deductible
	\$2.60 generic and Preferred-brand copay	\$2.65 generic and Preferred-brand copay
	\$6.50 non-Preferred brand and other drug copays	\$6.60 non-Preferred brand and other drug copays
Rx 4-7	\$65 deductible	\$66 deductible
	15% copay	15% copay

Health Benefit Changes

The health benefits provided by the HealthChoice Medicare Supplement Plans are designed to provide supplemental benefits to Medicare Part A and Part B. HealthChoice benefits will be adjusted effective January 1, 2013, to coincide with any changes made by Medicare.

Enrollment Periods

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

- ◆ **Initial Enrollment Period** – This is the time period when you first become eligible for enrollment in a Medicare Part D plan.
- ◆ **The Annual Coordinated Election Period** – The HealthChoice annual Option Period (Annual Coordinated Election Period) runs from October 15 through December 7, 2012. All enrollments and plan changes must be completed and returned by December 7. Once the annual Option Period ends, plan changes cannot be made until the next annual Option Period.
- ◆ **Special Enrollment Periods** – Special Enrollment Periods are allowed under certain situations. Coverage is effective following the processing of your paperwork. Examples include:
 - 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 pages 48 and 49.

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.

Pharmacy Benefit Changes

Pharmacy benefits generally cover up to a **30-day supply** or a **90-day supply**. Specific therapeutic categories, medications, and/or dosage forms may have more restrictive quantity and/or duration of therapy limitations.

In accordance with CMS guidelines, the following amounts are changing. See below:

Plan Name	Pharmacy Deductible	Initial Coverage Limit (Low Option Only)	Annual Out-of-Pocket Maximum	Charges Applied to Out-of-Pocket Maximum
HealthChoice Employer PDP High Option With Part D	Not applicable	Not applicable	Increases from \$4,700 to \$4,750	All out-of-pocket costs for covered drugs purchased at Network Pharmacies count toward the annual out-of-pocket maximum
HealthChoice High Option Without Part D				
HealthChoice Employer PDP Low Option With Part D	Increases from \$320 to \$325	Increases from \$2,930 to \$2,970		
HealthChoice Low Option Without Part D				

Following is a chart of the new copay structure for the High Option plans:

Prescription Medications	30-Day Supply	90-Day Supply
Generic (Tier 1) Drugs	You pay cost of drug up to a maximum of \$10	You pay cost of drug up to a maximum of \$25
Preferred (Tier 2) Drugs	If the cost of the drug is \$60 or less, you pay up to \$15 or the cost of drug, if less If the cost of the drug is more than \$60, you pay 25% up to a maximum of \$30	If the cost of the drug is \$120 or less, you pay up to \$30 or the cost of the drug, if less If the cost of the drug is more than \$120, you pay 25% up to a maximum of \$60
Non-Preferred (Tier 3) Drugs	If the cost of the drug is \$60 or less, you pay up to \$30 or the cost of the drug, if less If the cost of the drug is more than \$60, you pay 50% up to a maximum of \$60	If the cost of the drug is \$120 or less, you pay up to \$60 or the cost of the drug, if less If the cost of the drug is more than \$120, you pay 50% up to a maximum of \$120
Specialty (Tier 4) Drugs	For Specialty drugs, including generics, you pay \$60	Specialty drugs are available only in a 30-day supply

HealthChoice Comprehensive Medicare Formulary (List of Covered Drugs)

Enclosed with this Guide is a copy of the new *HealthChoice Comprehensive Medicare Formulary* that is effective January 1, 2013. This drug list shows the drugs covered by the Plans. Medicare has reviewed and approved this list of covered drugs. To find out how your medications are covered, please contact Express Scripts 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.

Be aware there are a number of changes to the formulary. In general, HealthChoice has not changed its drug tier structure; however, the copay structure has changed, and we have added some new drugs to the list and removed others. We have added some drugs that have recently become available, and we have replaced some expensive brand-name drugs with less costly generic alternatives. HealthChoice has also added some restrictions to certain drugs and reduced the restrictions on others. Some examples of restrictions include:

- ◆ Prior Authorization
- ◆ Step Therapy
- ◆ Quantity Limits

Both brand-name and generic drugs are covered and are sorted into five tiers:

- ◆ Tier 1 – Generics
- ◆ Tier 2 – Preferred Brand
- ◆ Tier 3 – Non-Preferred Brand
- ◆ Tier 4 – Very high cost and specialty drugs
- ◆ Tier 5 – Tobacco cessation medications

The drugs in Tiers 1, 2, and 4 offer the lowest or Preferred copay, Tier 3 drugs have the highest copay, and Tier 5 drugs (tobacco cessation products) have a \$0 copay. Drugs not listed in the formulary are not covered.

If HealthChoice makes a formulary change that alters your drug's tier level or increases its cost, we will notify you 60 days before the change so you can review your options.

When Changes Affect a Drug You Currently Take

If you are currently taking a drug that is not listed in the *HealthChoice Comprehensive Medicare Formulary* or coverage for your drug has changed; e.g., it has moved to a higher cost-sharing tier, or it has new restrictions, you have a couple of options:

- ◆ In some situations, HealthChoice will cover a one-time, temporary supply of your drug when your current supply runs out. This temporary supply is for a maximum of 30 days.

- ◆ You and your doctor can find a covered drug that treats your medical condition.
- ◆ Your doctor can ask for an exception/prior authorization for your current medication.

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. Please note, HealthChoice may have added or removed certain medications from the list of drugs that require prior authorization.

Quantities of Medications

Pharmacy benefits generally cover up to a **30-day supply** or a **90-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. Be aware that quantity limitations may have been added to or removed from some medications for 2013. Also, be aware that under certain circumstances, HealthChoice will make an exception to quantity limitations.

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

During transition to a HealthChoice Part D plan or transition to a formulary medication, 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. Please note that under certain circumstances, this 30-day supply may be extended. For information on how to obtain a covered transition supply of medication, have your pharmacy contact Express Scripts. See *Pharmacy Claims/Pharmacy ID Cards* in the *Help Lines* on page 48.

Network Pharmacy Access

The HealthChoice Pharmacy Network includes more than 900 pharmacies across Oklahoma and nearly 50,000 pharmacies nationwide. They are called Network Pharmacies because they contract with our Plans to provide covered prescription drugs to members. In most cases, your prescriptions are covered only if they are filled at a Network Pharmacy. Network Pharmacies provide electronic claims processing, so generally, there are no paper claims to file. Sometimes a pharmacy leaves the Network. When this occurs, you will have to get your prescriptions filled at another Network Pharmacy. To locate a HealthChoice Network Pharmacy near you, go to the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com. Click *Find a Provider* in the top menu bar and then select *HealthChoice Network Pharmacies*. You can also contact

Express Scripts, 24 hours a day, 7 days a week, at the following numbers:

- ◆ Members with Part D call toll-free 1-800-590-6828
- ◆ TDD users call toll-free 1-800-716-3231
- ◆ Members without Part D call toll-free 1-800-903-8113
- ◆ TDD users call toll-free 1-800-825-1230

Non-Network Pharmacy Benefits

Although HealthChoice may cover your prescriptions if they are purchased at a non-Network pharmacy, a reduced, non-Network benefit may apply. An exception may be made in the event of an emergency. It is considered an emergency when you:

- ◆ Travel outside your plan's service area and run out of medication, or become ill and need a covered medication and are unable to access a Network Pharmacy
- ◆ Cannot get a covered medication within your plan's pharmacy network in a timely manner
- ◆ Fill a prescription for a covered medication that is not regularly stocked at a Network Pharmacy
- ◆ Receive a covered medication that is dispensed by a non-Network outpatient facility, such as an emergency room, clinic, or surgery center

If you must use a non-Network pharmacy, you will have to pay the full cost for your prescription and then ask HealthChoice to repay you for its share of the cost. Before you fill a prescription under these circumstances, when possible, check to see if there is a Network Pharmacy in your area by visiting the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com. You can also contact Express Scripts at the following numbers:

- ◆ Members with Part D call toll-free 1-800-590-6828
- ◆ TDD users call toll-free 1-800-716-3231
- ◆ Members without Part D call toll-free 1-800-903-8113
- ◆ TDD users call toll-free 1-800-825-1230

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 each day	The coinsurance each day	0%
	91st day and after while using Medicare's 60 lifetime reserve days	All except the coinsurance each day	The coinsurance each 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 each calendar year.	First 20 days	All approved amounts	0%	0%
	21st through 100th day	All except the coinsurance each day	The coinsurance each 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 For all other exams, 80% No Part B deductible	0% No Part B deductible For all other exams, 20%	0%
Diabetes Screening Test	All Medicare beneficiaries at risk for diabetes	100%	0%	0%
Diabetes Self-Management Training	All Medicare beneficiaries with diabetes	80% after the Part B deductible	20% after the Part B deductible	0%
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets	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 cannot charge a Medicare beneficiary more than 115% of the Medicare Approved Amount. If your doctor does not accept Medicare, you will be responsible for all charges above the Medicare approved amounts.

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 each 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

HealthChoice High Option Medicare Supplement Plans With and Without Part D

NEW COPAY STRUCTURE FOR NETWORK BENEFITS

There is no annual deductible and no Coverage Gap. There is an annual out-of-pocket maximum. A **52.5%** discount applies to the copay for brand-name drugs after **\$2,970** in total drug spend.

Prescription Medications	30-Day Supply	90-Day Supply
Generic (Tier 1) Drugs	You pay cost of drug up to a maximum copay of \$10	You pay cost of drug up to a maximum copay of \$25
Preferred (Tier 2) Drugs	If cost of drug is \$60 or less, you pay maximum copay of \$15 or cost of drug, if less If cost of drug is more than \$60, you pay 25% of cost up to a maximum copay of \$30	If cost of drug is \$120 or less, you pay maximum copay of \$30 or cost of drug, if less If cost of drug is more than \$120, you pay 25% of cost up to a maximum copay of \$60
Non-Preferred (Tier 3) Drugs	If cost of drug is \$60 or less, you pay maximum copay of \$30 or cost of drug, if less If cost of drug is more than \$60, you pay 50% of cost up to a maximum copay of \$60	If cost of drug is \$120 or less, you pay maximum copay of \$60 or cost of drug, if less If cost of drug is more than \$120, you pay 50% of cost up to a maximum copay of \$120
Specialty (Tier 4) Drugs	For Specialty drugs, including generics, you pay \$60	Specialty drugs are available only in a 30-day supply
Preferred (Tier 5) Tobacco Cessation Drugs	\$0 copay	\$0 copay

THE PHARMACY OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum	After Out-of-Pocket is Met
The annual out-of-pocket maximum is \$4,750 . Only copays for covered prescription drugs purchased at Network Pharmacies count toward the out-of-pocket maximum. See the chart above for copay amounts.	After your pharmacy out-of-pocket costs reach \$4,750 , HealthChoice pays 100% of Allowed Charges for covered prescription drugs purchased at Network Pharmacies for the remainder of the calendar year.

Pharmacy benefits generally cover up to a **30-day supply** or a **90-day supply**.

Low Option Medicare Supplement Plans With and Without Part D

NETWORK BENEFITS			
Pharmacy Deductible Stage \$325	Initial Coverage Limit Stage \$2,645	Coverage Gap Stage \$3,763.75	100% Benefit Stage \$4,750
You pay 100% of \$325	After the deductible, you and HealthChoice share the costs of the next \$2,645 of prescription drug costs. You pay 25% (\$661.25) and HealthChoice pays 75% (\$1,983.75).	You pay 100% of the next \$3,763.75 of prescription drug costs.*	After you spend \$4,750 out-of-pocket, HealthChoice pays 100% of Allowed Charges for covered prescription drugs for the remainder of the calendar year.
REACHING THE ANNUAL OUT-OF-POCKET MAXIMUM OF \$4,750			
\$ 325.00	Deductible		
\$ 661.25	25% of the Initial Coverage Limit of \$2,645		
\$3,763.75	Coverage Gap – you pay 100% of costs for prescription drugs*		
\$4,750.00	Your total annual out-of-pocket for covered prescription drugs		
YOUR COSTS FOR COVERED MEDICATIONS			
You Pay		HealthChoice Pays	
Annual deductible of \$325		\$0	
\$661.25 (25%) of the next \$2,645 of prescription drug costs, the Initial Coverage Limit.		\$1,983.75 (75%) of the next \$2,645.	
*During the Coverage Gap, you are responsible for the next \$3,763.75 of prescription drug costs; however, you receive a 52.5% discount on the cost of brand-name drugs and a 21% discount on the cost of generic drugs.		HealthChoice pays the 21% discount on the cost of generic drugs during the Coverage Gap.	
\$0 after you have spent \$4,750 out-of-pocket for prescription drugs.		100% of Allowed Charges for covered drugs for the remainder of the calendar year.	

Pharmacy benefits generally cover up to a **30-day supply** or a **90-day supply**.

Section IV

Medicare Advantage Prescription Drug (MA-PD) Plans

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

Medicare Advantage Prescription Drug (MA-PD) Plans

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	\$235.00 per enrolled person
Generations Healthcare	\$205.00 per enrolled person

MA-PD Plan Changes

UnitedHealthcare MA-PD is not available in 2013.

- ◆ UnitedHealthcare is not offering an MA-PD plan in 2013. If you are currently enrolled in this plan, you must make another plan selection.

CommunityCare Senior Health Plan

- ◆ No benefit changes

Generations Healthcare

- ◆ Copays have increased, see the comparison of benefits chart on pages 30-34.
- ◆ ZIP Code service area has changed

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 offered 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 where the MA-PD provides coverage. Check the *MA-PD Plans' ZIP Code Service Areas* in this section to make sure you reside in the MA-PD plan's 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 health care benefits.
- ◆ If you permanently move out of your plan'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-network 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 48. If your provider leaves your plan, you must select another provider within your plan's network. 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 if you need additional benefit information. Be sure to indicate that you are with the State of Oklahoma account.

- ◆ You must indicate your MA-PD plan selection on your *Option Period Enrollment/Change Form* and return it to OSEEGIB. You must also complete an *Application for Medicare Advantage Prescription Drug Plan* and return it to OSEEGIB. The application is available on the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com. Click the *Option Period* link to access the application. You can also request an application by contacting HealthChoice 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. Remember, both your MA-PD application and your Option Period form must be returned to OSEEGIB.
- ◆ If you are currently enrolled in CommunityCare MA-PD plan or Generations MA-PD plan and want to continue your coverage for the 2013 plan year, you do not have to return your form unless you want to make changes to other coverages or enroll in vision coverage. Please keep your personalized *Option Period Enrollment/Change Form* as proof of your coverage.

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.

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 an MA-PD plan, your pre-Medicare spouse or dependents must enroll in the HMO option of that same plan. 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, 2013, 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 Advantage Prescription Drug (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

If you go out of your plan's provider network, 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 can 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. Your coverage is effective the first of the month in which you become Medicare eligible, or the first of the month following your election, whichever is later.
- ◆ **The Annual Coordinated Election Period** – This year, the annual Option Period (Annual Coordinated Election Period) runs through December 7. Once the annual Option Period ends, no plan changes can be made until the next annual Option Period.
- ◆ **Special Enrollment Periods** – Special Enrollment Periods may be allowed under certain situations. Your coverage is effective following the processing of your paperwork.

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

People with limited incomes may get Extra Help to pay for prescription drug costs. This Extra Help is known as the *low-income subsidy* or *LIS*. Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual pharmacy deductibles, and prescription copays. Those who qualify are not subject to the Coverage Gap or the late enrollment penalty. To learn more or to apply, call Social Security toll-free at 1-800-772-1213, Monday through Friday, 7:00 a.m. to 7:00 p.m., Central time. TTY users call toll-free 1-800-325-0778. More information is also available on their website at www.socialsecurity.gov.

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 (MA-PD) Drug Plans
All Benefits are Based on Medicare Approved Amounts**

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
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	\$50 each day for days 1-5 \$0 each day for days 6-90 for a Medicare-covered stay in a network hospital Prior authorization is required, except in the case of an emergency	\$250 copay each admission
Organ Transplants At a Medicare approved transplant facility	The following types of transplants are covered – cornea, heart, kidney, liver, lung, heart-lung, bone marrow, intestinal and multi-visceral, pancreas and stem cell	\$250 copay each admission
Outpatient Surgical Services	\$0 copay Prior authorization is required	\$150 copay
In-Area Urgent Care Services	\$10 to \$50 for each Medicare-covered visit	\$0 copay for PCP visits \$20 copay each visit for all other providers

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
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 Inpatient radiology and pathology Use of appliances such as wheelchairs	\$0 copay for days 1-20 \$50 for days 21-100 for each benefit period No prior hospital stay is required; prior authorization is required \$20 copay for each Medicare covered visit; prior authorization is required \$0 copay for blood service \$0 copay for each Medicare- covered radiation therapy service \$0 to \$50 or 20% for each Medicare-covered DME item; prior authorization is required	\$0 copay for days 1-20 \$250 copay for days 21-100
Physical, Occupational, and Speech Therapy Services	\$20 copay for each occupational, physical, speech, and language therapy visit; prior authorization is required	\$20 copay each visit
Chiropractic Limited to manual manipulation of the spine	\$15 copay each visit Prior authorization is required	\$20 copay each visit

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
Physical Examinations	\$0 copay for one routine physical exam Limited to one each year	\$0 copay
X-Ray Services Including annual mammography screening, if medically indicated	\$0 copay each visit \$0 copay each screening mammogram	\$0 copay Standard film x-rays
Professional Services Office visit consultation, diagnosis, and treatment; medical and surgical care; allergy tests and treatment (serum); diagnostic tests and treatment; medical supplies including casts, dressings, and splints	\$10 copay for each PCP visit \$20 copay for each specialist visit Prior authorization is required for specialty care	\$0 copay for PCP visit
		\$20 copay for specialist visit
		\$20 copay each visit for allergy testing and treatment, no copay for serum
		\$0 copay for other professional services
Hearing Examinations	\$10 copay for routine hearing tests \$20 copay for Medicare-covered diagnostic exams You pay 100% for hearing aids	\$20 copay each visit
Immunizations Includes flu shots and all Medicare approved immunizations	\$0 copay for annual flu vaccine \$0 copay for pneumonia vaccine \$0 copay for Hepatitis B vaccine No referral is necessary	\$0 copay for Medicare Part B covered immunizations

Services or Items	CommunityCare Senior Health Plan	Generations Healthcare
Well Female Exams	\$0 copay for Pap test and pelvic exam Limited to one pap test and one pelvic exam each year	\$0 copay
Laboratory Services	\$0 copay for each Medicare-covered diagnostic and therapeutic radiology or lab service \$0 to \$100 copay for each Medicare-covered diagnostic procedure or test Prior authorization is required	\$0 copay
Part-Time or Intermittent Skilled Nursing Care Aide in conjunction with skilled care	\$0 copay for home health visits; prior authorization is required	\$0 copay
Durable Medical Equipment	\$0 to \$50 copay or 20% for each Medicare-covered item Prior authorization may be required	20% coinsurance
Ambulance Services (Medically Necessary Services)	\$50 copay for Medicare-covered ambulance services This amount is waived if you are admitted to a medical facility	\$50 copay Covered worldwide for medically necessary transports

PHARMACY BENEFITS FOR MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS

General Information	CommunityCare Senior Health Plan	Generations Healthcare
<p>Mandatory generic and formulary medications</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>You will be notified before any changes are made to your plan's formulary</p>	<p>This plan uses a formulary</p> <p>Part B: No copay for Part B covered chemotherapy drugs and other Part B covered drugs.</p> <p>Part D Retail – 30-day supply \$0 copay for select Preferred generic drugs \$10 copay for Preferred generic drugs \$30 copay for Preferred brand drugs \$60 copay for non-Preferred generic/brand drugs 33% coinsurance for specialty drugs and non-specialty injectables Part D Mail Order – 90-day supply \$0 copay for select Preferred generic drugs \$20 copay for Preferred generic drugs \$60 copay for Preferred brand drugs \$120 copay for non-Preferred generic/brand drugs 33% coinsurance for specialty drugs and non-specialty injectables</p>	<p>This plan uses a formulary</p> <p>Part B: No copay for Part B covered chemotherapy drugs and other Part B covered drugs.</p> <p>Part D Retail – 30 day supply \$ 4 copay – Tier 1 \$ 4 copay – Tier 2 \$35 copay – Tier 3 \$65 copay – Tier 4 20% coinsurance – Tier 5</p> <p>Part D Retail – 31-90 day supply \$ 8 copay – Tier 1 \$ 8 copay – Tier 2 \$ 70 copay – Tier 3 \$130 copay – Tier 4 20% coinsurance – Tier 5</p> <p>Coverage Gap: Includes Tier 1 and Tier 2 medications. Tier 3 includes only insulin</p>

MA-PD Plans' ZIP Code Service Areas

County	CommunityCare Senior Health Plan	Generations Healthcare
Canadian		73014, 73016, 73036, 73040, 73047, 73059, 73064, 73078, 73090, 73099, 73127, 73128, 73179, 73762
Cleveland		73020, 73026, 73051, 73068, 73069, 73071, 73072, 73135, 73139, 73149, 73150, 73159, 73160, 73165, 73169, 73170, 73173, 74851, 74852, 74857, 74878
Creek	74010, 74023, 74028, 74030, 74033, 74038, 74039, 74041, 74044, 74046, 74047, 74052, 74063, 74066, 74067, 74068, 74071, 74079, 74081, 74085, 74131, 74132, 74859	
Grady		73002, 73004, 73010, 73011, 73017, 73018, 73052, 73055, 73059, 73067, 73079, 73082, 73089, 73092
Lincoln		73045, 73054, 74023, 74028, 74059, 74079, 74824, 74832, 74834, 74851, 74855, 74864, 74869, 74875, 74881
Logan		73003, 73007, 73012, 73016, 73025, 73027, 73028, 73034, 73044, 73054, 73056, 73058, 73063, 73073, 73742, 74059, 74881
McClain		73002, 73010, 73052, 73057, 73065, 73072, 73074, 73080, 73093, 73095, 74831, 74872
Oklahoma		73003, 73007, 73008, 73012, 73013, 73020, 73025, 73026, 73034, 73045, 73049, 73054, 73064, 73078, 73084, 73102, 73103, 73104, 73105, 73106, 73107, 73108, 73109, 73110, 73111, 73112, 73114, 73115, 73116, 73117, 73118, 73119, 73120, 73121, 73122, 73127, 73128, 73129, 73130, 73131, 73132, 73134, 73135, 73139, 73141, 73142, 73145, 73149, 73150, 73151, 73159, 73162, 73163, 73167, 73169, 73173, 73179, 73195, 74851, 74857
Osage	74002, 74035, 74054, 74060, 74063, 74070, 74084, 74126, 74127	
Pottowatomie		73045, 73051, 74801, 74804, 74820, 74826, 74840, 74849, 74851, 74852, 74854, 74855, 74857, 74864, 74873, 74878
Rogers	74015, 74016, 74017, 74018, 74019, 74021, 74031, 74036, 74048, 74053, 74055, 74080, 74116, 74332, 74361	

MA-PD Plans' ZIP Code Service Areas

County	CommunityCare Senior Health Plan	Generations Healthcare
Seminole		74840, 74849, 74854, 74859, 74867, 74868, 74884
Tulsa	74008, 74011, 74012, 74013, 74014, 74015, 74021, 74033, 74037, 74043, 74047, 74050, 74055, 74063, 74066, 74070, 74073, 74101, 74102, 74103, 74104, 74105, 74106, 74107, 74108, 74110, 74112, 74114, 74115, 74116, 74117, 74119, 74120, 74121, 74126, 74127, 74128, 74129, 74130, 74132, 74133, 74134, 74135, 74136, 74137, 74141, 74145, 74146, 74147, 74148, 74149, 74150, 74152, 74153, 74155, 74156, 74157, 74158, 74159, 74169, 74170, 74171, 74172, 74182, 74183, 74184, 74186, 74187, 74189, 74192, 74193, 74194	
Wagoner	74008, 74014, 74015, 74108, 74337, 74352, 74403, 74429, 74434, 74436, 74446, 74454, 74458, 74466, 74467, 74477	
Washington	74003, 74005, 74006, 74029, 74051, 74061, 74070	

Section V

Dental and Vision Plan Options

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Employee Benefits Freedom Preferred
ANNUAL DEDUCTIBLE	Network: \$25 Basic and Major services combined Non-Network: \$25 Preventive, Basic, and Major services combined	No deductible or plan maximum \$5 office copay applies	\$25 per person, per policy year, waived for preventive services in- network
DIAGNOSTIC AND PREVENTIVE CARE Ex: cleaning, routine oral exam Allowed Charges apply	Network: \$0 Non-Network: \$0 of Allowed Charges after deductible	Sealant: \$15 each 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	Network: \$0 Plan pays 100% of negotiated fee No deductible Non-Network: \$0 Plan pay 100% of usual and customary Deductible applies
BASIC CARE Ex: extractions, oral surgery Allowed Charges apply	Network: 15% Non-Network: 30% Deductible applies	Amalgam: One surface, permanent teeth \$21	Network: 15% Plan pays 85% of usual and customary Non-Network: 30% Plan pays 70% of usual and customary Deductible applies
MAJOR CARE Ex: dentures, bridge work Allowed Charges apply	Network: 40% Non-Network: 50% Deductible applies	Root canal, anterior: \$355 Periodontal/scaling/ root planing 1-3 teeth (each quadrant): \$71	Network: 40% Plan pays 60% of usual and customary Deductible applies Non-Network: 50% Plan pays 50% of usual and customer Deductible applies

All plan changes are indicated by **bold** text.

Comparison of Benefits For Dental Plans

Assurant Employee Benefits Heritage Plus with SBA and Heritage Secure	Delta Dental PPO In-Network and Out-of-Network	Delta Dental Premier In-Network and Out-of-Network	Delta Dental PPO – Choice PPO Network
No deductibles	\$25 per person, per year applies to Basic and Major Care only	\$50 per person, per year applies to Diagnostic, Preventive, Basic, and Major Care	\$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

All plan changes are indicated by **bold** text.

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Employee Benefits 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 age 19 and older with TMD	\$2,280 out-of-pocket for children through age 18 \$3,120 out-of-pocket for adults 24-month treatment excludes orthodontic treatment plan and banding	Network: 40% Plan pays 60% of negotiated fee Non-Network: 50% Plan pays 50% of usual and customary Deductible applies Network and non-Network: \$2,000 lifetime maximum Coverage only for dependent children under age 19 12-month waiting period may apply
PLAN YEAR MAXIMUM	Network and non-Network: \$2,500 per person, per year	No maximum	\$2,000 per person, per policy year
FILING CLAIMS	Network: No claims to file Non-Network: You file claims	No claims to file	Member/provider must file claims

All plan changes are indicated by **bold** text.

This is only a sample of the services covered by each plan. For services that are not listed in the comparison chart, contact each plan. See *Help Lines* on page 48 for contact information.

Comparison of Benefits For Dental Plans

Assurant Employee Benefits Heritage Plus with SBA and Heritage Secure	Delta Dental PPO In-Network and Out-of-Network	Delta Dental Premier In-Network and Out-of-Network	Delta Dental PPO – Choice PPO Network
25% discount Adults and children	40% of allowable amounts, up to lifetime maximum of \$2,000 No deductible No waiting period Orthodontic benefits are available to the member and his or her lawful spouse and eligible dependent children	40% of allowable amounts, up to lifetime maximum of \$2,000 No deductible No waiting period Orthodontic benefits are available to the member and his or her lawful spouse and eligible dependent children	You pay amounts in excess of \$50 each month Lifetime maximum up to \$1,800 No deductible No waiting period Orthodontic benefits are available to the member and his or her lawful spouse and eligible dependent children
No annual maximum for general dentist	\$2,500 per person, per year	\$3,000 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

All plan changes are indicated by **bold** text.

This is only a sample of the services covered by each plan. For services that are not listed in the comparison chart, contact each plan. See *Help Lines* on page 48 for contact information.

Comparison of Benefits for Vision Plans

	Humana/CompBenefits VisionCare Plan		Primary Vision Care Services (PVCS)	
Covered Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exams	\$10 copay; one exam for eyeglasses or contacts every calendar year	Plan pays up to \$35; one exam every calendar year	\$0 copay No limit to frequency	Plan pays up to \$40; limit one exam
Lenses Each Pair	\$25 copay for single/multi-focal lenses	Plan pays up to: \$25 single \$40 bifocals \$60 trifocals \$100 lenticular	You pay wholesale cost with no limit on number of pairs	You pay normal doctor's fee, reimbursed up to \$60 for one set of lenses and frames annually
Frames	\$25 copay, up to plan limits One set of frames every calendar year	Plan pays up to \$45	You pay wholesale cost No limit on number of frames	You pay normal doctor's fee, reimbursed up to \$60 for one set of lenses and frames per year
Contact Lenses	\$130 allowance for conventional or disposable lenses and fitting fee in lieu of all other benefits every calendar year Medically necessary contacts, plan pays 100%	\$130 allowance for contacts and fitting fee in lieu of all other benefits Medically necessary contacts, plan pays up to \$210	You pay wholesale cost for annual supply of contacts	Limit of one set annually in lieu of eyeglasses You pay normal doctor's fees, reimbursed up to \$60
Laser Vision Correction	Discount thru TLC, member will pay no more than \$895 per eye for conventional Lasik; \$1,295 custom plus bladeless when services are rendered by a TLC network provider	No benefit	Minimum 10% discount nationwide at The Laser Center (TLC). Savings of \$1,000 on Lasik between June 1 - Sept. 30, 2013, at TLC in OKC and Tulsa.	No benefit

All plan changes are indicated by **bold** text.

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	Plan pays \$34 ophthalmologist; \$26 optometrist	\$10 copay	Reimbursement up to \$40	\$10 copay	\$10 copay; Plan pays up to \$35
\$25 copay Standard Progressive: \$25 copay See notes on next page	Plan pays up to: \$26 single \$39 bifocals \$49 trifocals \$78 lenticular Standard Progressive: up to \$49 See notes on next page	\$25 copay Standard single vision, lined bifocal & trifocal lenses covered in full; scratch resistant, UV coating, tints, polycarbonate lenses are also covered in full	Plan pays up to: \$40 single \$60 bifocals \$80 trifocals \$80 lenticular	\$25 copay applies to lenses or frames Single vision, lined bifocal, and trifocal lenses covered in full Average 35-40% discount on lens options	\$25 copay then plan pays up to: \$25 single \$40 bifocals \$55 trifocals \$80 lenticular
\$25 copay then plan pays up to \$125 retail	Plan pays up to \$68	\$25 copay \$130 retail frame allowance	Reimbursement up to \$45	\$25 copay then plan pays up to \$120	\$25 copay then plan pays up to \$45
\$0 copay; plan pays up to \$120 all contacts Medically necessary contacts covered in full (Contact lens fit copay : standard \$25, after copay, covered in full; specialty \$25, after copay, plan pays up to \$50)	\$0 copay Plan pays up to \$100 all contacts; \$210 medically necessary contacts (Contact lens fit copay : standard not covered; specialty not covered)	\$25 copay on covered-in-full qualifying lenses (covers fittings and evaluation fees, contact lenses and up to 2 follow-up visits) See notes on next page	Reimbursement up to \$150 elective contact lenses; \$210 medically necessary contact lenses	\$0 copay; plan pays up to \$120 conventional or disposable Medically necessary contacts covered in full	\$0 copay Plan pays up to \$105 for conventional or disposable \$210 medically necessary contacts
5% - 50% discount off surgical fees	No benefit	15% discount off the usual and customary price; 5% off promotional price	No benefit	15% average off usual and customary price or 5% off the laser center's promotional price	No benefit
				Plan utilizes the VSP Signature provider network	

Vision Plan Notes

Humana/CompBenefits VisionCare Plan: The contact lens benefit provides a \$130 yearly allowance for the annual vision exam to evaluate eye health, contact lens exam for fitting and evaluation, and the purchase of either conventional or disposable contacts. If a member prefers contact lenses, the plan provides the contact lens allowance in lieu of all other benefits. Instead, if a member opts for lenses and frames during the plan year, a \$25 copay applies for these two material items. More than 23,000 frames are covered in full by the \$25 copay with in-network providers. Exams, lenses, and frame benefits are provided once every 12 months. Oklahoma City LasikPlus Traditional Intralase (bladeless) with a one year plan with insurance discount is \$695 per eye equals \$1,390. Traditional Intralase (bladeless) with a lifetime plan with insurance discount is \$1395 per eye equals \$2,790. CustomVue Intralase (bladeless) with lifetime plan with insurance discount is \$1,784.15 per eye; equals \$3,568.30.

PVCS: Member must select either in-network or out-of-network for entire plan year. In-network services are unlimited. Out-of-network services (one eye exam, one set of eyeglasses or contacts) are limited to once annually. A \$50 service fee applies to soft contact lens fittings; a \$75 service fee applies to rigid or gas permeable contact lens fittings; and a \$150 service fee applies to hybrid contact lens fittings. Simple replacements are not assessed with these fees. Limitations/Exclusions include the following: 1) Medical eye care, 2) Vision therapy, 3) Non routine vision services and tests, 4) Luxury frames (wholesale cost of frame exceeds \$100, 5) Premium prescription lenses, and 6) Non prescription eye wear. For more information, call 1-888-357-6912.

Superior: Materials copay applies to lenses and/or frames. Discounts for lens add-ons will be given by contracted providers with a “DP” in their listing. Online, in-network contact lens materials available at www.svcontacts.com. Exams, lenses, and frames are provided once per calendar year. Progressive Lenses (no-line bifocals) – you pay the difference between the retail price of the selected progressive lens and the retail price of the provider’s lined trifocal. The difference may also be subject to a discount. Standard contact lens fitting applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only. The Specialty contact lens fitting applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.

UHCVision: For either glasses or contact lenses, there is one \$25 materials copay. In lieu of lenses and frames, you may select contact lenses. Covered contact lens benefit includes the fitting/evaluation fee, contact lenses, and up to two follow-up visits. If covered disposable contact lenses are chosen, up to six boxes (depending on prescription) are included when obtained from a network provider. It is important to note that UHC covered contact lenses may vary by provider. Should you choose contact lenses outside the covered selection, a \$150 allowance will be applied toward the fitting/evaluation fees and purchase of contact lenses (material copay does not apply). Toric and gas permeable contact lenses are examples of contact lenses that are outside of our covered contacts. Necessary contacts are covered-in-full after applicable copay. Exams, lenses, and frame benefits provided once every calendar year.

VSP: Exam, lenses, and frame benefit provided annually. The \$25 materials copay applies to lenses or frames, but not to both. Copays/prices listed are for standard lens options. Premium lens options will vary. If you choose a frame valued at more than your allowance, you’ll save 20% on your out-of-pocket costs when you use a VSP doctor. Contact lenses are in lieu of spectacle lenses and frame. The \$120 in-network allowance applies to the contact lenses. With a VSP provider, the contact lens exam (fitting and evaluation) is covered in full after a copay up to \$60. The \$105 out-of-network allowance applies to the contacts and contact lens exam. Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. Prescription glasses - 30% off additional complete pairs of glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your Well-Vision Exam. Or get 20% off from any VSP doctor within 12 months from your last WellVision Exam. Contact VSP or visit vsp.com to learn about retail chain Affiliate Providers.

Multi-Language Services

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 1-800-752-9475. 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1-800-752-9475。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1-800-752-9475。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 1-800-752-9475. 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 1-800-752-9475. 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 quý vị cần thông dịch viên xin gọi 1-800-752-9475 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Multi-Language Services

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-800-752-9475. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-752-9475번으로 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 1-800-752-9475. 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 1-800-752-9475. سيقوم شخص ما يتحدث بمساعدتك. هذه خدمة مجانية العربية.

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 1-800-752-9475. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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-xxx-xxx-xxxx]. 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-752-9475. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Multi-Language Services

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 1-800-752-9475. Ta usługa jest bezpłatna.

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 1-800-752-9475 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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、1-800-752-9475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。

Help Lines

Contact Information for Participating Plans

Medicare Supplement Prescription Drug Plan

HealthChoice

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

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

Pharmacy Claims/Pharmacy ID Cards

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

Certification

Toll-free	1-800-848-8121
Toll-free TDD	1-877-267-6367

Member Services/Provider Directory

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

Medicare Advantage Prescription Drug (MA-PD) Plans

CommunityCare Senior Health Plan

Toll-free	1-800-642-8065
Toll-free Relay Service	1-800-722-0353
Website	www.ccok.com

Generations Healthcare

Toll-free	1-866-496-7817
Toll-free TTY/TDD/Voice	1-866-958-2692
Website	www.generationshealthcare.cc

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

Help Lines

Contact Information for Participating Plans

Dental Plans' Help Lines

Assurant, Inc. Dental

Prepaid Heritage Plus 1-800-443-2995
PPO Freedom Preferred 1-800-442-7742
Website www.assurantemployeebenefits.com

CIGNA Dental Care Plan (Prepaid)

Toll-free 1-800-244-6224
Toll-free Relay Service 1-800-654-5988
Website www.cigna.com

Delta Dental

Oklahoma City Area 1-405-607-2100
Toll-free 1-800-522-0188
Website www.deltadentalok.org

Vision Plans' Help Lines

Humana/CompBenefits VisionCare Plan

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

Primary Vision Care Services (PVCS)

Toll-free 1-888-357-6912
Toll-free TDD 1-800-722-0353
Website www.pvcs-usa.com

Superior Vision Plan

Toll-free 1-800-507-3800
Toll-free TDD 1-916-852-2382
Website www.superiorvision.com

UnitedHealthcare Vision

Toll-free 1-800-638-3120
Toll-free TDD 1-800-524-3157
Website www.myuhevision.com

Vision Service Plan (VSP)

Toll-free 1-800-877-7195
Toll-free TDD 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.

