



OSEEGB

Oklahoma State and Education
Employees Group Insurance Board

Guide to Medicare and Medicare Advantage Prescription Drug Plans



Summary of Benefits Plan Year 2010

January 1 through December 31, 2010

Medicare_R
Prescription Drug Coverage **X**

**Oklahoma State and Education Employees Group Insurance Board
Monthly Health Plan 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

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

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.

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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 1-800-543-6044

HealthChoice Medicare Supplement & Part D Prescription Drug Plans

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

General Information

The benefit information provided in this 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 the back of this Guide.

Eligibility Requirements

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 and continue to pay your Medicare Part B premiums.

To be eligible 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.

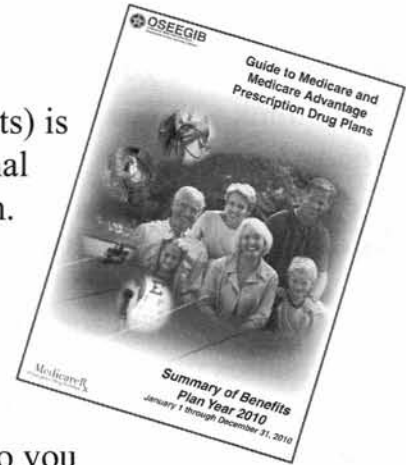
*You must be enrolled in Part B to be eligible for UnitedHealthcare Senior Supplement, CommunityCare Senior Health Plans (MA-PD), Generations Healthcare (MA-PD) offered by GlobalHealth, and Secure Horizons Medicare Complete Retiree Plan (MA-PD). You are not required to be enrolled in Part B to be eligible for HealthChoice Medicare Supplement & Part D Prescription Drug Plans; however, if you are eligible and do not enroll in Part B, HealthChoice Medicare Supplement will pay claims as though you are and you will be responsible for the 80% that Medicare would have paid if you were enrolled in Part B.

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 the previous page 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 send a copy of your letter from Social Security confirming you are qualified for the Extra Help to the Medicare supplement or MAPD plan you choose. See *Plan Identification Information* on the previous page for address information.



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 the but have not yet applied, see the previous section, *Extra Help Paying for Part D*.

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.

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.

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

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 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 a day, 7 days a 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.

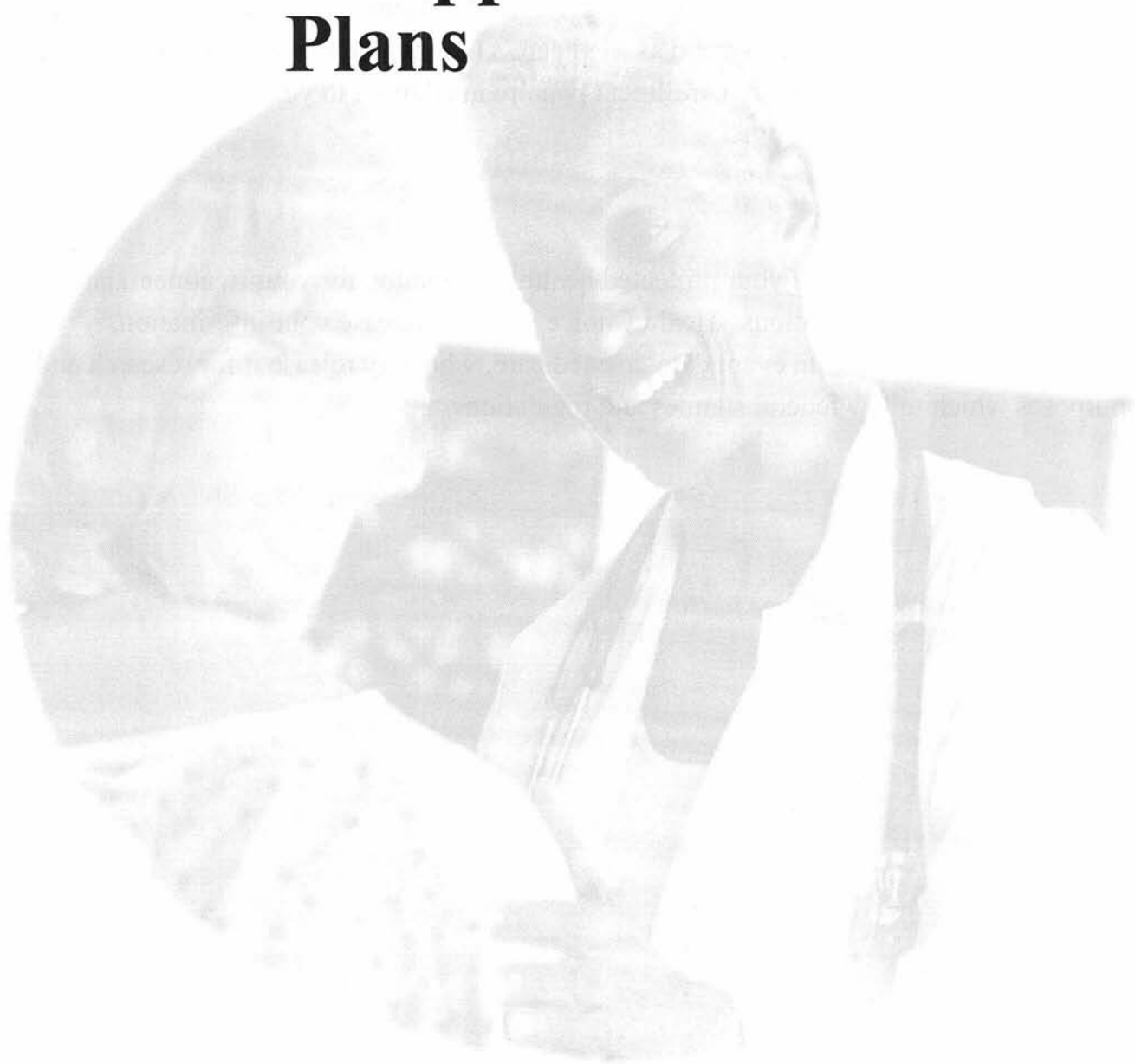
Be aware that if you leave your plan and do not get other Medicare Part D prescription drug coverage or other coverage that is as good as Medicare's (Creditable Coverage) in the future, you may have to pay a late Medicare enrollment penalty in addition to your premium for Medicare prescription drug coverage.

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 CMS.

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.
- ◆ **The Annual Enrollment Period** – The HealthChoice annual Option Period (Annual Enrollment Period) occurs during the fall of each year; however, your plan selection can be changed up until January 1 of the following year, the effective date of your coverage. Once your enrollment is effective, you have exhausted your annual enrollment period and plan changes cannot 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 the back 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 Election Period** – January 1 of each year.
- ◆ **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.

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 or for a medication that is non-formulary. For information on how to obtain a covered transition supply of medication, have your pharmacy contact Medco. See *Help Lines* on the back 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. You can also access the HealthChoice Pharmacy Directory online at **www.sib.ok.gov** or **www.healthchoiceok.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.

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 \$1,100, the Part A deductible	\$1,100, the Part A deductible	0%
	61st through 90th day	All except \$275 per day	\$275 per day	0%
	91st day and after while using 60 lifetime reserve days	All except \$550 per day	\$550 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 additional 365 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 \$137.50 per day	\$137.50 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 first \$155, the Part B deductible	0%	0%	\$155, the Part B deductible
	Remainder of Medicare approved amounts	80%	20%	0%
	Part B charges above Medicare approved amounts	0%	100%	0%
Clinical Laboratory Services	Blood tests and urinalysis for diagnostic services	100%	0%	0%
Home Health Care: Medicare approved services	Medically necessary skilled care services and medical supplies	100%	0%	0%

Medicare Part B (Medical) Services - Continued

Services or Items	Description	Medicare Part B Pays	HealthChoice Pays	You Pay
Durable Medical Equipment: Items such as wheelchairs, walkers, and hospital beds	The first \$155, the Part B deductible	0%	0%	\$155, the Part B deductible
	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%

The \$155 Medicare Part B deductible will be credited towards the Plans' \$155 deductible upon notification from Medicare. Once you have been billed \$155 of Medicare Part B approved amounts for covered services, your HealthChoice Medicare Supplement deductible will have been met for the calendar year.

Medicare Part B (Preventive) Services

Preventive Services	Who is Covered	Medicare Pays	HealthChoice Pays	You Pay
One-time Initial Wellness Physical Exam: To be completed within 12 months of your enrollment in Medicare Part B	All Medicare beneficiaries	80% No Part B deductible	20% No Part B deductible	0%
Screening Mammogram: Limited to one every 12 months	All female Medicare beneficiaries age 40 and older	80% No Part B deductible	20% No Part B deductible	0%
Screening Blood Tests for Early Detection of Cardiovascular (Heart) Disease	All Medicare beneficiaries	100%	0%	0%
Pap Test and Pelvic Exam: Limited to one every 24 months; includes a clinical breast exam Limited to one 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 of 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%

Medicare Part B (Preventive) Services - Continued

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Medicare Part B (Preventive) Services - Continued

Services	Who is Covered	Medicare Part B Pays	HealthChoice Pays	You Pay
Prostate Cancer Screening Digital Rectal Exam: Limited to one every 12 months Prostate Specific Antigen Test (PSA): Limited to one 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%
		For the PSA test, 100% No Part B deductible	0% for the PSA test	
Bone Mass Measurements: Limited to one 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%
Glaucoma Screening: Limited to one every 12 months; must be performed or supervised by an eye doctor who is authorized to do this within the scope of their practice	Medicare beneficiaries at high risk or having a family history of glaucoma	80% after the Part B deductible	20% after the Part B deductible	0%

Vaccinations

Some vaccines are covered under Medicare Part B and others are covered under Medicare Part D. What you pay will depend on the type of vaccine, where you purchase the vaccine, and who administers the vaccination shot. The rules for coverage of vaccinations can be complicated. If you are not sure how your vaccination is covered, **before you go for your vaccination**, you may want to contact HealthChoice Member Services, Monday through Friday, 7:30 a.m. to 4:30 p.m. Central time at the following numbers:

- ◆ Members with Part D call 1-405-717-8699 or toll-free 1-800-865-5142.
- ◆ Members without Part D call 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.

Medicare Part B - Vaccinations

Flu Vaccination: Limited to 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: Limited to beneficiaries at medium to high risk for Hepatitis B	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.
Shingles Vaccination: e.g., ZOSTAVAX (<i>zoster vaccine live</i>)	Neither the vaccine nor the administration fee is covered under Part B. See the <i>Pharmacy Benefit Information</i> section for coverage information.
Tetanus Vaccination: e.g., TETANUS TOXOID Covered only for those not immunized, following acute injury	For all Medicare beneficiaries with Part B, the vaccination and administration are covered at 100% if the provider accepts Medicare assignment.

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 of each calendar year, then 20% and all amounts over the \$50,000 lifetime max No Medicare deductible



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

What you and HealthChoice pay for Covered Prescription Drugs

You Pay	HealthChoice Pays
\$4,550, the pharmacy out-of-pocket maximum, in prescription drug copays or coinsurance. See the chart below for copay information.	100% of covered medications for the remainder of the calendar year once you reach the \$4,550 pharmacy out-of-pocket maximum.

Copays / Coinsurance for the High Option Plans

Prescriptions Purchased at a Network Pharmacy	You Pay	HealthChoice Pays
Generic (Tier 1) and Preferred (Tier 2) medications costing \$100 or less	Copay up to \$30	Allowed Charges after your copay
Generic (Tier 1) and Preferred (Tier 2) medications costing more than \$100	Copay of 25% up to \$60 maximum	Allowed Charges after your copay
Non-Preferred (Tier 3) medications costing \$100 or less	Copay up to \$60	Allowed Charges after your copay
Non-Preferred (Tier 3) medications costing more than \$100	Copay of 50% up to \$120 maximum	Allowed Charges after your copay

Preferred high-cost (**Tier 4**) medications have the same benefits/copays as the generic (**Tier 1**) and Preferred (**Tier 2**) medications. **Some medications may require Prior Authorization.**

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.

Specialty Medication Copays for Medicare members without Part D must pay the applicable copay for each 30-day fill of a specialty medication. Specialty medications are only covered when purchased through Accredo Health.

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



What you and HealthChoice pay for Covered Prescription Drugs			
Yearly Deductible	Initial Coverage Period (Cost Sharing)	Coverage Gap	100% Benefit
You pay your deductible of \$310	You pay coinsurance of 25% (\$630), and HealthChoice pays 75% (\$1,890) of the next \$2,520 of prescription drug costs	You pay 100% of the next \$3,610 of prescription drug costs until you reach the out-of-pocket maximum of \$4,550	Once you reach the \$4,550 out-of-pocket maximum, HealthChoice pays 100% of Allowed Charges for covered prescription drugs purchased at Network Pharmacies for the rest of the calendar

Reaching the Out-of-Pocket Maximum					
Deductible		25% of the Next \$2,520		Coverage Gap	Out-of-Pocket Maximum
\$310.00	+	\$630	+	\$3,610	= \$4,550.00

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.

Specialty Medication Copays for Medicare members without Part D must pay the applicable copay for each 30-day fill of a specialty medication. Specialty medications are only covered when purchased through Accredo Health.

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 \$1,100, the Part A deductible	100% of the Part A deductible	0%
	61st through 90th day	All except \$275 per day	The coinsurance per day	0%
	91st day and after using 60 Medicare lifetime reserve days	All except \$550 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 \$137.50	\$137.50 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

Preventive Services	Who is Covered	Medicare Part B Pays	UnitedHealthcare Pays	You Pay
Glaucoma Screening: Once every 12 months; must be performed or supervised by an eye doctor who is authorized to do this within the scope of his/her practice	Medicare beneficiaries at high risk or family history of glaucoma	80% after the Part B deductible	20% after the Part B deductible	0%
Colorectal Cancer Screening Fecal Occult Blood Test: Limited to once every 12 months Flexible Sigmoidoscopy: Limited to once every 48 months for age 50 or older; for those not at high risk, 10 years after a previous screening Colonoscopy: Limited to once every 24 months if you are at high risk for colon cancer; if not, once every 10 years, but not within 48 months of a screening flexible sigmoidoscopy Barium Enema: Doctor can substitute for sigmoidoscopy or colonoscopy	All Medicare beneficiaries age 50 and older There is no minimum age for having a colonoscopy	For the fecal occult blood test, 100% No Part B deductible For all other tests, 80% after the Part B deductible	0% for the fecal occult blood test For all other tests, 20% after the Part B deductible	0% 0%
Note: For a flexible sigmoidoscopy or screening colonoscopy in an outpatient hospital setting or an ambulatory surgical center, you pay 25% 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 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 (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. For a complete formulary listing, contact United Healthcare Senior Supplement's customer service. See Help Lines on the back of this Guide. 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 and do not reflect any contribution from your retirement system.

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 have been diagnosed with End-Stage Renal Disease (ESRD), you are not eligible to enroll in an MA-PD 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 plan'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 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-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 the back 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.

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.

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.

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** – The annual Option Period (Annual Enrollment Period) occurs during the fall of each year; however, your plan selection can be changed up until January 1 of the following year, 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 of each year.
- ♦ **Special Enrollment Periods** – These are dependent on individual circumstances. The effective date of coverage always follows the date the completed enrollment form is received by the plan 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* at the front of this Guide 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)
<p>Hospitalization: Semiprivate room or private room if medically necessary</p> <p>Laboratory tests, X-rays, and other radiology services</p> <p>Inpatient physician and surgical services, including anesthesia</p> <p>Necessary medical supplies and appliances</p> <p>Blood and its administration</p>	<p>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</p> <p>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</p> <p>Both Plans: Prior authorization is required, except in the case of an emergency</p>	<p>\$195 copay per admission</p>	<p>\$300 copay per admission</p>
<p>Organ Transplants: At a Medicare approved transplant facility</p>	<p>Both Plans: The following types of transplants are covered: cornea, kidney, lung, heart-lung, bone marrow, intestinal and multivisceral, and stem cell</p> <p>Heart, liver, lung, heart-lung, and intestinal multivisceral transplants are only covered if performed in a Medicare approved transplant center</p>	<p>\$195 copay per admission</p>	<p>Plan covers organ transplants the same as any other inpatient illness/admission; there is no separate copay for transplants</p>

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	\$10 copay per visit	\$30 copay per Medicare-covered visit
	Senior Health Plan - Alternate: \$30 per visit Prior authorization is required		\$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

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.healthchoicework.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.