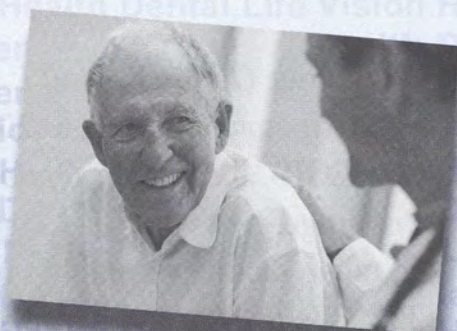




OSEEGB
Oklahoma State and Education
Employees Group Insurance Board

Medicare Eligible Participants Option Period Guide



Health

Dental

Life

Vision

Summary of Benefits Plan Year 2011

January 1 through December 31, 2011

MedicareRx
Prescription Drug Coverage X

#2390

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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

- ◆ Review your personalized information in the upper right-hand corner of your *Option Period Enrollment/Change Form*. This section lists the coverage you will have January 1, through December 31, 2011, if you do not make changes to your coverage this Option Period. Your form is being mailed in a separate security envelope.

If you ARE NOT making changes:

- ◆ No further action is necessary. You do NOT need to return your *Option Period Enrollment/Change Form*. OSEEGIB will automatically carry your 2010 coverage over to 2011.
- ◆ 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 result in the termination of your Medicare Part D coverage through OSEEGIB and increase your monthly premium.

If you ARE making changes:

- ◆ Review the premium rates and plan changes for 2011.
- ◆ Use the following resources to help you decide on the right coverage:
 - This Guide
 - Medicare Supplement Plan Formularies
 - Plan Websites
 - Customer Service Telephone Numbers
 - Provider Directories
 - OSEEGIB Member Services
- ◆ Enroll in only one Part D plan at a time.
- ◆ Check the appropriate box(es) of your *Option Period Enrollment/Change Form* to make coverage changes.
- ◆ Complete the *Former Employee Dependent Enrollment Form*, if applicable. See *Eligible Dependents* on page 3.
- ◆ If you decide to enroll in a different Prescription Drug Plan, you must also complete and return a separate enrollment application for that plan, as well as returning your enrollment/change form to OSEEGIB. Contact each plan to request an application. See *Help Lines* page 43.
- ◆ Return your completed *Option Period Enrollment/Change Form* and *Former Employee Dependent Enrollment Form* to OSEEGIB by **December 7, 2010**.
- ◆ Review your *Confirmation Statement* when you receive it in the mail to verify your coverage is correct.
- ◆ If your *Confirmation Statement* is incorrect, contact OSEEGIB Member Services as soon as possible, so corrections can be made to your coverage.
- ◆ 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

Oklahoma State and Education Employees Group Insurance Board
Monthly Premiums for Medicare Eligible Members
Plan Year January 1, 2011 - December 31, 2011

MEDICARE SUPPLEMENT PLANS					
HealthChoice Employer PDP High Option With Part D		\$308.34 per enrolled person			
HealthChoice Employer PDP Low Option With Part D		\$251.66 per enrolled person			
HealthChoice High Option Without Part D		\$363.06 per enrolled person			
HealthChoice Low Option Without Part D		\$306.38 per enrolled person			
UnitedHealthcare Senior Supplement High Option		\$381.88 per enrolled person			
UnitedHealthcare Senior Supplement Low Option		\$342.70 per enrolled person			
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental		\$29.84	\$29.84	\$24.88	\$64.56
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		\$31.14	\$31.14	\$27.10	\$68.56
Delta Dental Premier		\$35.52	\$35.52	\$30.90	\$78.20
Delta Dental PPO – Choice		\$13.94	\$31.64	\$31.90	\$77.42
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan		\$6.76	\$5.06	\$3.57	\$ 4.46
Primary Vision Care Services (PVCS)		\$9.25	\$8.00	\$8.50	\$10.75
Superior Vision Plan		\$6.98	\$6.90	\$6.60	\$ 6.60
UnitedHealthcare Vision		\$8.18	\$5.79	\$4.59	\$ 6.98
Vision Service Plan (VSP)		\$8.76	\$5.87	\$5.62	\$12.64
LIFE PLAN		From \$5,000 to \$40,000		\$1.94 Per \$1,000 Unit	
Age Rated Life – Cost Per \$1,000 from \$41,000 and Up					
< 30 ----- \$0.05		45 - 49 ----- \$0.19		65 - 69 ----- \$0.99	
30 - 34 ----- \$0.05		50 - 54 ----- \$0.32		70 - 74 ----- \$1.67	
35 - 39 ----- \$0.08		55 - 59 ----- \$0.52		75+ ----- \$2.60	
40 - 44 ----- \$0.12		60 - 64 ----- \$0.60			
DEPENDENT LIFE		\$0.97 Per \$500 Unit, Per Dependent			

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

Monthly COBRA Premiums for Medicare Eligible Members

Plan Year January 1, 2011 - December 31, 2011

MEDICARE SUPPLEMENT PLANS				
HealthChoice Employer PDP High Option With Part D	\$308.34 per enrolled person			
HealthChoice Employer PDP Low Option With Part D	\$251.66 per enrolled person			
HealthChoice High Option Without Part D	\$370.32 per enrolled person			
HealthChoice Low Option Without Part D	\$312.51 per enrolled person			
UnitedHealthcare Senior Supplement High Option	\$381.88 per enrolled person			
UnitedHealthcare Senior Supplement Low Option	\$342.70 per enrolled person			
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$30.44	\$30.44	\$25.38	\$65.85
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	\$31.76	\$31.76	\$27.64	\$69.93
Delta Dental Premier	\$36.23	\$36.23	\$31.52	\$79.76
Delta Dental PPO – Choice	\$14.22	\$32.27	\$32.54	\$78.97
VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan	\$6.90	\$5.16	\$3.64	\$ 4.55
Primary Vision Care Services (PVCS)	\$9.44	\$8.16	\$8.67	\$10.97
Superior Vision Plan	\$7.12	\$7.04	\$6.73	\$ 6.73
UnitedHealthcare Vision	\$8.34	\$5.91	\$4.68	\$ 7.12
Vision Service Plan (VSP)	\$8.94	\$5.99	\$5.73	\$12.89

Monthly Life Insurance Premiums for Surviving Dependents

Surviving dependents of current employes	LOW OPTION	STANDARD OPTION	PREMIER OPTION
	\$2.60	\$4.32	\$8.64
Spouse	\$6,000	\$10,000	\$20,000
Child (age 6 months to 26)	\$3,000	\$ 5,000	\$10,000
Child (live birth to 6 months)	\$1,000	\$ 1,000	\$ 1,000
Surviving dependents of former employees	\$0.97 Per \$500 Unit, Per Dependent		

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

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

This publication was printed by the Oklahoma State and Education Employees Group Insurance Board as authorized by 74 O.S. Section 1301, et seq; 16,500 copies have been printed at a cost of \$0.69 each. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

Section I

Plan Identification and General Information



Plan Identification Information

Plan Administrator

Oklahoma State and Education Employees Group Insurance Board (OSEEGIB)
3545 NW 58th 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 Plan

HealthChoice 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

HealthChoice Health, Dental, and Life Claims Administrator

HP Administrative Services, LLC / Monday through Friday, 7:00 a.m. to 7:00 p.m. Central time
PO Box 24870, Oklahoma City, OK 73124-0870
1-405-416-1800 or toll-free 1-800-782-5218
TDD 1-405-416-1525 or toll-free 1-800-941-2160

HealthChoice Pharmacy Benefits Manager

Medco Customer Service / 24 hours a day / 7 days a week
With Part D Plans: Toll-free 1-800-590-6828 or toll-free TDD 1-800-716-3231
Without Part D Plans: Toll-free 1-800-903-8113 or toll-free TDD 1-800-825-1230
Website: www.medco.com

HealthChoice Certification Administrator

APS Healthcare / Monday through Friday, 7:00 a.m. to 7:00 p.m. Central time
PO Box 700005, Oklahoma City, OK 73107-0005
Toll-free 1-800-848-8121 or toll-free TDD 1-877-267-6367

UnitedHealthcare Senior Supplement Plans

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

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 benefit information provided in this Option Period Guide (Summary of Benefits) is only a brief description of each plan's benefits. If you need additional information to help you make a coverage decision, contact each individual plan. See *Help Lines* on page 43 of this Guide.

Plan Changes for 2011

There are changes to the plans and plan benefits being offered for 2011.

- ◆ **Delta Dental is not offering the Delta Dental PPO – Point of Service plan for 2011. If you are currently enrolled in this plan, you must choose another dental plan.**
- ◆ All other individual plan changes are listed at the beginning of each section and are indicated by **bold text** in each of the *Comparison of Benefits* charts in this Guide.

Options for Medicare Members

You can:

- ◆ Add eligible dependents up to age 26 (only during this Option Period)
- ◆ Change health and/or dental plans that are already in place
- ◆ Drop benefits and/or dependents
- ◆ Decrease the amount of your life insurance coverage
- ◆ Enroll, disenroll, or change vision plans

Eligibility Requirements

To participate in the Medicare supplement 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 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.

*OSEGB Rules state that all covered individuals who are eligible for Medicare, except current employees, must be enrolled in a Medicare supplement plan offered through OSEGB, regardless of age. To maximize your benefits, you need to be enrolled in Part B. The HealthChoice Medicare supplement plans do not require you to be enrolled in Part B, but pay as though you are enrolled in Part B. All other Medicare supplement plans and MA-PD plans offered through OSEGB require you to have both Medicare Part A and Part B.

Eligible Dependents *NEW*

Your children are now eligible up to age 26, whether married or unmarried. OSEGB is allowing a one-time opportunity during this Option Period for you to enroll eligible dependent

children. The election to add a dependent child must be made prior to December 7, 2010. To enroll a dependent child, use the form located on page 44 of this guide.

If one eligible dependent is covered, all eligible dependents must be covered; however, you can elect **not** to cover dependents who:

- ◆ Have other group coverage
- ◆ Do not reside with you
- ◆ Are married
- ◆ Are financially independent
- ◆ Are eligible for Indian or military health benefits

Eligible dependents include:

- ◆ Your legal spouse (including common-law).
- ◆ Your daughter, son, stepdaughter, stepson, eligible foster child, adopted child, or child legally placed with you for adoption up to age 26, whether married or unmarried.
- ◆ A dependent, regardless of age, who is incapable of self-support due to a disability that was diagnosed prior to age 26. Subject to medical review and approval.
- ◆ Other unmarried dependent children up to age 26. An *Application for Coverage for Other Dependent Children* must be completed and approved. Guardianship papers or a tax return showing dependency can be provided in lieu of the application.

Adding Eligible Dependents

Other than the opportunity you are allowed this Option Period, you can only add dependents if one of the following events occurs:

- ◆ A dependent loses other group coverage. Coverage must be added within 30 days of the date of the loss. You must provide OSEEGIB proof of your dependent's loss of coverage.
- ◆ You are granted custody, guardianship, or adopt a child under 26 years of age. Documentation must be provided.
- ◆ You marry. You have 30 days from the date of your marriage to add your new spouse and any new dependent child under 26 years of age. If you add new dependents to coverage, you must submit a copy of your marriage license or certificate to OSEEGIB.

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
- ◆ UnitedHealthcare Senior Supplement Plans - High and Low Options

Service Areas for Medicare Supplement Plans

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.

Creditable Coverage Notice

Prescription drug coverage is called “creditable” if the value of the Part D coverage equals or exceeds the value of Medicare’s standard prescription drug plan. The Medicare supplement plans offered through OSEEGIB provide coverage that is equal to, or better than, the standard benefits of Medicare’s prescription drug plan. The high option plans exceed the standards and the low option plans meet the standards set by the Centers for Medicare and Medicaid Services.

Medicare Premiums, Deductibles, Coinsurance, and Copays

As of the print date of this Guide, the amounts for Medicare premiums and deductibles for 2011 were not available. Use this Guide together with your 2011 *Medicare & You* handbook for more information and exact amounts. The Centers for Medicare and Medicaid Services will be mailing you a *Medicare & You* handbook in the near future.

Dental Plans

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

Vision Plans

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

HealthChoice Life Insurance Plan

Now is the time to review your life insurance coverage and your beneficiaries. To change your beneficiaries, complete the *Beneficiary Designation Form* which is available on the HealthChoice website, or contact HealthChoice Member Services. See *Help Lines* on page 43 of this Guide.

Confirming Coverage

- ◆ Plan changes made during Option Period will be reflected on the *Confirmation Statement* you will receive from OSEEGIB.
- ◆ Review your *Confirmation Statement* to make sure your coverage is correct. Contact

OSEEGIB Member Services 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
- ◆ Divorce of a spouse
- ◆ Your death

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

You may be able to get extra help to pay for your prescription drug premiums and costs. This extra help, known as a low income subsidy, is offered through the Social Security Administration. If you are eligible, Medicare will help pay your drug costs including monthly prescription drug premiums, annual pharmacy deductibles, and prescription copays. Qualified participants are not subject to the Coverage Gap or Medicare's late enrollment penalty. For more information, contact the Social Security Administration or Medicare. See page 2 for contact information.

Extra Help – If You Are Already Qualified

If you are already qualified for the low income subsidy for Medicare Part D Prescription Drug costs, the amount of your monthly premiums and pharmacy costs will be less. Your plan may request a copy of your letter from Social Security confirming you are qualified for extra help. Once you have enrolled in a plan with Medicare Part D, Medicare or your plan will tell us how much assistance you will receive. We will then send you information on the amount you will pay.

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 *How to Access Provider Networks* on pages 41 and 42 for directions on accessing each plans website. See *Help Lines* on page 43 of this Guide for customer services numbers.

Address Information

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

If You Are Already Enrolled in a Medicare Supplement Plan With Part D

Your Medicare Part D plan through OSEEGIB provides you with prescription coverage. If you enroll in a Medicare Part D plan outside of OSEEGIB, Medicare must disenroll you from your current Medicare Part D plan. If this occurs, OSEEGIB must change your coverage to the HealthChoice Medicare Supplement Plan Without Part D. Your coverage will be similar and include prescription drug coverage, but not Medicare Part D benefits. You must continue on the plan without Part D benefits until the next Option Period and pay the higher premium associated with that plan, or since you have other Part D (or prescription) coverage, you may drop your health and prescription coverage through OSEEGIB, or 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, visit your employer's/union's website or 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.

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.

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 page 43 of this Guide.
- ◆ You can also call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY/TDD users call toll-free 1-877-486-2048.

Section II

HealthChoice Medicare Supplement Plans



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

2011 Annual Notice of Change

Please read this HealthChoice Annual Notice of Change. This notice will give you a summary of how your benefits will change and what you will pay for services beginning January 1, 2011.

Contracting Statement for Medicare Part D

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 2011 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.

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 HealthChoice Employer PDP Medicare Supplement With Part D* to OSEEGIB along with your enrollment/change form. This application is available on the HealthChoice website at www.sib.ok.gov or www.healthchoicetok.com. First, go to *Members*, then click *Medicare Members*, and 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 2010 monthly premiums with the new 2011 premiums:

Plan Name	2010 Premium	2011 Premium	Increase
HealthChoice Employer PDP High Option With Part D	\$289.42	\$308.34	\$18.92
HealthChoice Employer PDP Low Option With Part D	\$236.10	\$251.66	\$15.56
HealthChoice High Option Without Part D	\$345.82	\$363.06	\$17.24
HealthChoice Low Option Without Part D	\$292.50	\$306.38	\$13.88

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

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, 2011, to coincide with any changes made by Medicare.

Pharmacy Benefit Changes

- ◆ Medicare has approved the prescription drug benefits of the HealthChoice Medicare Supplement Plans With Part D.
- ◆ The \$2 million lifetime limit on pharmacy benefits has been eliminated.
- ◆ Effective January 1, 2011, HealthChoice will offer coverage of certain prescription tobacco cessation medications for a \$5 copay. Covered medications include:

• Buproban 150mg SA Tabs	• Nicotrol 10mg Cratridge
• Bupropion HCL SR 150mg Tabs	• Nicotrol NS 20mg/m Nasal Spray
• Chantix 0.5mg and 1mg Tabs	

Additionally, HealthChoice partners with the Tobacco Settlement Endowment Trust (TSET) and Free and Clear to provide members with over-the-counter nicotine replacement therapy products (patches, gum, and lozenges) and telephone coaching at no charge.

In accordance with CMS guidelines, the pharmacy initial coverage limit is 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	Does not change from \$4,550	All out-of-pocket costs for covered drugs purchased at Network Pharmacies apply to the annual out-of-pocket maximum
HealthChoice High Option Without Part D				
HealthChoice Employer PDP Low Option With Part D	Does not change from \$310	Increases from \$2,830 to \$2,840		
HealthChoice Low Option Without Part D				

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.

HealthChoice Medicare Formulary (List of Covered Drugs)

Enclosed with this Guide is a copy of the new HealthChoice Abridged Medicare Formulary that will be effective January 1, 2011. The list tells you which drugs are covered by HealthChoice. Medicare has reviewed and approved the covered drugs listed in this formulary.

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

- ◆ Tier 1 – Generics
- ◆ Tier 2 – Preferred Brand
- ◆ Tier 3 – Non-Preferred Brand
- ◆ Tier 4 – Very high cost and unique 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 \$5 copay. Drugs not listed in the formulary are not covered.

During 2011, if HealthChoice makes any formulary changes that alter your drug's tier level or increase your cost, we will notify you 60 days before the change so you'll have time to review your options.

Please review this formulary carefully, as there have been changes because new generic alternative drugs are now available. Some drugs have been added to the formulary and others have been removed. Also, some drugs have new limitations. To find out how your medications are covered or for a copy of the *HealthChoice Comprehensive Medicare Formulary*, please

contact Medco toll-free at 1-800-758-3605 or toll-free TTY 1-800-871-7138, or go to the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com.

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

If you qualify for extra help through Social Security, you pay \$0 or a reduced monthly premium for the prescription drug portion of your coverage. This extra help also assists you in paying for your prescription drugs. If you qualify for extra help in 2011, the chart below shows the amount you will pay for your prescription drugs. For more information, contact Social Security at the number listed on page 2 of this Guide.

Extra Help Groups	If you pay up to this much in 2010	You will pay up to this much in 2011
Rx 1	\$0 deductible	\$0 deductible
	\$0 copay	\$0 copay
Rx 2	\$0 deductible	\$0 deductible
	\$1.10 generic and Preferred-brand copay	\$1.10 generic and Preferred-brand copay
	\$3.30 non-Preferred brand and other drug copays	\$3.30 non-Preferred brand and other drug copays
Rx 3	\$0 deductible	\$0 deductible
	\$2.50 generic and Preferred-brand copay	\$2.50 generic and Preferred-brand copay
	\$6.30 non-Preferred brand and other drug copays	\$6.30 non-Preferred brand and other drug copays
Rx 4-7	\$63 deductible	\$63 deductible
	15% copay	15% copay

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. Your coverage is effective the first of the month you become Medicare eligible, or the first of the month after HealthChoice receives your completed enrollment form, whichever is later.
- ◆ **The Annual Enrollment Period** – This year, the HealthChoice annual Option Period (Annual Enrollment Period) runs through December 7, 2010; however, your plan

selection may be changed up until January 1, 2011, the effective date of your coverage. Once your enrollment is effective, you have exhausted your annual enrollment period and plan changes can not be made until the next annual Option Period.

- ◆ **Special Enrollment Periods** – Special Enrollment Periods are allowed under certain situations. 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 page 43 of this Guide.

Grievance and Appeals Procedures

Under Medicare guidelines, HealthChoice uses a process 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 not related 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 cannot regain coverage through OSEEGIB in the future.

Disenrollment - Involuntary

HealthChoice must disenroll you from the plan if you:

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

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.

HealthChoice Pharmacy Benefit Information

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 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. Be aware that quantity limitations may have been added to or removed from some medications for 2011. 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 34-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 34-day supply may be extended. For information on how to obtain a covered transition supply of medication, have your pharmacy contact Medco. See *Help Lines* on page 43 of this Guide.

Network Pharmacy Access

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

Non-Network Pharmacy Access

Although HealthChoice will cover your 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.

Once you have been billed the deductible for Medicare Part B covered services, your HealthChoice Medicare Supplement Plan deductible has been met for the calendar year.

As of the print date of this Guide, the amounts for Medicare premiums and deductibles for 2011 were not available. Please refer to your 2011 *Medicare & You* handbook for more information and exact amounts. The Centers for Medicare and Medicaid Services will mail you a *Medicare & You* handbook. You can also access the handbook at www.medicare.gov

Summary of HealthChoice High and Low Option Medicare Supplement Plans

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

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

Medicare Part A (Hospitalization) Services - Continued

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

Medicare Part B (Medical) Services

All Benefits are Based on Medicare Approved Amounts

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

Medicare Part B (Medical) Services - Continued

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

Medicare Part B (Preventive) Services

All Benefits are Based on Medicare Approved Amounts

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

Medicare Part B (Preventive) Services - Continued

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

Medicare Part B (Preventive) Services - Continued

[illegible]

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

Medicare Part B (Preventive) Services - Continued

Preventive Services	Who is Covered	Medicare Part B Pays	HealthChoice Pays	You Pay
Prostate Cancer Screening Digital Rectal Exam: Once every 12 months Prostate Specific Antigen Test (PSA): 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%
		For the PSA test, 100% No Part B deductible	0% for the PSA test	0%

Preventive Services - Vaccinations

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

For Services Not Covered by Medicare

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

2011 Pharmacy Benefits for HealthChoice High Option Medicare Supplement Plans With and Without Part D

HOW THE HIGH OPTION PLANS WORK

There is no annual deductible and no Coverage Gap. An annual out-of-pocket maximum applies. Benefits are as follows:

Prescription Medications	Medicare Pays	HealthChoice Pays	You Pay
Generic (Tier 1) or Preferred (Tier 2) medication costing \$100 or less purchased at a HealthChoice Network Pharmacy	\$0	Allowed Charges in excess of your copay	Copay up to \$30 maximum per fill
Generic (Tier 1) or Preferred (Tier 2) medication costing more than \$100 purchased at a HealthChoice Network Pharmacy	\$0	Allowed Charges in excess of your copay	Copay of 25% up to \$60 maximum per fill
Non-Preferred (Tier 3) medications costing \$100 or less purchased at a HealthChoice Network Pharmacy	\$0	Allowed Charges in excess of your copay	Copay up to \$60 per fill
Non-Preferred (Tier 3) medications costing more than \$100 purchased at a HealthChoice Network Pharmacy	\$0	Allowed Charges in excess of your copay	Copay of 50% up to \$120 maximum per fill
Preferred, high cost or specialty (Tier 4) medication purchased at a HealthChoice Network Pharmacy	\$0	Allowed Charges in excess of your copay	Copay is based on the quantity limit per fill
(Tier 5) medications for tobacco cessation prescription drugs purchased at a HealthChoice Network Pharmacy	\$0	Allowed Charges in excess of your copay	Copay of \$5 per fill

THE PHARMACY OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum	After Out-of-Pocket is Met
The annual out-of-pocket maximum is \$4,550. Only copays for covered prescription drugs purchased at Network Pharmacies apply to the out-of-pocket maximum. See the chart above for copay amounts.	After your pharmacy out-of-pocket costs reach \$4,550, HealthChoice pays 100% of Allowed Charges for covered prescription drugs purchased at Network Pharmacies for the remainder of the calendar year.

2011 Pharmacy Benefits for HealthChoice Low Option Medicare Supplement Plans With and Without Part D

THE BENEFIT STAGES OF THE LOW OPTION PLAN

Annual Deductible \$310	Initial Coverage Limit \$2,530	Coverage Gap \$3,607.50	Annual Out-of-Pocket Maximum \$4,550
	<p>After the deductible, you and HealthChoice share the costs of the next \$2,530 of prescription drug costs.</p> <p>You pay 25% (\$632.50) and HealthChoice pays 75% (\$1,897.50).</p>	<p>You pay 100% of the next \$3,607.50 of prescription drug costs.</p>	<p>After you spend \$4,550 out-of-pocket, HealthChoice pays 100% of Allowed Charges for covered prescription drugs for the remainder of the calendar year.</p>

REACHING THE ANNUAL OUT-OF-POCKET MAXIMUM OF \$4,550

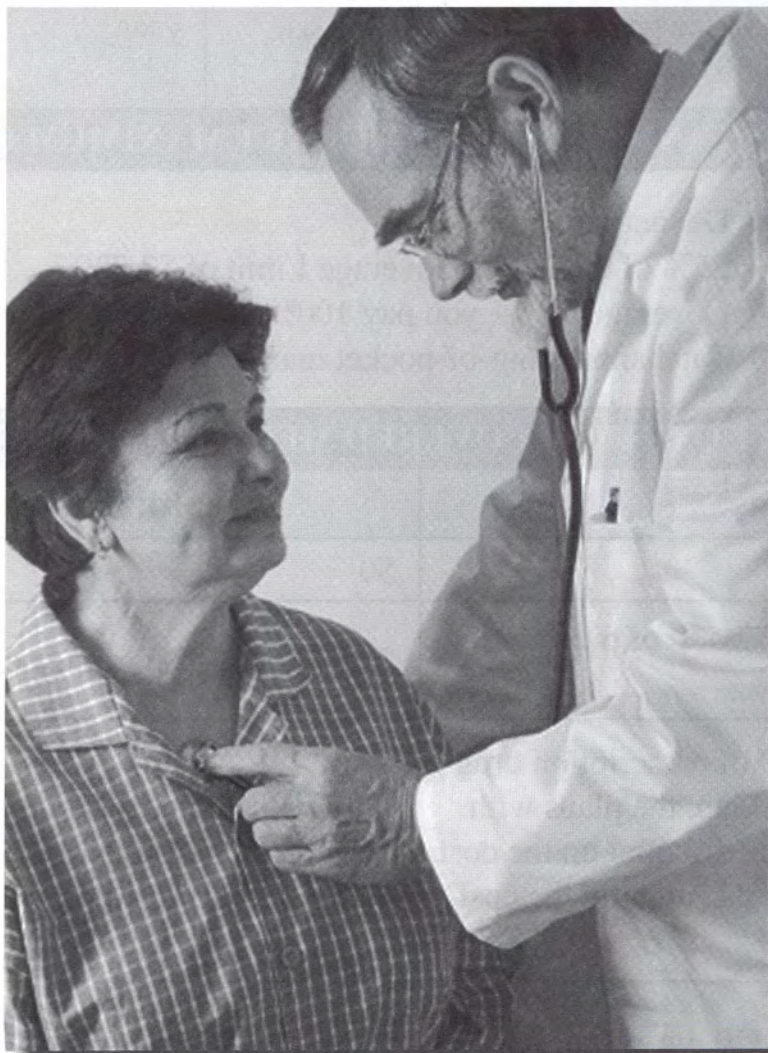
\$ 310.00 Deductible
 \$ 632.50 25% of the Initial Coverage Limit of \$2,530
\$3,607.50 Coverage Gap – you pay 100% of prescription drug costs
 \$4,550.00 Total annual out-of-pocket maximum

YOUR COSTS FOR COVERED MEDICATIONS

You Pay	HealthChoice Pays
Annual deductible of \$310	\$0
\$632.50 (25%) of the next \$2,530 of prescription drug costs.	\$1,897.50 (75%) of the next \$2,530.
100% of the next \$3,607.50 of prescription drug costs. During the Coverage Gap, the plans with Part D benefits provide a 7% discount on the cost of generic drugs and a 50% discount on the cost of brand-name drugs.	\$0 HealthChoice pays no prescription benefits in the Coverage Gap. The discounts described on the left apply.
\$0 after you have spent \$4,550 out-of-pocket for prescription drugs.	100% of Allowed Charges for covered drugs for the remainder of the calendar year.

Section III

UnitedHealthcare Senior Supplement Plans



UnitedHealthcare Senior Supplement High and Low Option Plans

Medicare Part A (Hospitalization) Services

All Benefits are based on Medicare Approved Amounts

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

Medicare Part A (Hospitalization) Services - Continued

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

Medicare Part B (Medical) Services

All Benefits are Based on Medicare Approved Amounts

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

Medicare Part B (Medical) Services - Continued

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

Medicare Part B (Preventive) Services

All Benefits are Based on Medicare Approved Amounts

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

Medicare Part B (Preventive) Services - Continued

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

Medicare Part B (Preventive) Services - Continued

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 and 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				

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

Medicare Part B (Preventive) Services - Continued

Preventive Services	Who is Covered	Medicare Part B Pays	UnitedHealthcare Pays	You Pay
Prostate Cancer Screening 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 — Preferred Generics	\$10
Tier 2 — Preferred Brand	\$30
Tier 3 — Non-Preferred	\$60
Tier 4 — Specialty	33%

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

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

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

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

Section IV

Dental and Vision Plan Options



Information on Dental Plans

There are eight dental plans available:

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

See *Comparison of Benefits for Dental Plans* to determine your costs under each plan.

Changes to the dental plans for 2011 include:

- ◆ Assurant Freedom Preferred is increasing the orthodontia lifetime maximum for members under age 19 to \$2,000 and decreasing the orthodontia waiting period to 12 months.
- ◆ CIGNA Dental Care Plan is making the following changes:
 - Basic Care: The copay for amalgam, one surface, permanent teeth is increasing to \$21.
 - Major Care: The copay for a root canal, anterior is increasing to \$355.
 - Orthodontic Care: The out-of-pocket maximum for children through age 18 is increasing to \$2,280, and the out-of-pocket maximum for adults is increasing to \$3,120.
- ◆ **Delta Dental is not offering the Delta Dental PPO – Point of Service plan for 2011. If you are currently enrolled in that plan, you must choose another dental plan for 2011.**
- ◆ Delta Dental is offering 3 plans; Delta Dental PPO, Delta Dental Premier, and Delta Dental PPO – Choice.
- ◆ Delta Dental PPO is increasing the plan year maximum for Preventive, Basic, and Major Care to \$2,500 and increasing the orthodontia lifetime maximum to \$2,000.
- ◆ Delta Dental Premier is lowering the annual deductible for Preventive, Basic, and Major Care to \$50 and increasing the orthodontia lifetime maximum to \$2,000.

Information on Vision Plans

There are no changes to vision plan benefits for 2011.

There are five vision plans available:

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

See *Comparison of Benefits for Vision Plans* to determine your costs under each plan.

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Freedom Preferred
ANNUAL DEDUCTIBLE	Network: \$25 Basic and Major services combined Non-Network: \$25 Preventive, Basic, and Major services combined	No deductible or plan maximum \$5 office copay applies	\$25 per person, per calendar year, waived for preventive services in-network
PREVENTIVE CARE Ex: cleaning, routine oral exam Allowed Charges apply	Network: \$0 Non-Network: \$0 of Allowed Charges after deductible	Sealant: \$15 per tooth No charge for routine cleaning once every 6 months No charge for topical fluoride application (through age 18) No charge for periodic oral evaluations	\$0 with no deductible when in-network
BASIC CARE Ex: extractions, oral surgery Allowed Charges apply	Network: 15% Non-Network: 30% Deductible applies	Amalgam: One surface, permanent teeth \$21	Network: 15% Non-Network: 30% Plan pays 85% of usual and customary when in-network, 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 (per quadrant): \$65	Network: 40% Non-Network: 50% Plan pays 60% of usual and customary when in-network Deductible applies

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

Comparison of Benefits For Dental Plans

Assurant Prepaid Plans 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 Includes diagnostic	\$0 of allowable amounts after deductible Includes diagnostic	Schedule of covered services and copays. Copay examples: Routine cleaning \$5 Periodic oral evaluation \$5 Topical fluoride application (up to age 19) \$5 Includes diagnostic
Fillings Minor oral surgery Refer to the copayment schedule for each plan	15% of allowable amounts after deductible	30% of allowable amounts after deductible	Schedule of covered services and copays Copay example: Amalgam - One surface, primary or permanent tooth \$12
Root canal Periodontal Crowns Refer to the copayment schedule for each plan	40% of allowable amounts after deductible	50% of allowable amounts after deductible	Schedule of covered services and copays Copay examples: Crown - porcelain/ ceramic substrate \$241 Complete denture - maxillary \$320

Comparison of Benefits For Dental Plans

Your Costs for Network Services	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Freedom Preferred
ORTHODONTIC CARE Allowed Charges apply	Network: 50% Non-Network: 50% 12-month waiting period may apply No lifetime orthodontic maximum for Network or non-Network Covered for members under age 19 and members 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% Non-Network: 50% Up to \$2,000 lifetime maximum for members under age 19* 12-month waiting period may apply *Increase in orthodontic maximum applies to treatment beginning on or after January 1, 2011
PLAN YEAR MAXIMUM	Network and non-Network \$2,000 per person, per year	No maximum	\$2,000
FILING CLAIMS	Network: No claims to file Non-Network: You file claims	No claims to file	Member/provider must file claims

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

Comparison of Benefits For Dental Plans

Assurant Prepaid Plans 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 employee and his/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 employee and his/her lawful spouse and eligible dependent children	You pay amounts in excess of \$50 per month Lifetime maximum up to \$1,800 No deductible No waiting period Orthodontic benefits are available to the employee and his/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

Comparison of Benefits for Vision Plans

Covered Services	Humana/CompBenefits VisionCare Plan		Primary Vision Care Services, Inc.	
	In-Network	Out-of-Network	In-Network	Out-of-Network*
Eye Exams	\$10 copay One exam for eyeglasses or contacts per year	Copays do not apply Plan pays up to \$35; One exam per year	\$0 copay No limit on exams per year	Plan pays up to \$40 One exam per year
Lenses Each Pair	\$25 material copay applies to lenses and/or frames (single, lined bifocal, trifocal, lenticular are covered at 100%) A discount applies to progressive lenses One pair of lenses per year	Plan pays up to: \$25 single \$40 bifocals \$60 trifocals \$100 lenticular One pair of lenses per year	You pay wholesale cost with no limit on number of pairs	You pay normal doctor's fee, reimbursed up to \$60 for one set of lenses and frames per year
Frames	\$25 material copay applies to lenses and/or frames; \$45 wholesale frame allowance; One pair of frames per year	\$25 copay Plan pays up to \$45 One pair of frames per year	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 per year
Contact Lenses	\$130 allowance for conventional or disposable lenses and fitting fee in lieu of all other benefits Medically necessary, Plan pays 100% One set of contacts per year	\$130 allowance for exam, contacts, and fitting fee in lieu of all other benefits Medically necessary Plan pays \$210 One set of contacts per year	You pay wholesale cost for contacts \$50 fee applies to all soft contact lens fittings; \$75 to rigid or gas permeable lens fittings; \$150 to hybrid contact lens fittings Replacement lenses do not have these fees	Limit of one set annually in lieu of eyeglasses You pay normal doctor's fees, reimbursed up to \$60
Laser Vision Correction	\$895 copay conventional \$1,295 copay custom \$1,895 copay custom plus bladeless when services are rendered by a TLC Network Provider	No benefit	Discount nationwide at The Laser Center (TLC)	No benefit

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

Comparison of Benefits for Vision Plans

Superior Vision Plan		UnitedHealthcare Vision		Vision Service Plan (VSP)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$10 copay One exam per year	OD-\$26 max MD-\$34 max	\$10 copay One exam per year	Plan pays up to \$40	\$10 copay One exam per year	\$10 copay Plan pays up to \$35
\$25 copay One pair of lenses per year	Plan pays up to: \$26 single \$39 bifocals \$49 trifocals \$78 lenticular	\$25 copay One pair of lenses per year	Plan pays up to: \$40 single \$60 bifocals \$80 trifocals \$80 lenticular	\$25 copay* One set of lenses per year Polycarbonate lenses covered in full for dependent children Average 35-40% savings on all non-covered lens options	\$25 copay* Plan pays up to: \$25 single \$40 bifocals \$55 trifocals \$80 lenticular
\$25 copay Plan pays up to \$125 One set of frames per year	Plan pays up to \$68	\$25 copay \$130 allowance One pair of frames per year	Plan pays up to \$45	\$25 copay* \$120 allowance 20% off any out-of-pocket costs above the allowance One pair of frames per year	\$25 copay* Plan pays up to \$45
\$0 copay Plan pays up to \$120 Medically necessary contacts are covered in full (in lieu of glasses)	\$0 copay Plan pays up to \$100 For medically necessary contacts, Plan pays up to \$210 (in lieu of glasses)	\$25 copay covers fitting/evaluation fees, contacts (including disposables), and up to 2 follow-up visits (in lieu of glasses)	Plan pays up to \$150 For medically necessary contacts, Plan pays up to \$210 (in lieu of glasses)	\$0 copay \$120 allowance applied to the cost of your contact lens exam and the contact lenses 15% discount on contact lens exam (in lieu of glasses)	\$0 copay Plan pays up to \$105 for disposable or conventional contact lenses (in lieu of glasses)
20% off retail price	No benefit	Members have access to discounted refractive eye surgery from numerous provider locations throughout the U.S.	No benefit	Laser vision correction services (PRK, LASIK, and Custom LASIK) at a reduced cost through VSP's contracted laser surgery centers	No benefit

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

How to Access the Online Provider Networks

Health Plans

HealthChoice Employer PDP Medicare Supplement Plans With Part D and HealthChoice Medicare Supplement Plans Without Part D

You are not limited to the HealthChoice provider network but you are encouraged to use providers who accept Medicare assignment.

UnitedHealthcare Senior Supplement Plans

You are not limited to the UnitedHealthcare provider network but you are encouraged to use providers who accept Medicare assignment.

Dental Plans

HealthChoice Dental

Visit www.healthchoiceok.com

Click on *Find a Provider* and follow the on-screen instructions

Assurant Freedom Preferred (Options for PPO)

Visit www.assurantemployeebenefits.com

Click on *Find a Dentist*

Select *DHA Network*

Assurant Heritage Plus with SBA and Heritage Secure (Options for Prepaid)

Visit www.assurantemployeebenefits.com

Click on *Find a Dentist*

Select *The Heritage Series*

CIGNA Dental

Visit www.cigna.com

Click on *Provider Directory*

Click *Dentist* for the type of provider

Select *CIGNA Dental Care (HMO)*

Delta Dental

Visit www.deltadentalok.org

Click on *Click here* under *State of Oklahoma Dental Plans*

Click *here* on the *3 NEW Dental Plans for 2011* and select your dental plan (*Delta Dental PPO, Delta Premier, and Delta Dental PPO – Choice*)

Vision Plans

Humana/CompBenefits Vision Care Plan

Visit www.compbenefits.com/custom/stateofoklahoma

Click on *Provider Directory*

Primary Vision Care Services (PVCS)

Visit www.pvcs-usa.com

Click on *Find a Doctor*

Superior Vision Plan

Visit www.superiorvision.com

Click on *Locate a Provider*

UnitedHealthcare Vision

Visit www.myuhcvision.com

Click on *Provider Locator*

Vision Services Plan (VSP)

Visit www.vsp.com

Either click on *Find the right doctor for you* under the *Members* tab or click on *Choose VSP through your employer* under the *Prospective Members* tab

Click on *Find a VSP Doctor*

Select *VSP Signature Network*

Health Plans' Help Lines

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

UnitedHealthcare Senior Supplement Plans

Toll-free	1-800-851-3802
Toll-free TDD	1-800-557-7595
Website	www.securehorizons.com

Dental Plans' Help Lines

Assurant, Inc. Dental

Prepaid Plan, toll-free	1-800-443-2995
Indemnity Plan, toll-free	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.myuhcvision.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 TTY number is not listed for a plan, hearing impaired members should use a relay service to contact the plan.



**Oklahoma State & Education Employees Group Insurance Board
FORMER EMPLOYEE DEPENDENT ENROLLMENT FORM**

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. This act requires plans that provide dependent coverage to continue to make coverage available until an adult child (married or unmarried) turns 26.

OSSEEGIB is allowing a one-time opportunity for you to enroll eligible dependent children. This Option Period you may add a dependent child up to age 26 to your coverage. If you decide to add a dependent, that coverage will become effective January 1, 2011.

To add a dependent child (or children) to your coverage, complete and return this form with your 2011 Option Period form by December 7, 2010. Your child can be added only to a benefit that you already carry.

MEMBER INFORMATION (Please Print)

Member Name _____ **Member ID/SSN** _____
Mailing Address _____ **Phone (____)** _____
☐ **New Address** _____ **Alt Phone (____)** _____
City State ZIP Code

DEPENDENT CHILD INFORMATION (Please Print)

Name _____ **SSN** _____ **Date of Birth** _____
☐ Male ☐ Female
Name _____ **SSN** _____ **Date of Birth** _____
☐ Male ☐ Female

Remember, you and your dependents must all be covered under the same plan. For example, if you are enrolled in a HealthChoice plan and you are adding a dependent, your dependent must also be enrolled in a HealthChoice plan. If you are enrolled in an HMO plan, your dependent must be enrolled in the same HMO.

☐ **ADD Health Plan – Add dependent(s) to your existing health plan**

Health Plan Name _____
Primary Physician (HMO only) _____ ☐ New Patient ☐ Current Patient

☐ **ADD Dental Plan – Add dependent(s) to your existing dental plan**

Primary Dentist (Prepaid only) _____ ☐ New Patient ☐ Current Patient

☐ **ADD Vision Plan – Add dependent(s) to your existing vision plan**

CERTIFICATION SIGNATURE

Member Signature _____ **Date** _____

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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.

