

2015 Pre-Medicare Option Period Presentation

Plan Year Jan. 1 through Dec. 31, 2015

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*Office of Management and
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Topics

- Deadlines
- Confirmation Statements
- Resources
- 2015 Plan Changes
- Insurance Plans' Information
- HealthChoice Life Insurance Plan



DEADLINES



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Deadlines

Form	Date Due
<i>Option Period Enrollment/Change Form</i>	Postmarked by Dec. 7, 2014
<i>HealthChoice High and Basic Plans Tobacco-Free Attestation for Plan Year 2015</i>	Dec. 7, 2014 Must be completed as part of the Option Period enrollment process



Midyear Qualifying Events

Certain qualifying events allow you to make a midyear change, examples include:

- Marriage
- Divorce
- Adoption
- Death
- Childbirth*
- Gain or loss of other group insurance

Notify EGID within 30 days
of the event.

* Child must be added to coverage the first
of the month of birth



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OPTION PERIOD FORMS



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CONFIRMATION STATEMENTS



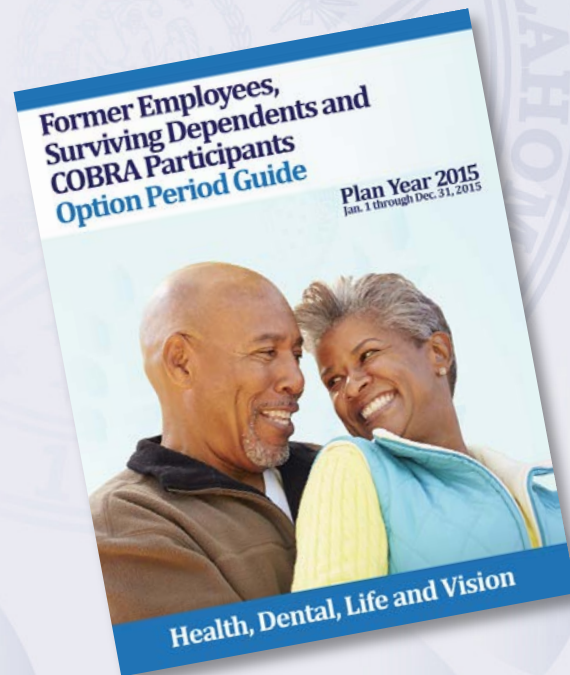
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Confirmation Statements

- EGID mails you a *Confirmation Statement* (CS) when you enroll or make changes to coverage
- Check your CS carefully
- If your CS is incorrect, contact EGID Member Services immediately
- If you do not make changes during Option Period, you will not receive a CS



RESOURCES



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Resources

- The Former Employees, Surviving Dependents and COBRA Participants Option Period Guide is available on the EGID website at www.sib.ok.gov or www.healthchoiceok.com
 - Contact EGID Member Services
- The guide includes:
 - Premiums
 - Overview of all the plans available
 - Plan website addresses and customer service contact information
- EGID Member Services



2015 PLAN CHANGES



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HealthChoice Plan Changes

HealthChoice Basic Plan

- Deductible is being increased to \$1,000 for individual and \$1,500 for family
- Calendar year out-of-pocket maximum is being decreased

HealthChoice Basic Alternative Plan

- Deductible is being increased to \$1,250 for individual and \$1,750 for family
- Calendar year out-of-pocket maximum is being decreased



HealthChoice Plan Changes

HealthChoice High Deductible Health Plan

- Formerly known as the HealthChoice S-Account Plan
- For use with a health savings account
- Premiums are being reduced from the 2014 rates
- Annual maximum contributions are increasing



HMO Plan Changes

CommunityCare HMO

- No longer available in certain ZIP codes



Other Plan Changes

There are no other core plan changes for 2015



HEALTH PLANS

HealthChoice

CommunityCare™



The following is a brief overview of benefits. More detailed information, such as out-of-pocket maximums and copays for specific services, is listed in the guide.



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- HealthChoice High Plan
- HealthChoice High Alternative Plan
- HealthChoice Basic Plan
- HealthChoice Basic Alternative Plan
- HealthChoice High Deductible Health Plan (HDHP)
- HealthChoice USA Plan



HealthChoice High Plan

- \$30 copay for primary care office visits
- \$50 copay for specialist office visits
- Annual deductible \$500 for individual
- Annual deductible \$1,500 for family
- After deductible, you pay 20% of Allowed Charges



HealthChoice High Alternative Plan

Benefits are the same as the High Plan except:

- Annual deductible \$750 for individual
- Annual deductible \$2,250 for family
- After deductible, you pay 20% of Allowed Charges



HealthChoice Basic Plan

- Office visit copays do not apply
- Plan pays first \$500
- You pay next \$1,000 as deductible
- Family deductible is \$1,500
- You pay 50% of Allowed Charges



HealthChoice Basic Alternative Plan

- Office visit copays do not apply
- Plan pays first \$250
- You pay next \$1,250 as deductible
- Family deductible is \$1,750
- You pay 50% of Allowed Charges



HealthChoice USA Plan

- For members who live outside of Oklahoma and Arkansas
- Benefits are the same as the HealthChoice High Plan
- Members have access to the nationwide ChoiceCare provider network



HealthChoice High Deductible Health Plan (HDHP)

- Designed to be used with a health savings account (HSA)
- Combined medical and pharmacy deductible of \$1,500 for individual or \$3,000 for family*

After entire deductible is met:

- \$30 copay for primary care office visits
- \$50 copay for specialist office visit
- You pay 20% of Allowed Charges

* Individual deductible does not apply if two or more family members are covered.



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HealthChoice Network Pharmacy Benefits

- Prescriptions can be filled at HealthChoice Network Pharmacies
- Benefits are the same for all Plans
 - HDHP members must meet the Plan deductible before benefits are paid
- Generic mandate
 - You are responsible for the cost difference if choosing a brand-name if a generic is available



HealthChoice Network Pharmacy Benefits

When purchasing up to a 30-day supply:

Drug	Copay
Generic	Up to \$10
Preferred brand-name	Up to \$45
Non-Preferred brand-name	Up to \$75



HealthChoice Network Pharmacy Benefits

When purchasing up to a 90-day supply:

Drug	Copay
Generic	Up to \$25
Preferred brand-name	Up to \$90
Non-Preferred brand-name	Up to \$150

Some medications have quantity and/or dosage limits



HealthChoice Network Pharmacy Benefits

- Specialty medications (up to a 30-day supply) must be purchased through Accredo Health
- Certain prescription tobacco cessation medications available for a \$0 copay
- Search for Network Pharmacies and Preferred drugs at www.sib.ok.gov or www.healthchoiceok.com



HMO Plans

- You must live within the HMO's ZIP code service area
- Copay system for services and supplies
- Primary care physician (PCP) is required
- You enroll in a plan, not with a provider



- \$35 PCP office visit copay
- \$50 specialist office visit copay
- \$750 copay for hospital/mental health or substance use disorder admission
- \$50 copay for after-hours urgent care
- \$200 copay each emergency room visit



CommunityCare™ Pharmacy Benefits

- 30-day supply per copay
- Some medications have quantity limits

Drug	Copay
Select generics	\$0
Tier 1 - Formulary generics	Up to \$10
Tier 2 - Formulary brand-name	Up to \$40
Tier 3 - All other medications	Up to \$65



- \$25 PCP office visit copay
- \$50 specialist office visit copay
- \$50 copay for after-hours urgent care
- \$250 copay for free-standing outpatient facility or \$750 copay for a hospital facility



- 30-day supply per copay
- Some medications have quantity limits

Drug	Copay
Select generics	\$4
Tier 1 - Formulary generics	Up to \$10
Tier 2 - Formulary brand-name	Up to \$50
Tier 3 - All other medications	Up to \$75



DENTAL PLANS



ASSURANT
Employee
Benefits



Cigna®

 **DELTA DENTAL**®

HealthChoice



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Dental Plans Available

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



Dental Benefits

All dental plans have the same core benefits which are divided into four different classes of care:

- Preventive Care includes cleanings, bitewing x-rays and routine oral exams
- Basic Care includes fillings, extractions, root canals, endodontics and periodontics



Dental Benefits

- Major Care includes dentures, bridge work, crowns and implants
- Orthodontic Care* is covered for members under age 19 and members age 19 and older with temporomandibular joint dysfunction (unless otherwise noted)

* Assurant Freedom Preferred has a 12-month waiting period for orthodontic care; waived if proof of continuous dental insurance is provided. HealthChoice has a 12-month waiting period for orthodontic care.





Freedom Preferred

- Preventive Care is covered at 100%
- A \$25 deductible applies to Basic and Major Care

After the deductible:

- You pay 15% for Basic Care
- You pay 40% for Major Care
- You pay 40% for Orthodontic Care
 - Under age 19; lifetime maximum benefit \$2,000
- \$2,000 maximum annual benefit for all other services





Heritage Secure

- No deductible or annual maximum with general dentist
- You must select a primary care dentist for each covered person
- Preventive Care is covered at 100%
- Copay schedule applies to other services
- Orthodontic Care for children and adults





Heritage Plus with SBA

- No deductible or annual maximum with general dentist
- You must select a primary care dentist for each covered person
- Preventive Care is covered at 100%
- Copay schedule applies to other services
- Orthodontic Care for children and adults
- The Special Benefit Amendment provides an additional discount for network specialists





- No deductible or maximum annual benefit
- You must select a primary care dentist for each covered person
- After a \$5 copay, routine cleanings, x-rays and evaluations are covered at 100%
- Copay schedule applies to other services, including specialist care
- Orthodontic Care for children and adults



- Preventive Care is covered at 100%
- A \$25 deductible applies to Basic and Major Care

After the deductible, you pay:

- 15% for Basic Care
- 40% for Major Care
- 40% for Orthodontic Care
 - Available for children and adults
 - Lifetime maximum benefit \$2,000
- \$2,500 maximum annual benefit for all other services



- A \$50 combined deductible applies to Diagnostic, Preventive, Basic and Major Care

After the deductible, you pay:

- 0% for Preventive Care
- 30% for Basic Care
- 50% for Major Care
- 40% for Orthodontic Care
 - Available for children and adults
 - Lifetime maximum benefit \$2,000
- \$3,000 maximum annual benefit for all other services



- You must select a primary care dentist for each covered person
- No deductible for Preventive or Basic Care
- \$100 deductible for Major Care
- Copay schedule for all other services
- Orthodontic Care for children and adults
 - You pay in excess of \$50 a month
 - Lifetime maximum benefit \$1,800
- \$2,000 maximum annual benefit



HealthChoice Dental

When using a Network Provider

- Preventive Care is covered at 100%
- A \$25 deductible applies to Basic and Major Care

After the deductible, you pay:

- 15% for Basic Care
- 40% for Major Care
- 50% for Orthodontic Care
 - No lifetime maximum
 - A 12-month waiting period applies
- \$2,500 maximum annual benefit for all other services



VISION PLANS

HUMANA.
CompBenefits

PVCS
Primary Vision Care Services

SUPERIOR VISION 
See yourself healthy.

UnitedHealthcare Vision™


VISION CARE DIRECT


vsp SM



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Vision Plans Overview

- Each vision plan has its own provider network
- All plans cover eyeglasses and/or contact lenses
- For specific benefit questions, contact the vision plan directly
- The toll-free numbers and website addresses are listed in the *Former Employees, Surviving Dependents and COBRA Participants Option Period Guide*



- \$10 copay for an annual eye exam
- \$25 copay for lenses and frames
 - One pair per year
- Discounts are available for other vision services and lens options
- Contact lenses are available instead of glasses
 - \$130 allowance
- Discount for laser surgery, such as LASIK



- There are no copays or limits on the number of eye exams
- Lenses and frames are sold at wholesale cost
- There is no limit on the number of pairs of glasses
- Benefits available for contact lenses
- Discount through nJoy for laser surgery



- \$10 copay for eye exams
- \$25 copay for lenses and frames
 - One pair per year; up to \$125
- Contact lenses – available instead of glasses
 - \$25 copay/standard fitting, then plan pays 100%
 - \$50 copay/specialty fitting, then plan pays up to \$50
- Discounts available for other services and options, including laser surgery



UnitedHealthcare Vision™

- \$10 copay for eye exams
 - One per year
- \$25 copay for lenses and frames
 - One pair per year
- Lens UV coating and tints covered in full
- Contact lenses are available instead of glasses
- Discounts available for other services and options, including laser surgery



- \$15 copay for eye exams
 - One per year
- \$15 copay for lenses and frames
 - One pair per year
- Several lens options covered at \$0 copay
- Contact lenses are available instead of glasses
- Discounts available for other services and options, including laser surgery





- \$10 copay for eye exams
 - One per year
- \$25 copay for lenses and frames
 - One pair per year
- Contact lenses are available instead of glasses
- No copay for contact lens exam
- Discounts available for other services and options, including laser surgery



HealthChoice

LIFE INSURANCE PLAN



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During Option Period:

- Review your beneficiary information
- You cannot add or increase the amount of your current coverage
- Life Insurance can be decreased during Option Period*
- You can reduce the amount of Dependent Life insurance you have in place

* Once you decrease life insurance coverage, you cannot add it back in the future



Reminders

- Option Period is the only time you can change plans
- HealthChoice High and Basic Plans require a completed tobacco-free Attestation
- Return signed and dated forms to EGID by Dec. 7, 2014
- Notify EGID if you have a change of address





Thank you



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