OSEEGIB
Oklahoma State and Education
Employees Group Insurance Board

Medicare Supplement Plans and Medicare Advantage Prescription Drug Plans

Option Period Guide

Plan Year 2009

Summary of Benefits

MedicareRx
Prescription Drug Coverage

Audio CDs and CD versions for PC of this Option Period Benefit Guide/Summary of Benefits have been prepared and are available at the Oklahoma Library for the Blind and Physically Handicapped (OLBPH). Contact OLBPH at 1-405-521-3514, toll-free 1-800-523-0288, or TDD 1-405-521-4672. You may also view a searchable text version of this document on the OSEEGIB website at www.sib.ok.gov or www.healthchoiceok.com.

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Oklahoma State and Education Employees Group Insurance Board
Monthly Premiums for Medicare Eligible Members
Plan Year January 1, 2009, through December 31, 2009

MEDICARE SUPPLEMENT PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice High Option With Part D	$279.28	$279.28	$279.28	$279.28
HealthChoice Low Option With Part D	$222.92	$222.92	$222.92	$222.92
HealthChoice High Option Without Part D	$333.24	$333.24	$333.24	$333.24
HealthChoice Low Option Without Part D	$276.88	$276.88	$276.88	$276.88
PacifiCare Senior High Option	$326.44	$326.44	$326.44	$326.44
PacifiCare Senior Low Option	$293.60	$293.60	$293.60	$293.60

Medicare Advantage Prescription Drug Plans (MA-PD)	
CommunityCare Senior Health Plan	$148.00 per enrolled member
Generations HealthCare by GlobalHealth	$158.00 per enrolled member

The rates in this Guide do not reflect any contribution from your retirement system.

If You Are Making Changes:

You must return your Option Period Enrollment/Change Form postmarked by **November 19, 2008**.

If You Are Not Making Changes:

You do not need to return your Option Period Enrollment/Change Form. You will be enrolled in the same coverage you had for the 2008 plan year. Keep your personalized Option Period Enrollment/Change Form as proof of your coverage.

Oklahoma State and Education Employees Group Insurance Board
Monthly Premiums for Medicare Eligible Members
Plan Year January 1, 2009, through December 31, 2009

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	$28.58	$28.58	$23.82	$61.84
Assurant Freedom Preferred	$24.84	$24.70	$18.52	$49.80
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 (POS)	$29.88	$29.90	$26.28	$66.88
Delta's Choice (PPO)	$12.88	$29.48	$29.26	$71.56

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan	$6.76	$5.06	$3.57	$ 4.46
Primary Vision Care Services	$9.25	$8.00	$8.50	$10.75
Superior Vision Services	$6.98	$6.90	$6.60	$ 6.60
UnitedHealthcare Vision (Spectera)	$8.18	$5.79	$4.59	$ 6.98
Vision Service Plan (VSP)	$8.96	$6.00	$5.74	$12.92

LIFE PLAN	From $5,000 to $40,000	$1.94 Per $1,000 Unit

Age Rated Life – Cost Per $1,000 from $41,000 and Up		
< 30 ---------- $0.05	45 - 49 ------- $0.19	65 - 69 ------- $0.99
30 - 34 ------- $0.05	50 - 54 ------- $0.32	70 - 74 ------- $1.67
35 - 39 ------- $0.08	55 - 59 ------- $0.52	75+ ---------- $2.60
40 - 44 ------- $0.12	60 - 64 ------- $0.60	
DEPENDENT LIFE	$0.97 Per $500 Unit, Per Dependent	

The rates in this Guide do not reflect any contribution from your retirement system.

Your Option Period Enrollment/Change Form is being mailed in a separate security envelope.

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

Helpful Hints for Option Period

- Review section B of your Option Period Enrollment/Change Form. This is the coverage you will have effective January 1, 2009, if you do not make any changes to your coverage during this Option Period.

If you *ARE NOT* making any changes:

- No further action is necessary and you do NOT need to return your Option Period Enrollment/Change Form.
- If you do not make any changes to your coverage, you will not receive a Confirmation Statement from OSEEGIB. Keep your Option Period Enrollment/Change Form as verification of your insurance coverage.

If you *ARE* making changes:

- Review the premium rates and plan changes for 2009. Premium rates are listed on the previous page and plan changes are in the Annual Notice of Change which begins on page 7 of this Guide.
- Use the following resources to help you decide what coverage you (and your dependents) wish to carry:
    - This Guide
    - Plan websites
    - Customer Service telephone numbers
    - Provider Directories
    - OSEEGIB Member Services
- Decide on the coverage you want for you (and your dependents) for 2009.
- Check the appropriate box(es) in Section C of your Option Period Enrollment/Change Form for the coverage changes you wish to make.
- Complete your Option Period Enrollment/Change Form and return it to OSEEGIB by November 19, 2008.
- Review your Confirmation Statement when you receive it in the mail to verify your coverage is correct.
- Contact OSEEGIB Member Services if your Confirmation Statement is incorrect. Member Services will help you get any errors corrected.

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2009 Plan Year

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 1-800-752-9475

HealthChoice Medicare Supplement Prescription Drug Plan

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

PacifiCare Senior Supplement 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 1-800-627-6038
Website: **www.securehorizons.com**

CommunityCare Senior Health Plan

Monday through Sunday, 8:00 a.m. to 8:00 p.m. Central time
PO Box 3327, Tulsa, OK 74101
1-918-594-5323 or toll-free 1-800-642-8065
Relay Service for the Hearing Impaired 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
701 NE 10th Street, Oklahoma City, OK 73104
1-405-609-6330 or toll-free 1-866-609-6330; TTY/TDD/Voice 1-800-522-8506
Website: **www.generationshealthcare.cc**

Medicare

Customer Service: 7 days a week / 24 hours a day
Toll-free 1-800-MEDICARE (1-800-633-4227) or toll-free TTY 1-866-486-2048
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

Any changes you make will be effective January 1, 2009. There is more than one plan listed in this Summary of Benefits. Take time to compare the benefits, costs, and limits of each plan and choose the plan that is best for you. If you are satisfied with your current coverage, you do not need to take any action.

Options for Medicare Members

You can:

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

Eligibility Requirements

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

- Entitled to benefits under Medicare Part A, or enrolled in Medicare Part B.
- Enrolled in only one Part D plan. (If you have Part D coverage through another plan, you must select the HealthChoice High or Low Option Plan Without Part D.)

Dependent Eligibility

- You have 30 days from the date of marriage to add a new spouse to your coverage. If you want to add your new spouse to coverage, you must provide proof of your marriage to OSEEGIB by submitting a copy of your marriage license or certificate.
- The only other time a dependent may be added to coverage is if he/she loses other group coverage. Coverage must be added within 30 days from the date of loss. Proof of lost coverage must be provided.
- Dependent children are eligible until the end of the month in which they turn 25.
- Dependents who are totally disabled before the age of 25 are allowed to retain coverage regardless of age. Enrollment is subject to medical review and approval.

Medicare Supplement Plans

The Medicare supplement plans offered in this Guide are in addition to your coverage under Medicare Part A and Part B, so you will need to keep your Medicare coverage.

- HealthChoice High and Low Option Medicare Supplement Plans ***With*** Part D
- HealthChoice High and Low Option Medicare Supplement Plans ***Without*** Part D
- PacifiCare Senior Supplement Plans (High and Low Options)

Medicare Advantage Plans MA-PD

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

- CommunityCare Senior Health Plan
- Generations Healthcare

General Information

Dental Plans

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

Vision Plans

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

Life Plan

- Now is the time to review life insurance beneficiaries. Beneficiary forms are available on the HealthChoice website, or you can contact HealthChoice Member Services. See the Help Lines pages at the back 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.
- If you do not make any changes to your coverage, you will not receive a Confirmation Statement. Keep your personalized Option Period Enrollment/ Change Form as proof of your coverage.

Find a Provider

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

COBRA Coverage

- Dependents who become ineligible cannot continue coverage on your plan. Dependents may be able to continue health, dental, or vision coverage, on an individual basis, under the federal COBRA law. Examples of COBRA qualifying events for dependents include:
  - A child reaching age 25
  - Marriage of a child
  - Divorce of spouse
  - The death of the covered employee

Address Information

- It's important for you to keep your address information up-to-date. You run the risk of delaying claims processing or missing important communications when there is incorrect information in our files.
- Medicare requires that any change in your home address be reported to your plan.

More Information

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

Enrollment Information

This Option Period Guide contains information regarding your coverage options for 2009. Your personalized Option Period Enrollment/Change Form, which shows your current coverage through OSEEGIB, is being mailed in a separate security envelope.

OSEEGIB will automatically carry over to 2009 the same coverage you have in 2008. For example, if you are currently enrolled in the HealthChoice High Option Medicare Supplement Plan With Part D, you will continue to be enrolled in the HealthChoice High Option Medicare Supplement Plan With Part D for 2009. You do not need to return your personalized Option Period Enrollment/Change Form; however, please keep your form as proof of your coverage.

Be aware PacifiCare's Secure Horizons Plan will not be offered in 2009. If you are currently enrolled in Secure Horizons MA-PD plan, you will have to select another plan for 2009.

You can change your coverage to a different plan through OSEEGIB or cancel your coverage altogether. If you want to change the coverage that you have in 2008, you must complete the Option Period Enrollment/Change Form and return it to OSEEGIB by November 19, 2008.

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

Your Medicare Part D plan will provide you with prescription coverage. If you enroll in a Medicare Part D plan outside of OSEEGIB, Medicare will disenroll you from your current Medicare Part D plan. If this occurs, OSEEGIB will change your coverage to the HealthChoice Medicare Supplement Plans Without Part D. Your coverage will be similar and does include prescription drug coverage, but it will not include Medicare Part D benefits. You must continue on the plan without Part D benefits until the next Option Period, or since you gained other coverage, you may drop this plan. If you decide to continue this plan, you must also pay the higher premium associated with the plan.

If You Currently Have Health Coverage Through Your Employer or Union

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

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

The Medicare Supplement Plans 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.

2009 Annual Notice of Change for the HealthChoice Medicare Supplement Plans

By January 31, 2009, HealthChoice will send you a plan handbook/Evidence of Coverage that will explain the plan rules and benefits in greater detail. Throughout the 2009 plan year, if HealthChoice makes any formulary changes that would alter your drug's tier level or increase the cost of your medication, we will notify you 60 days before the change so that you'll have time to review your options.

Health Plan Changes

- The health, dental, and life claims administrator for HealthChoice is changing to EDS Administrative Services, LLC. A new health/dental identification card is being sent to all HealthChoice members.
- APS Healthcare will be the new precertification administrator.
- Medicare approved At-Home Recovery Services are now covered under Medicare Part B at 100%.

Dental Plan Changes

HealthChoice Dental Plan

- The coinsurance for Network orthodontia services is being changed to 50%.
- The $50 orthodontia deductible for Network services and the $150 orthodontia deductible for non-Network services are being removed.
- The $1,800 lifetime maximum for orthodontia benefits is being removed.

Vision Plan Changes

- CompBenefits VisionCare Plan's name has changed to Humana/CompBenefits VisionCare Plan. The new web address is **www.compbenefits.com/custom/stateofoklahoma**.
- Spectera Vision's name has changed to UnitedHealthcare Vision. The new web address is **www.myuhcvision.com**.

Life Insurance Plan Changes

- The premium rating structure for HealthChoice Life Insurance for former employees is changing. The premium for coverage amounts up to $40,000 will be $1.94 per thousand. The premium for coverage amounts above $40,000 will be age-rated. Please see the premium rate chart at the beginning of this Guide for age-rated premium amounts.

Medicare Premiums, Deductibles, Coinsurance, and Copays

As of the print date of this Guide, the amounts for Medicare premiums, deductibles, coinsurance, and copays were not available. Please refer to your 2009 Medicare & You handbook for more information and exact amounts. The Centers for Medicare and Medicaid Services will be mailing this to you in the near future.

Monthly Premiums for the HealthChoice Medicare Supplement Plans

The chart below lists the member premiums for the HealthChoice Medicare Supplement Plans for 2008 and the new 2009 premiums that are effective January 1.

Plan Name	2008 Premium	2009 Premium	Increase
HealthChoice High Option With Part D	$245.80	$279.28	$33.48
HealthChoice Low Option With Part D	$197.32	$222.92	$25.60
HealthChoice High Option Without Part D	$304.24	$333.24	$29.00
HealthChoice Low Option Without Part D	$255.76	$276.88	$21.12

For a listing of the standard premiums for the Medicare Supplement, dental, vision, and life insurance plans, see the premium chart at the beginning of this Guide.

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

If you qualify for extra help, as deemed by Social Security, you pay $0 or a reduced monthly premium for the prescription drug portion of your coverage. Extra help also assists you in paying for your prescription drugs. If you qualify for extra help in 2009, the chart below shows the amount you will have to pay for your prescription drugs. For more information, contact Social Security at the number listed on page 2.

Extra Help Groups	If you pay up to this much in 2008	You will pay up to this much in 2009
Rx 1	$0 deductible	$0 deductible
	$0 copay	$0 copay
Rx 2	$0 deductible	$0 deductible
	$1.05 generic copay	$1.10 generic copay
	$3.10 brand/other drug copay	$3.20 brand/other drug copay
Rx 3	$0 deductible	$0 deductible
	$2.25 generic copay	$2.40 generic copay
	$5.60 brand/other drug copay	$6.00 brand/other drug copay
Rx 4-7	$56.00 deductible	$60 deductible
	15% copay	15% copay

HealthChoice Medicare Formulary

Enclosed with this Guide is a copy of the new Abridged HealthChoice Medicare Formulary that will be effective January 1, 2009. Medicare has reviewed and approved the covered drugs listed in the formulary.

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

Medications Moving to Non-formulary

Actonel*	Clarinex & Clarinex D	Lamictal	Requip	Sonata
Altace Capsules	Coreg	Lunesta*	Risperdal	Toprol XL
Amitza	Fosamax & Fosamax D	Paxil CR	Rozerem*	

Medications Moving to Non-Preferred

Boniva*	Effexor XR	Fosamax Solution

*HealthChoice members currently using this medication will receive a letter explaining the transition process.

HealthChoice Pharmacy Benefit Changes

Pharmacy Deductible, Out-of-Pocket Maximum, and Coverage Limits

Plan Name	Pharmacy Deductible	Annual Out-of-Pocket Maximum	Initial Coverage Limit (Low Option Only)	Charges Applied to Out-of-Pocket Maximum
HealthChoice High Option With Part D	Not applicable	Increases from $4,050 to $4,350	Not applicable	All out-of-pocket costs for covered drugs purchased at Network pharmacies will apply to the Annual Out-of-Pocket Maximum
HealthChoice High Option Without Part D				
HealthChoice Low Option With Part D	Increases from $275 to $295		Increases from $2,510 to $2,700	
HealthChoice Low Option Without Part D				

Specialty Pharmacy Medications (applies to Medicare Supplement Plans Without Part D)

Members enrolled in the HealthChoice Medicare Supplement Plans Without Part D will now pay the applicable copay for every 30-day fill for specialty medications. Specialty medications are covered when purchased through Accredo Health Group.

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, 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.**

ID Cards

HealthChoice members will have two ID cards, one card will be used for health and/or dental benefits, and the other card will be used for pharmacy benefits. HealthChoice will issue a new ID card for your health and/or dental coverage. If you are currently a HealthChoice member, you should continue using your current pharmacy ID card. If you are new to HealthChoice, you will also be issued a pharmacy ID card.

To request a replacement health and/or dental ID card, contact EDS Administrative Services at 1-405-416-1800 or 1-800-782-5218. TDD users call 1-405-416-1525 or 1-800-941-2160.

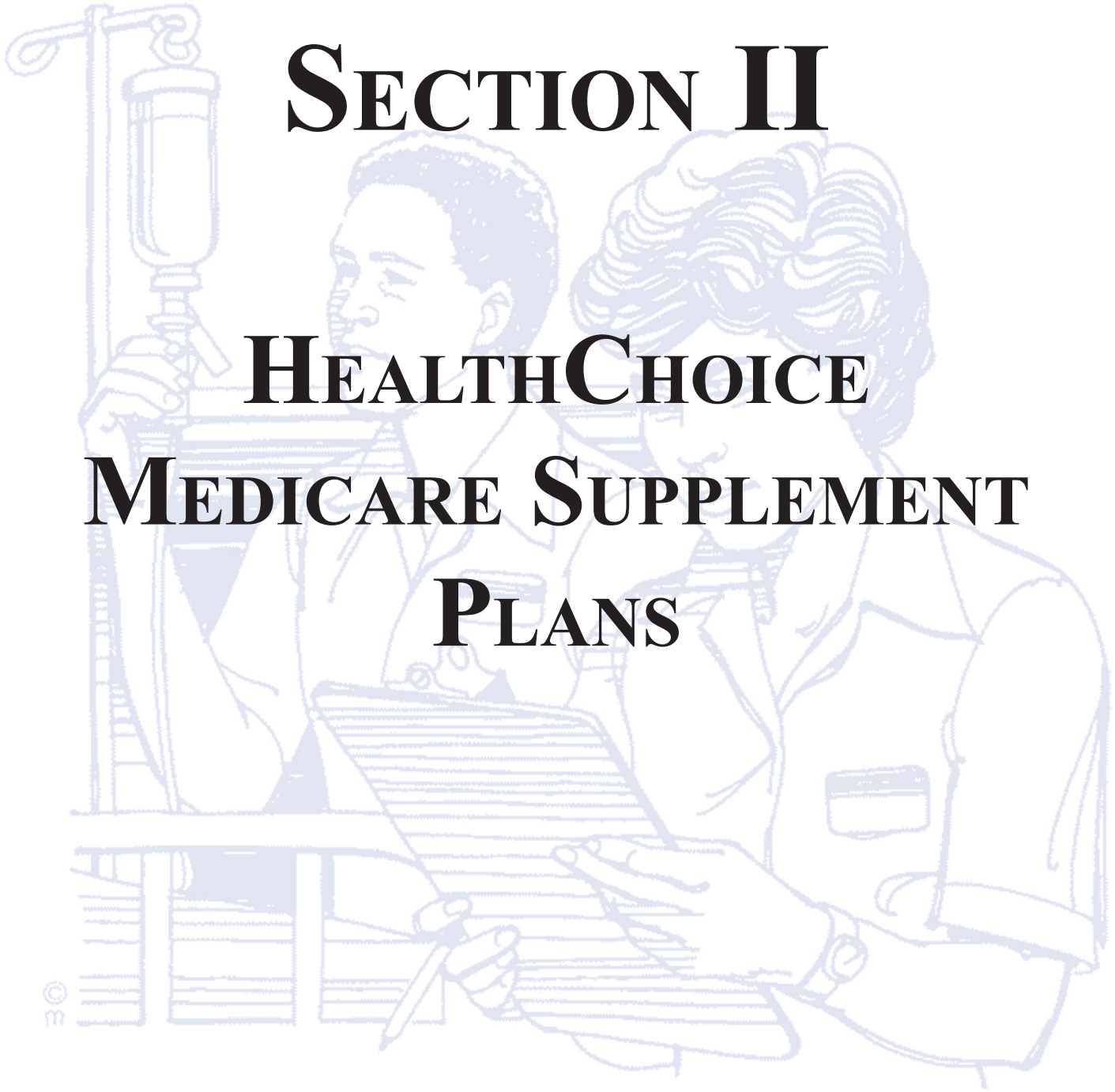
For More Information

Please contact HealthChoice Member Services if you have any questions. 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 and a Member Services Representative will return your call the next business day. You can 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.

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

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 the full responsibility of the member.

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 the HealthChoice Medicare Supplement Plans With Part D. OSEEGIB's contract with CMS is renewed annually and is not guaranteed beyond the 2009 contract year. OSEEGIB has the right to refuse to renew its contract with CMS and CMS may also refuse to renew its contract with OSEEGIB. Termination or non-renewal of the contract may result in the termination of your enrollment in a HealthChoice Medicare Supplement Plan With 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 benefits 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 receives no subsidy from Medicare for these plans.

Service Area

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

Creditable Coverage Notice

Prescription drug coverage is deemed "creditable" if the value of the coverage equals or exceeds the value of Medicare prescription drug coverage. The HealthChoice plans provide our members with 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.

Enrollment Periods

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

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

  Example: *Mrs. Smith's 65th birthday is April 20, 2009. She is eligible for Medicare Part A and her Part B Initial Enrollment Period begins on January 1, 2009. Her Initial Enrollment Period for Part D also begins on January 1, 2009 (three months prior to her birthday month) and ends on July 31, 2009 (three months after her birthday month).*

- **The Annual Enrollment Period** – This year, the HealthChoice annual Option Period (Annual Enrollment Period) runs through November 19, 2008; however, your plan selection may be changed up until the effective date of your coverage, which is January 1, 2009. Once your enrollment becomes effective, you have exhausted your annual enrollment election and no plan changes can 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 Plan's 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 the Help Lines pages at the back of this Guide.

Effective Date of Coverage

If you enroll during one of the following enrollment periods, your effective dates will be:

- Initial Enrollment Period for Part D: The first of the month in which you become Medicare eligible, or the first of the month following your election, whichever is later.
- Option Period/Annual Enrollment Period: January 1, 2009.
- Special Enrollment Periods: Depends on individual circumstances. The effective date of coverage always follows the processing of your completed enrollment request and can never be 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 you can contact the Social Security Administration office. See the Plan Identification Information listed on page 2 for contact information.

Extra Help – If You Are Already Qualified

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

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 handbooks.

Voluntary Disenrollment

- 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.

Involuntary Disenrollment

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 Benefits 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. 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 Medicare Supplement Plan With Part D, you can be authorized to receive 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 prior authorization or non-formulary medications. For information on how to obtain a transition supply of medication, have your pharmacy contact Medco. See the Help Lines pages at the back of this Guide.

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 non-Network pharmacy use in the event of an emergency.

As of the print date of this Guide, the amounts for the Medicare premiums, deductibles, coinsurance, and copays were not available. Please refer to your 2009 Medicare & You handbook for more information and exact amounts. The Centers for Medicare and Medicaid Services will be mailing this to you in the near future.

All HealthChoice High and Low Option Medicare Supplement Plans

Supplemental benefits to Medicare Part A (hospitalization), Medicare Part B (medical), and Medicare Part D (prescription drug coverage)

HealthChoice High and Low Option Medicare Supplement Plans For Medicare Part A (Hospitalization) Services

Services or Items	Description	Medicare Part A Pays	HealthChoice Pays	Member Pays
Hospitalization: Semiprivate room and board, general nursing, and miscellaneous services and supplies per benefit period	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 while using 60 lifetime reserve days	All except the coinsurance per day	The coinsurance per day	0%
	Once Medicare's lifetime reserve days are used, the Medicare Supplement Plans provide an additional 365 lifetime reserve days	0%	100% of Medicare eligible expenses Precertification 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 after leaving the hospital. Only 100 days are allowed 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%

HealthChoice High and Low Option Medicare Supplement Plans
For Medicare Part A (Hospitalization) Services

Services or Items	Description	Medicare Part A Pays	HealthChoice Pays	Member Pays
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	First 3 pints unless you or someone else donates blood to replace what you use	0%	100%	0%
	Additional amounts	100%	0%	0%

HealthChoice High and Low Option Medicare Supplement Plans
For Medicare Part B (Medical) Services

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

HealthChoice High and Low Option Medicare Supplement Plans
For Medicare Part B (Medical) Services

Services or Items	Description	Medicare Part B Pays	HealthChoice Pays	Member Pays
Home Health Care: Medicare approved services	Medically necessary skilled care services and medical supplies	100%	0%	0%
Durable Medical Equipment	The Part B deductible of Medicare approved amounts	0%	0%	100%
	Remainder of Medicare approved amounts	80%	20%	0%
Blood	First 3 pints	0%	100%	0%
	Additional amounts (after the deductible) unless you or someone else donates blood to replace what you use	80%	20%	0%
At-Home Recovery Services: Home care certified by your doctor, for personal care during recovery from an injury or illness for which Medicare approves a Home Care Treatment Plan	Medicare approved home health Services not covered by Medicare	100% 0%	0% 0%	0% 100%
Hospice Prescription	Medicare beneficiaries with a terminal illness	80%	20%	0%

HealthChoice High and Low Option Medicare Supplement Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Pays	HealthChoice Pays	Member Pays
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	100%	0%	0%
Screening Mammogram: Once every 12 months	All female Medicare beneficiaries age 40 and older	80% of the Medicare approved amount with no Part B deductible	20% of the Medicare approved amount with 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: Includes a clinical breast exam: Once every 24 months	All female Medicare beneficiaries	Pap Test, 100% of the Medicare approved amount with no Part B deductible	0%	0%
Once every 12 months if high risk/abnormal Pap Smear in preceding 36 months		For all other exams, 80% of the Medicare approved amount with no Part B deductible	For all other exams, 20% of the Medicare approved amount with no Part B deductible	0%
Diabetes Screening Test	All Medicare beneficiaries at risk of getting diabetes	100%	0%	0%

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

HealthChoice High and Low Option Medicare Supplement Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Part B Pays	HealthChoice Pays	Member Pays
Diabetes Self-Management Training	All Medicare beneficiaries with diabetes (insulin users and non-insulin users)	80% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount after the Part B deductible	0%
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets without regard to the use of insulin	This must be requested by your doctor or other provider	80% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount 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% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount after the Part B deductible	0%
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 practice	Medicare beneficiaries at high risk or having a family history of glaucoma	80%	20%	0%
Flu Shot **Pneumococcal Vaccination**	All Medicare beneficiaries	100% of the Medicare approved amount with no Part B deductible, if doctor accepts assignment	0% if doctor accepts assignment	0%
Hepatitis B Vaccination	Medicare beneficiaries at medium to high risk for Hepatitis B	80% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount after the Part B deductible	0%

HealthChoice High and Low Option Medicare Supplement Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Part B Pays	HealthChoice Pays	Member Pays
Colorectal Cancer Screening **Fecal Occult Blood Test:** Once every 12 months **Flexible Sigmoidoscopy:** Once every 48 months **Colonoscopy:** 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% of the Medicare approved amount with no Part B deductible For all other tests, 80% of the Medicare approved amount after the Part B deductible	0% for the fecal occult blood test For all other tests, 20% of the Medicare approved amount after the Part B deductible	0% 0%
Prostate Cancer Screening **Digital Rectal Exam:** Once every 12 months	All male Medicare beneficiaries age 50 and older	For the digital rectal exam, 80% of the Medicare approved amount after the Part B deductible	For the digital rectal exam, 20% of the Medicare approved amount after the Part B deductible	0%
Prostate Specific Antigen Test (PSA): Once every 12 months		For the PSA test, 100% of the Medicare approved amount with no Part B deductible	0% for the PSA test	0%

HealthChoice High and Low Option Medicare Supplement Plans
For Services Not Covered by Medicare

Services	Benefits	Medicare Part B Pays	HealthChoice Pays	Member Pays
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 max No Medicare deductible necessary
Preventive Medical Care Benefit – Not Covered by Medicare: Annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, thyroid function test, tetanus and diphtheria booster, and education, administered or ordered by your doctor when not covered by Medicare	First $120 of each calendar year	$0	$120	Balance No Medicare deductible necessary

Under the HealthChoice Medicare Supplement Plans, 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.

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

DESCRIPTION OF OUT-OF-POCKET FOR THE HIGH OPTION PLANS		
Member Deductible $0	**Member's Pharmacy Annual Out-of-Pocket Maximum**	**HealthChoice Pays**
	$4,350 in prescription benefit copays for covered medications at Network pharmacies. See the chart below for copay amounts.* *The out-of-pocket costs for covered prescription drugs purchased at Network pharmacies will apply to the Annual Out-of-Pocket Maximum.	After the member reaches the $4,350 pharmacy out-of-pocket maximum described in the column on the left, HealthChoice pays 100% of allowable amounts for covered prescription drugs for the remainder of the calendar year.

DESCRIPTION OF HOW THE HIGH OPTION PLANS WORK			
Pharmacy benefit may cover up to a 34-day supply or 100 units, whichever is greater, not to exceed the FDA approved 'usual' dosing for a 100-day supply and subject to specific quantity limits.			
Prescription Medications	**Medicare Pays**	**HealthChoice Pays**	**Member Pays**
Generic (Tier 1) and Preferred (Tier 2 and Tier 4) medications purchased at a HealthChoice Network pharmacy costing $100 or less	$0	Allowable amounts in excess of the member's copay	Copay up to $25
Generic (Tier 1) and Preferred (Tier 2 and Tier 4) medications purchased at a HealthChoice Network pharmacy costing more than $100	$0	Allowable amounts in excess of the member's copay	Copay of 25% up to a $50 maximum
Non-Preferred (Tier 3) medications purchased at a HealthChoice Network Pharmacy costing $100 or less	$0	Allowable amounts in excess of the member's copay	Copay up to $50
Non-Preferred (Tier 3) medications purchased at a HealthChoice Network Pharmacy costing more than $100	$0	Allowable amounts in excess of the member's copay	Copay of 50% up to a $100 maximum

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

DESCRIPTION OF BENEFIT LEVELS FOR THE LOW OPTION PLANS

Member's Deductible $295	After the deductible, member pays 25% ($601.25) of the next $2,405 of prescription drug costs HealthChoice pays 75% ($1,803.75) of the next $2,405 of prescription drug costs	**COVERAGE GAP $3,453.75** Member pays 100% of the next $3,453.75 of prescription drug costs	**100% BENEFIT** After the member spends $4,350 out-of-pocket, HealthChoice pays 100% of all allowable amounts for covered prescription drugs for the remainder of the calendar year.
Member's Out-Of-Pocket Expense	Individual Annual Out-of-Pocket Maximum for covered drugs = $4,350 The $4,350 includes: $ 295.00 Deductible $ 601.25 25% coinsurance of the next $2,405 in prescription costs $3,453.75 Coverage Gap – member pays 100% $4,350.00 Total out-of-pocket per year HealthChoice pays 100% of allowed prescription costs after the $4,350 maximum out-of-pocket		

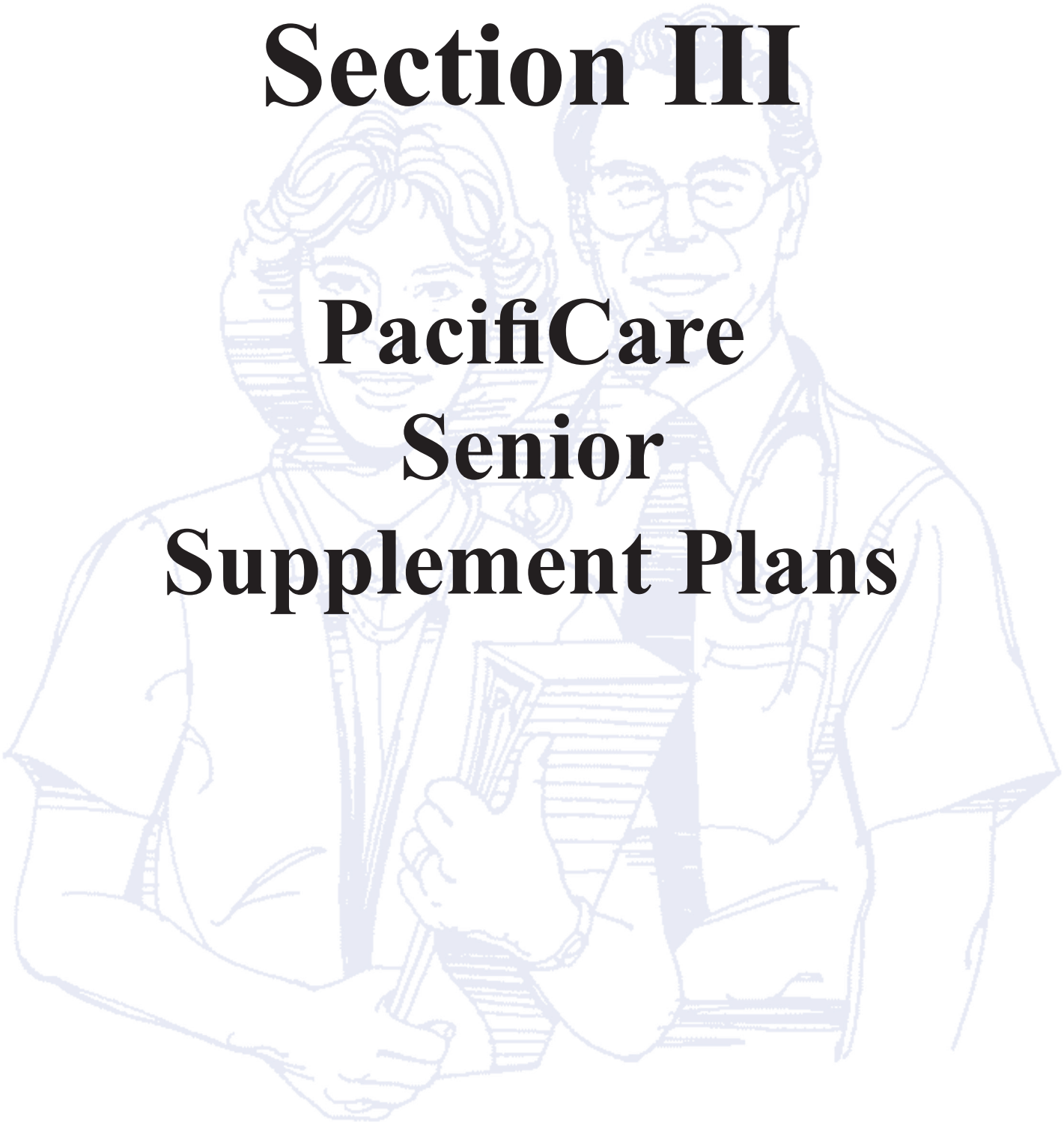
DESCRIPTION OF HOW THE LOW OPTION PLANS WORK

Pharmacy benefit 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.

	Member Pays	HealthChoice Pays
Prescription Medications	Annual $295 deductible	$0
	Plus. . . . Member pays 25% ($601.25) of the next $2,405 of prescription drug costs	HealthChoice pays 75% ($1,803.75) of the next $2,405
	Plus. . . . Member pays 100% of the next $3,453.75 of prescription drug costs	$0 The plan pays **no** benefits in this Coverage Gap
	After the member has spent $4,350 out-of-pocket ($295 deductible + $601.25 + $3,453.75) for prescription drugs ➜ ➜ ➜ ➜ ➜	Plan pays 100% of Allowed Charges for covered drugs for the remainder of the calendar year

Section III

PacifiCare Senior Supplement Plans



PacifiCare Senior Supplement High and Low Option Plans

For Medicare Part A (Hospitalization) Services

Services or Items	Description	Medicare Part A Pays	PacifiCare Pays	Member Pays
Hospitalization: Semiprivate room and board, general nursing, and miscellaneous services and supplies per benefit period	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 while using 60 lifetime reserve days	All except the coinsurance per day	The coinsurance per day	0%
	Once Medicare's lifetime reserve days are used, the Medicare Supplement Plan provides an additional 365 lifetime reserve days	0%	100% of Medicare eligible expenses Precertification 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 after leaving the hospital. Only 100 days are allowed 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%

The benefits for PacifiCare Senior Supplement High and Low Options are similar.

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part A (Hospitalization) Services

Services or Items	Description	Medicare Part A Pays	PacifiCare Pays	Member Pays
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	First 3 pints unless you or someone else donates blood to replace what you use	0%	100%	0%
	Additional amounts	100%	0%	0%

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part B (Medical) Services

Services or Items	Description	Medicare Part B Pays	PacifiCare Pays	Member Pays
Medical Expenses: In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests (Medicare limits apply)	The Part B deductible of Medicare approved amounts	0%	0%	The Part B deductible
	Remainder of Medicare approved amounts	80%	20%	0%
	Part B excess charges above Medicare approved amounts	0%	100%	0%
Clinical Laboratory Services	Blood tests and urinalysis for diagnostic services	100%	0%	0%

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part B (Medical) Services

Services or Items	Description	Medicare Part B Pays	PacifiCare Pays	Member Pays
Home Health Care: Medicare Approved Services	Medically necessary skilled care services and medical supplies	100%	0%	0%
Durable Medical Equipment	The Part B deductible of Medicare approved amounts	0%	0%	100%
	Remainder of Medicare approved amounts	80%	20%	0%
Blood	First 3 pints	0%	100%	0%
	Additional amounts (after the deductible) unless you or someone else donates blood to replace what you use	80%	20%	0%
At-Home Recovery Services: Home care certified by your doctor, for personal care during recovery from an injury or illness for which Medicare approves a Home Care Treatment Plan	Medicare approved home health	100%	0%	0%
	Services not covered by Medicare	0%	0%	100%
Hospice Prescription	Medicare beneficiaries with a terminal illness	80%	20%	0%

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Pays	PacifiCare Pays	Member Pays
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	100%	0%	0%
Screening Mammogram: Once every 12 months	Female Medicare beneficiaries age 40 and older	80% of the Medicare approved amount with no Part B deductible	20% of the Medicare approved amount with 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: Includes a clinical breast exam once every 24 months	Female Medicare beneficiaries	Pap Test, 100% of the Medicare approved amount with no Part B deductible	0%	0%
Once every 12 months if high risk/abnormal Pap Smear in preceding 36 months		For all other exams, 80% of the Medicare approved amount with no Part B deductible	For all other exams, 20% of the Medicare approved amount with no Part B deductible	0%
Diabetes Screening Test	All Medicare beneficiaries at risk of getting diabetes	100%	0%	0%

Under the PacifiCare Senior Supplement Plans, once you have been billed the deductible for Medicare Part B covered services, your Medicare Supplement deductible has been met for the calendar year.

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Part B Pays	PacifiCare Pays	Member Pays
Diabetes Self-Management Training	All Medicare beneficiaries with diabetes (insulin users and non-insulin users)	80% of the Medicare allowed amount after the Part B deductible	20% of the Medicare allowed amount after the Part B deductible	0%
Diabetes Monitoring: Includes coverage for glucose monitors, test strips, and lancets without regard to the use of insulin	This must be requested by your doctor or other provider	80% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount 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% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount after the Part B deductible	0%
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 practice	Medicare beneficiaries at high risk or family history of glaucoma	80%	20%	0%

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Part B Pays	PacifiCare Pays	Member Pays
Colorectal Cancer Screening **Fecal Occult Blood Test:** Once every 12 months **Flexible Sigmoidoscopy:** Once every 48 months **Colonoscopy:** 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% of the Medicare allowed amount with no Part B deductible For all other tests, 80% of the Medicare allowed amount after the Part B deductible	0% for the fecal occult blood test For all other tests, 20% of the Medicare allowed amount after the Part B deductible	0% 0%
Prostate Cancer Screening **Digital Rectal Exam:** Once every 12 months	All male Medicare beneficiaries age 50 and older	For the digital rectal exam, 80% of the Medicare approved amount after the Part B deductible	For the digital rectal exam, 20% of the Medicare approved amount after the Part B deductible	0%
Prostate Specific Antigen (PSA) Test: Once every 12 months		For the PSA test, 100% of the Medicare approved amount with no Part B deductible	0% for the PSA test	0%

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party.

PacifiCare Senior Supplement High and Low Option Plans
For Medicare Part B (Medical) Services

Preventive Services	Who is Covered	Medicare Part B Pays	PacifiCare Pays	Member Pays
Flu Shot **Pneumococcal Vaccination**	All Medicare beneficiaries	100% of the Medicare approved amount with no Part B deductible (if doctor accepts assignment)	0% if doctor accepts Medicare assignment	0%
Hepatitis B Vaccination	Medicare beneficiaries at medium to high risk for Hepatitis B	80% of the Medicare approved amount after the Part B deductible	20% of the Medicare approved amount after the Part B deductible	0%

PacifiCare Senior Supplement High and Low Option Plans

For Services Not Covered by Medicare

Services	Benefits	Medicare Part B Pays	PacifiCare Pays	Member Pays
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 max No Medicare deductible necessary
***High Option Only** **Preventive Medical Care Benefit – Not Covered by Medicare:** Annual physical and preventive tests and services such as: digital rectal exam, hearing screening, dipstick urinalysis, thyroid function test, tetanus and diphtheria booster, and education, administered or ordered by your doctor when not covered by Medicare	First $120 of each calendar year	0%	High Option pays $120 Low Option pays 0%	High Option Member pays 0% Low Option Member pays $120

***Indicates services or items only covered under the High Option Plan.**

PacifiCare Senior Supplement
High and Low Option Plans
Prescription Drug Coverage

Prescription Medications	Member Pays
Tier 1	$10
Tier 2	$30
Tier 3	$60
Specialty Tier	33%

PacifiCare Senior Supplement High and Low Option Plans - You would 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 will 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 will have maximum quantity limits. Your provider must get prior authorization from PacifiCare for certain prescription drugs.

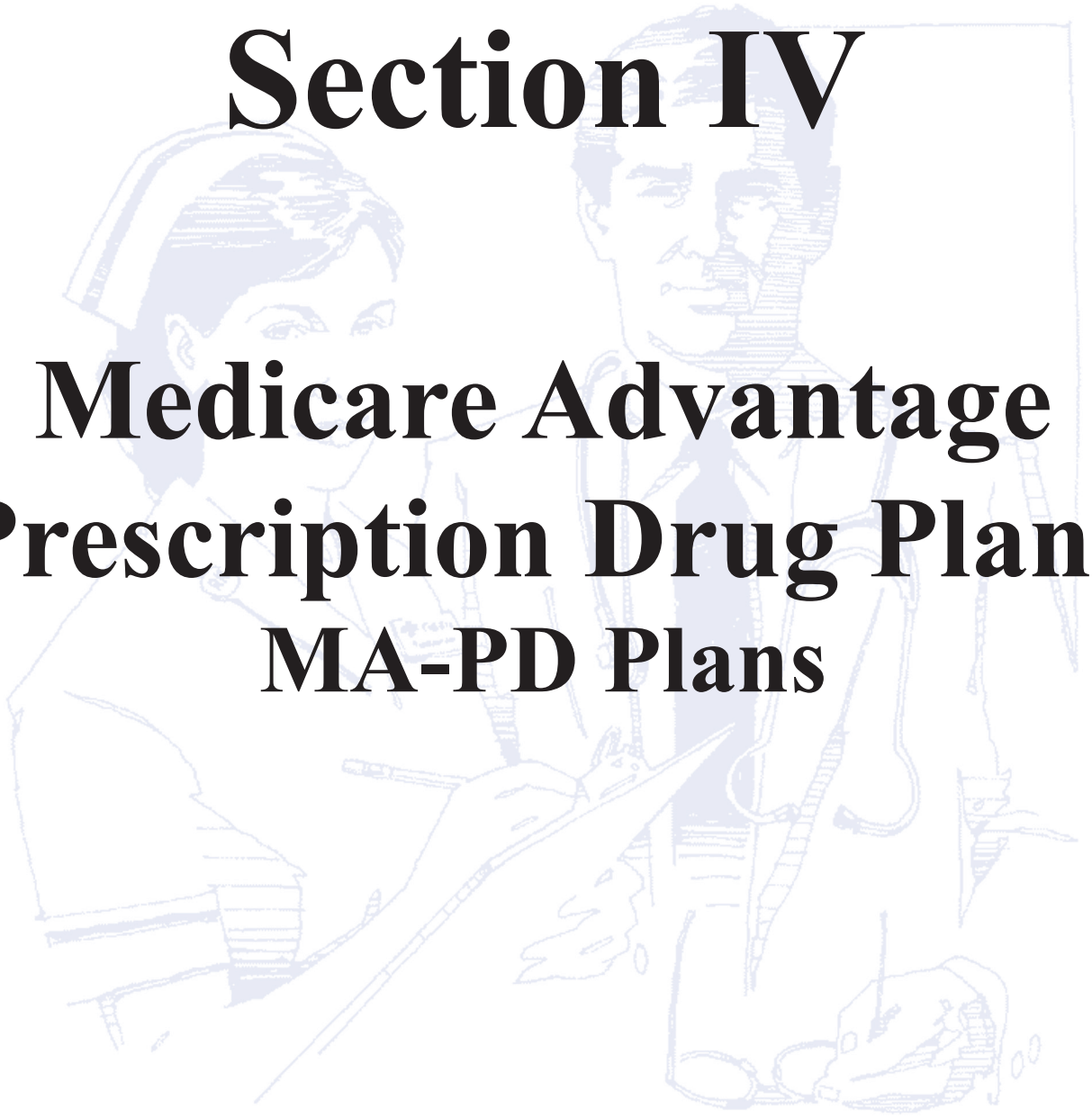
Once the member is out of pocket $2,700 (the gap) in copays and/or specialty prescriptions, the member is responsible for 100% of the discounted network price for all prescriptions except for Tier 1 drugs. After you are out of pocket $4,050, you would pay 5% or a minimum of $2.25 for generics and a minimum of $5.60 for brand named 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, would also apply.

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 premiums in the chart below are per member/per month.

CommunityCare Senior Health Plan	$148.00 per enrolled member
Generations Healthcare by GlobalHealth	$158.00 per enrolled member

Eligibility in an MA-PD Plan

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

The following additional requirements also apply:

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

Service Area

- You must reside in the MA-PD plan's service area. This is a federally qualified area where the MA-PD provides services. Check the ZIP Code list in this section to make sure your ZIP Code is in the coverage area.

Note: An MA-PD's coverage area may not include an entire ZIP Code if that ZIP Code extends into more than one county. If this is your situation, check with the MA-PD plan to verify you live in the coverage area.

Plan Guidelines

- The MA-PD plans market a range of plans to the general public throughout the year. The options provided to you in this Guide are the result of your being 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 coverage through OSEEGIB as well as any retirement system contribution to your insurance coverage.
- When you enroll with an MA-PD plan, that plan becomes your Medicare benefits administrator. This means that claims will be paid by your MA-PD plan, replacing Medicare.
- If you permanently move out of the MA-PD 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 a 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, except in cases of emergency or out-of-area urgent care.
- If you do not use your MA-PD provider for your routine care, you will be financially responsible for those services.
- You may change doctors for any reason, as long as the new doctor 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 the Help Lines pages at the back of this Guide. Your provider leaving the plan is not an eligible event to change insurance carriers.

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. An enrollment packet will be mailed to you. Follow the instructions enclosed in your packet and return the completed forms to the MA-PD plan.
- You **must** also indicate your MA-PD selection on your Option Period Enrollment/Change Form and return it to OSEEGIB, PO Box 58010, Oklahoma City, OK, 73157-8010.

If you are currently enrolled in an MA-PD and want to continue your existing coverage, you do not have to return any forms, unless you want to make changes to other coverage in which you are already enrolled. If you are not making any changes, please keep your personalized Option Period Enrollment/Change Form as proof of your coverage.

Option Period Enrollment/Change Form must be received by OSEEGIB no later than November 19, 2008.

Confirming Enrollment

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

If a Covered Family Member is Not Yet Eligible for Medicare

All covered individuals in a family must enroll with the same carrier. For example, if the member is enrolled in the CommunityCare MA-PD plan, the pre-Medicare spouse or dependents would have to be enrolled in the CommunityCare HMO. Remember, as the primary insured, you must show that you have elected the MA-PD plan option and complete all the required information about your dependents on your Option Period Enrollment/Change Form.

Disenrolling or Transferring Plans

- If you are changing from one MA-PD plan to another plan, your new plan coverage begins on January 1, 2009, and your enrollment in the new plan will automatically disenroll you from your former coverage.
- If you are changing from an MA-PD plan to a Medicare supplement plan, Medicare requires that you notify your former MA-PD plan in writing to advise them of your disenrollment. You should receive a letter from your plan advising you of the date your coverage ends. You must also complete and submit to OSEEGIB your Option Period Enrollment/Change Form indicating your plan changes.
- Failure to notify your current MA-PD plan of your disenrollment may result in additional out-of-pocket expenses that will not be reimbursed by Medicare or your new insurance plan.
- Failure to notify the proper plans and OSEEGIB in a timely manner may result in delayed or denied enrollment in your new plan and may also cause difficulties in receiving services.

Creditable Coverage Notice

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 to enrolled participants. This means that if a participant elects a different Medicare plan the following year, no late enrollment penalty will be incurred by that member.

Limiting Charge

Under Medicare guidelines, the highest amount of money you can be charged for a covered service by doctors and other health care suppliers who don't accept Medicare 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 doesn't apply to supplies or equipment.

Enrollment Periods

- **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 the month of eligibility and extends three months beyond the month of eligibility.
- **The Annual Enrollment Period** – This year, the annual Option Period (Annual Enrollment Period) runs through November 19, 2008; however, your plan selection may be changed up until the effective date of coverage, which is January 1, 2009. Once the enrollment becomes effective, you have exhausted your annual enrollment election and no plan changes can be made until the next annual Option Period.
- **Special Enrollment Periods** – Special Enrollment Periods (SEP) may be allowed under certain situations.

Effective Date of Coverage

If you enroll during one of the following enrollment periods, your effective dates will be:

- Initial Enrollment Period for Part D: The first of the month in which you become Medicare eligible, or the first of the month following your election, whichever is later.
- Option Period/Annual Enrollment Period: January 1, 2009.
- Special Enrollment Periods: Depends on individual circumstances. The effective date of coverage always follows the processing of your completed enrollment request and can never be 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 extra help paying your monthly premiums, deductibles, and copays. This extra help, known as a low income subsidy, is offered through the Social Security Administration. Beneficiaries interested in applying for the Medicare Part D subsidy may do so online, or may contact the Social Security Administration. See the Plan Identification Information listed on page 2 for contact information.

Grievance and Appeals Procedures

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

Comparison of Benefits for Medicare Advantage Prescription Drug Plans MA-PD Plans

Services or Items	CommunityCare Senior Health	Generations Healthcare
Hospitalization: Semiprivate room or private room if medically necessary Laboratory tests, X-rays, and other radiology services Inpatient physician and surgical services, including anesthesia Necessary medical supplies and appliances Blood and its administration	You pay $50 each day for days 1-5 then $0 each following day for a Medicare-covered stay in a network hospital. You are covered for unlimited days each benefit period. A benefit period begins the day you go to a hospital or skilled nursing facility, and ends when you have not received hospital or skilled nursing care for 60 days in a row. You must pay the inpatient hospital copay for each benefit period. Prior authorization is required, except in the case of an emergency.	No copay Covered in full for unlimited days
Organ Transplants: At a Medicare approved transplant facility	The following types of transplants are covered: cornea, kidney, lung, heart-lung, bone marrow, intestinal and multivisceral, and stem cell. Heart, liver, lung, heart-lung, and intestinal multivisceral transplants are only covered if performed in a Medicare approved transplant center.	No copay
Ambulance Services (when medically necessary)	You pay $50 for Medicare-covered ambulance services You do not pay this amount if you are admitted as an inpatient to the hospital.	No copay covered 100% worldwide for medically necessary transports
In-Area Urgent Care Services: Contact Primary Care Physician (PCP) first	You pay $10 to $50 for each Medicare-covered urgent care visit.	No copay for PCP services $10 copay per visit for all other providers

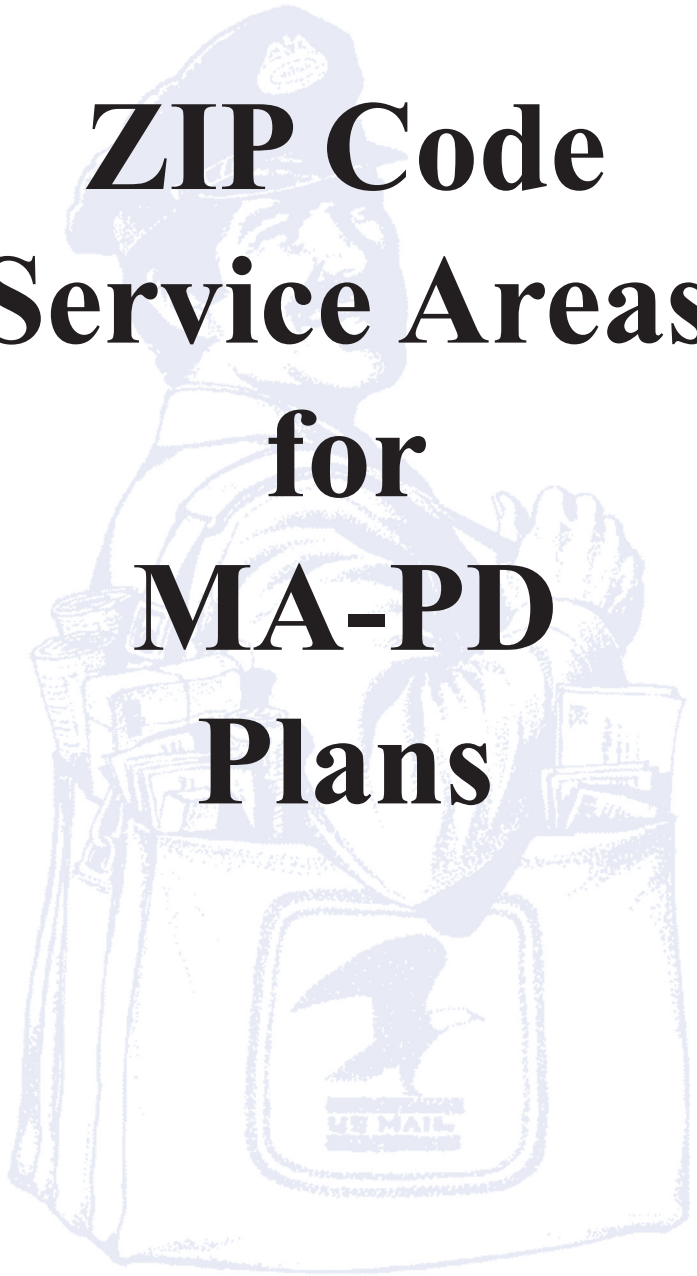
Services or Items	CommunityCare Senior Health	Generations Healthcare
Skilled Nurse Facility (Inpatient Services): Semiprivate room and regular nursing services	You pay $0 for days 1-100 of each benefit period in a skilled nursing facility. You must pay the inpatient hospital copay for each benefit period. No prior hospital stay is required; however, prior authorization is required.	No Copay
Physical, occupational, and speech therapy Drugs furnished by the facility Necessary medical equipment and supplies	You pay $20 for each Medicare-covered occupational, physical therapy, speech therapy, and language therapy visit. Prior authorization is required.	
Blood and its administration	You pay $0 for blood services.	
Inpatient radiology and pathology	You pay $0 for each Medicare-covered radiation therapy service.	
Use of appliances such as wheelchairs	You pay $0 to $50 or 20% for each Medicare-covered DME item. Prior authorization may be required.	
Allergy tests and treatment (serum)	Contact the plan for details.	$10 per visit for testing and treatment No copay for serum
Diagnostic tests and treatments	Contact the plan for details.	No copay
Physical, occupational, and speech therapy services	You pay $20 for each Medicare-covered occupational, physical therapy, speech therapy, and language therapy visit. Prior authorization is required.	No copay
Chiropractic: Limited to manual manipulation of the spine	You pay $20 for each Medicare-covered visit. Prior authorization is required.	$10 copay per visit
X-Ray Services	You pay $0 for each Medicare-covered x-ray visit. You pay $0 for each Medicare-covered screening mammography.	No copay

Services or Items	CommunityCare Senior Health	Generations Healthcare
Professional Services: Office visits including consultation, diagnosis, and treatment by a specialist	You pay $10 for each primary care doctor visit for Medicare-covered services. You pay $20 for each specialist visit for Medicare-covered services. Prior authorization is required for specialty care.	No copay for PCP visits $10 copay per specialist visit
Hearing Examinations	You pay $10 for each Medicare-covered hearing exam (diagnostic), and $10 for each routine hearing test per year. Prior authorization is required. Hearing aids are not a covered benefit.	$10 copay for each Medicare-covered hearing exam
Immunizations: Includes flu shots and all Medicare approved immunizations	You pay $0 for flu and pneumonia vaccines and no referral is necessary. Flu shots may be obtained once per year. $10 copay for Hepatitis B.	No copay
Physical Examinations	You pay $0 for each routine physical exam, up to 1 exam per year; however, you must still pay the $10 copay for the PCP office visit.	$0 copay per visit
Well Female Exams	You pay $0 for each Medicare-covered pap test and pelvic exam, up to 1 pap test and pelvic exam per year.	$0 copay per visit
Laboratory Services	With prior approval, you pay $0 for each Medicare-covered clinical/diagnostic lab service except: You pay $0 to $100 for each Medicare-covered clinical/diagnostic lab service. You pay $0 for each Medicare-covered radiation therapy service.	No copay
Part-Time or Intermittent Skilled Nursing Care: Aide in conjunction with skilled care	You pay $0 for Medicare-covered home health visits. Prior authorization is required.	No copay, covered 100%
Durable Medical Equipment	You pay $0 to $50 copay or 20% for each Medicare-covered item. Authorization rules may apply for these items.	20% coinsurance

Pharmacy Benefits for Medicare Advantage Prescription Drug Plans

Services or Items	CommunityCare Senior Health	Generations Healthcare
Prescriptions: Mandatory generic with formulary options **Quantity limits apply to certain drugs, also some drugs will require prior authorization** Pharmacy programs must meet the requirements for minimum benefits as required by the Medicare Modernization Act of 2003. (Part D Prescription Drug Plan)	This plan uses a formulary. You will be notified prior to the effective date of any changes to the formulary. **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 and non-Specialty generic and brand drugs **Mail order - 3-month 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 33% coinsurance for Specialty and non-Specialty drugs	**Retail - 1-month supply:** $5 copay for Formulary Generic $30 copay for Formulary Brand $50 copay for non-Preferred Brand 20% Co-insurance for Specialty Drugs **Retail - 3-month supply:** $10 copay for Formulary Generic $60 copay for Formulary Brand $100 copay for non-Preferred Brand 20% Co-insurance for Specialty Drugs Includes coverage in the Coverage Gap (Unlimited Coverage)

ZIP Code Service Areas for MA-PD Plans



MA-PD ZIP Code List

C = CommunityCare Senior Health Plan **G = Generations Healthcare**

73002	G	73064	G	73107	G	73139	G	73178	G
73003	G	73065	G	73108	G	73140	G	73179	G
73004	G	73066	G	73109	G	73141	G	73184	G
73007	G	73067	G	73110	G	73142	G	73185	G
73008	G	73068	G	73111	G	73143	G	73189	G
73010	G	73069	G	73112	G	73144	G	73190	G
73011	G	73070	G	73113	G	73145	G	73193	G
73013	G	73071	G	73114	G	73146	G	73194	G
73014	G	73072	G	73115	G	73147	G	73195	G
73018	G	73073	G	73116	G	73148	G	73196	G
73019	G	73078	G	73117	G	73149	G	73197	G
73020	G	73079	G	73118	G	73150	G	73198	G
73022	G	73080	G	73119	G	73151	G	73199	G
73023	G	73082	G	73120	G	73152	G	74001	G
73026	G	73083	G	73121	G	73153	G	74002	C G
73027	G	73084	G	73122	G	73154	G	74003	C
73028	G	73085	G	73123	G	73155	G	74005	C
73031	G	73089	G	73124	G	73156	G	74006	C
73034	G	73090	G	73125	G	73157	G	74008	C G
73036	G	73092	G	73126	G	73159	G	74010	C G
73044	G	73093	G	73127	G	73160	G	74011	C G
73045	G	73095	G	73128	G	73162	G	74012	C G
73049	G	73097	G	73129	G	73163	G	74013	C G
73050	G	73099	G	73130	G	73164	G	74014	C G
73051	G	73101	G	73131	G	73165	G	74015	C G
73054	G	73102	G	73132	G	73167	G	74016	C G
73056	G	73103	G	73134	G	73169	G	74017	C G
73058	G	73104	G	73135	G	73170	G	74018	C G
73059	G	73105	G	73136	G	73172	G	74019	C G
73063	G	73106	G	73137	G	73173	G	74021	C G

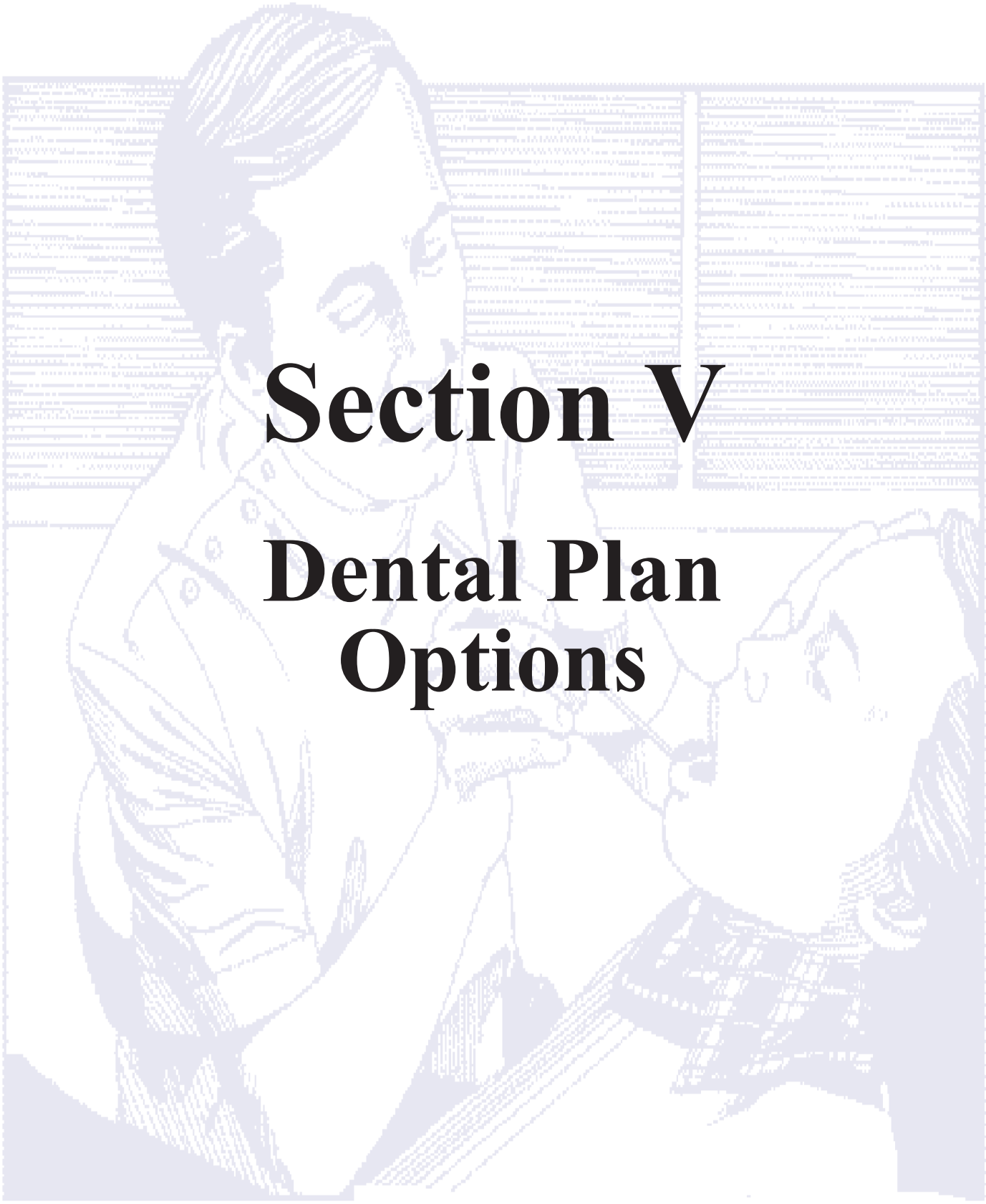
An MA-PD's coverage area may not include an entire ZIP Code if that ZIP Code extends into more than one county. If this is your situation, check with the MA-PD plan to verify you live in the coverage area.

MA-PD ZIP Code List

C = CommunityCare Senior Health Plan **G = Generations Healthcare**

74023	C	74068	C G	74130	C G	74187	C G	74652	G
74026	G	74070	C G	74131	C G	74189	C G	74801	G
74028	C G	74071	C G	74132	C G	74192	C G	74802	G
74029	C	74073	C G	74133	C G	74193	C G	74804	G
74030	C G	74079	C G	74134	C G	74194	C G	74818	G
74031	C G	74080	C G	74135	C G	74330	G	74824	G
74033	C G	74081	C	74136	C G	74332	C	74826	G
74035	C G	74084	C G	74137	C G	74337	C G	74830	G
74036	C G	74085	C	74141	C G	74340	G	74832	G
74037	C G	74101	C G	74145	C G	74349	G	74834	G
74038	C	74102	C G	74146	C G	74350	G	74837	G
74039	C G	74103	C G	74147	C G	74352	C G	74840	G
74041	C G	74104	C G	74148	C G	74361	C G	74849	G
74043	C G	74105	C G	74149	C G	74362	G	74851	G
74044	C G	74106	C G	74150	C G	74364	G	74852	G
74046	C G	74107	C G	74152	C G	74365	G	74854	G
74047	C G	74108	C G	74153	C G	74366	G	74855	G
74048	C	74110	C G	74155	C G	74367	G	74857	G
74050	C G	74112	C G	74156	C G	74403	C	74859	C
74051	C	74114	C G	74157	C G	74429	C G	74864	G
74052	C G	74115	C G	74158	C G	74434	C	74866	G
74053	C G	74116	C G	74159	C G	74436	C	74867	G
74054	C G	74117	C G	74169	C G	74446	C G	74868	G
74055	C G	74119	C G	74170	C G	74454	C G	74869	G
74056	G	74120	C G	74171	C G	74458	C G	74873	G
74060	C G	74121	C G	74172	C G	74466	C	74875	G
74061	C	74126	C G	74182	C G	74467	C G	74878	G
74063	C G	74127	C G	74183	C G	74477	C G	74881	G
74066	C G	74128	C G	74184	C G	74633	G	74884	G
74067	C G	74129	C G	74186	C G	74637	G		

An MA-PD's coverage area may not include an entire ZIP Code if that ZIP Code extends into more than one county. If this is your situation, check with the MA-PD plan to verify you live in the coverage area.



Section V

Dental Plan Options

Information on Dental Plans

There are seven dental plans available:

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

Preventive Care includes oral evaluations (exams), cleanings, and x-rays for adults and children, and fluoride treatments for children only.
Basic Care includes fillings, extractions, root canals, periodontal care, and oral surgery.
Major Care includes crowns, bridges, and dentures.
Orthodontic Care includes braces, appliances, and may also cover some adult conditions. Orthodontic benefits do not continue after coverage is terminated, whether or not the orthodontic treatment plan is complete.

- The coinsurance for HealthChoice Network orthodontia services is being changed to 50%.
- The $50 orthodontia deductible for HealthChoice Network services and the $150 orthodontia deductible for non-Network services is being removed.
- The $1,800 lifetime maximum for HealthChoice orthodontia benefits is being removed.
- The Prepaid plans (CIGNA, Assurant Heritage Secure, and Assurant Heritage Plus with SBA) require you to designate a Primary Care Dentist.
- All dental plans have limited coverage for non-participating provider expenses.
- Contact each dental plan for more detailed information. See the Help Lines pages at the back of this Guide.
- Each dental plan has a grievance process, benefits, limitations, or exclusions that apply.
- Verify your dental provider is on the dental plan by calling the toll-free numbers provided or check with each plan's website for the most up-to-date list.
- HealthChoice and Assurant Freedom Preferred have a 12-month waiting period for orthodontia services if there is no prior group dental coverage.

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

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

Comparison of Benefits For Dental Plans

	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Freedom Preferred
Annual Deductible	♦ Network: $25 Basic and Major ♦ Non-Network: $25 Preventive, Basic, and Major	♦ No deductibles or plan maximums ♦ $5 office copay applies	♦ $25 per person, per calendar year, waived for preventive services in-network
Preventive Care Allowed Charges apply	♦ Network: 100% ♦ Non-Network: 100% of Allowed Charges after deductible ♦ No charge for topical fluoride application (up to age 16)	♦ 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	100% of usual and customary with no deductible when in-network
Basic Care Allowed Charges apply	♦ Network: 85% ♦ Non-Network: 70% Deductible applies	♦ Amalgam: 1 surface, permanent teeth $20	♦ Network: 85% ♦ Non-Network: 70% Plan pays 85% of usual and customary when in-network, deductible applies
Major Care Allowed Charges apply	♦ Network: 60% ♦ Non-Network: 50% Deductible applies	♦ Root canal, anterior: $325 ♦ Periodontal/scaling/ root planing 1-3 teeth (per quadrant): $65	♦ Network: 60% ♦ Non-Network: 50% Plan pays 60% of usual and customary when in-network, deductible applies

Comparison of Benefits For Dental Plans

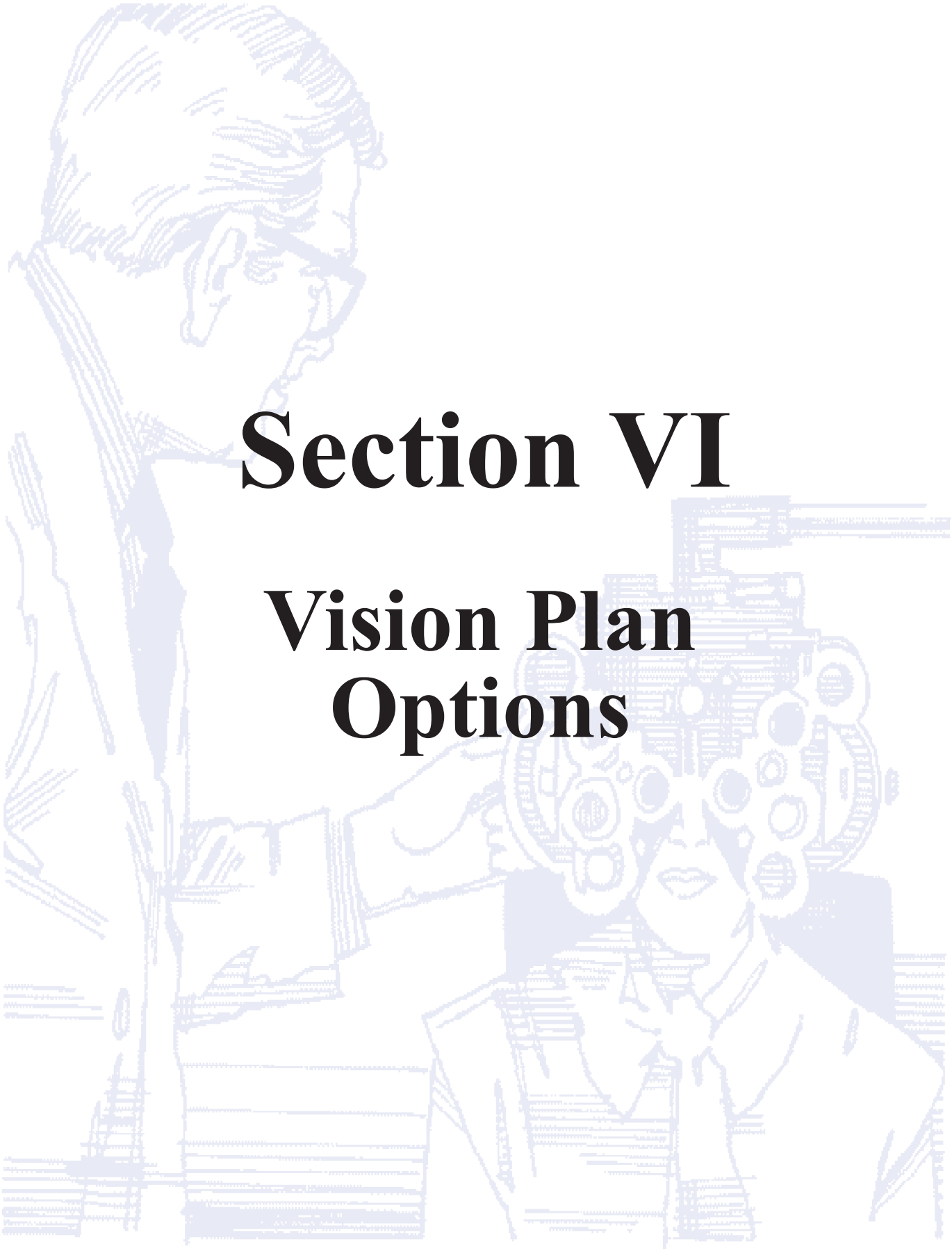
Assurant Prepaid Plans Heritage Plus with SBA and Heritage Secure	Delta Dental PPO – *"Point of Service"*		Delta's Choice – PPO
	PPO Network	Premier Network and Non-Network	PPO Network
♦ No deductibles	♦ $25 per person, per calendar year applies to Basic and Major Care only	♦ $100 per person, per calendar year applies to all care except Orthodontic Care (Level 4)	♦ $100 per person, per calendar year applies to Major Care (Level 4) only
♦ 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	♦ Plan pays 100% of allowable amounts	♦ Plan pays 100% of allowable amounts after deductible	Schedule of covered services and enrollee copays. Copay examples: ♦ Routine cleaning: $5 ♦ Periodic oral evaluations: $5 ♦ Topical fluoride application (up to age 19): $5
♦ Fillings ♦ Minor oral surgery Refer to the copayment schedule for each plan	♦ Plan pays 85% of allowable amounts after deductible	♦ Plan pays 70% of allowable amounts after deductible	Schedule of covered services and enrollee copays. Copay examples: ♦ Amalgam: 1 surface, permanent teeth $12
♦ Root canal ♦ Periodontal ♦ Crowns Refer to the copayment schedule for each plan	♦ Plan pays 60% of allowable amounts after deductible	♦ Plan pays 50% of allowable amounts after deductible	Schedule of covered services and enrollee copays. Copay examples: ♦ Crown: porcelain/ ceramic substrate $241 ♦ Complete denture: maxillary $320

Comparison of Benefits For Dental Plans

	HealthChoice Dental	CIGNA Dental Care Plan (Prepaid)	Assurant Freedom Preferred
Orthodontic Care Allowed Charges apply	♦ Network: 50% ♦ Non-Network: 50% ♦ 12 month waiting period ♦ No lifetime maximum for Network or non-Network	♦ $2,100 out-of-pocket for child through age 18 ♦ $2,900 out-of-pocket for adult 24 month treatment excludes orthodontic treatment plan and banding	♦ Network: 60% ♦ Non-Network: 50% Up to $1,800 lifetime maximum for members under age 19
Plan Year Maximum	♦ Network and non-Network $2,000	♦ No calendar year maximum	♦ $2,000
Filing Claims	♦ Network: No claims to file ♦ Non-Network: You file claims	♦ No claims to file	♦ Member/provider must file claims

Comparison of Benefits For Dental Plans

Assurant Prepaid Plans Heritage Plus with SBA and Heritage Secure	Delta Dental PPO – *"Point of Service"*		Delta's Choice – PPO
	PPO Network	Premier Network and Non-Network	PPO Network
♦ 25% discount ♦ Adults and Children	♦ Plan pays 60% of allowable amounts, up to lifetime maximum of $1,800	♦ Plan pays 60% of allowable amounts, up to lifetime maximum of $1,800	♦ You pay amounts in excess of $50 per month ♦ Lifetime maximum of $1,800
♦ No annual maximum for general dentist	♦ $2,000 per person, per calendar year	♦ $2,000 per person, per calendar year	♦ $2,000 per person, per calendar year
♦ No claims to file	♦ Claims are filed by participating dentists	♦ Claims are filed by participating dentists	♦ Claims are filed by participating dentists



Section VI

Vision Plan Options

Information On Vision Plans

There are five vision plans available:

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

- All plans have toll-free numbers for customer service. See the **Help Lines** pages at the back of this Guide
- All vision plans have limited coverage for services received from non-participating providers.
- Verify your vision provider is a member of the vision plan's network by calling the toll-free numbers provided, or check each plan's website for the most up-to-date list of providers.
- Check with each vision plan if you have benefit questions.

All individuals covered through OSEEGIB and their family members may enroll in vision coverage. If one dependent is covered, then all eligible dependents must be covered unless the dependent has other group vision coverage. Primary members and their eligible dependents must all enroll in the same plan.

IMPORTANT NOTICES:

- All vision plan benefits are based on a calendar year instead of a 12-month basis.
- CompBenefits VisionCare Plan's name has changed to Humana/CompBenefits VisionCare Plan. The new web address is www.compbenefits.com/custom/stateofoklahoma.
- Spectera Vision's name has changed to UnitedHealthcare Vision. The new web address is www.myhcvision.com.

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

Comparison of Benefits for Vision Plans

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

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

Comparison of Benefits for Vision Plans

Superior Vision Services		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 every calendar year	OD-$26 max MD-$34 max	$10 copay One exam every calendar year	Plan pays up to $40	$10 copay One exam every calendar year	$10 copay Plan pays up to $35
$25 copay One pair of lenses every calendar year	Plan pays up to: $26 single $39 bifocals $49 trifocals $78 lenticular	$25 copay One pair of lenses every calendar year	Plan pays up to: $40 single $60 bifocals $80 trifocals $80 lenticular	$25 copay* One set of lenses every calendar year Polycarbonate lenses covered in full for dependent children	$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 every calendar year	Plan pays up to $68	$25 copay One set of frames every calendar year	Plan pays up to $45	$25 copay* One frame per calendar year, $120 allowance. 20% off any out-of-pocket costs above the allowance	$25 copay* Plan pays up to $45
$0 copay Plan pays up to $120 Medically necessary contacts are covered in full (in lieu of glasses)	$0 copay Plan pays up to $100 For medically necessary contacts, Plan pays up to $210 (in lieu of glasses)	$25 copay covers fitting/evaluation fees, contacts (including disposables) and up to 2 follow-up visits (in lieu of glasses)	Plan pays up to $150 For medically necessary contacts, Plan pays up to $210 (in lieu of glasses)	$0 copay $120 allowance applied to the cost of your contact lens exam and the contact lenses. 15% discount on contact lens exam (in lieu of glasses)	$0 copay Plan pays up to $105 for disposable or conventional contact lenses (in lieu of glasses)
20% off retail price	No benefit	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) are provided at a reduced cost through VSP's contracted laser surgery centers	No benefit

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

Health Plans' Help Lines

HealthChoice
Medicare Supplement Plans

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	1-405-416-1525
TDD All Areas	1-800-941-2160
Website	www.sib.ok.gov or www.healthchoiceok.com

Pharmacy Claims/Pharmacy ID Cards

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

Precertification

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	1-405-949-2281
TDD All Areas	1-866-447-0436

Disability Plan

Oklahoma City Area	1-405-841-9686
All Areas	1-800-722-2567
TDD All Areas	1-800-863-5488

PacifiCare
Senior Supplement Plans

All Areas	1-800-851-3802
TDD All Areas	1-800-627-6038
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
Relay Service for the Hearing Impaired	1-800-722-0353
Website	www.ccok.com

Generations Healthcare by GlobalHealth

Oklahoma City Area	1-405-280-2990
All Other Areas	1-877-280-2990
TTY/TDD/Voice	1-800-522-8506
Website	www.generationshealthcare.cc

Dental Plans' Help Lines

Assurant, Inc. Dental

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

CIGNA Dental Care Plan (Prepaid)

All Areas	1-800-367-1037
Hearing Impaired Relay	1-405-948-3303
Website	www.cigna.com

Delta Dental

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

If you have questions about any of the plans being offered or their benefits, use the contact information on these two pages.

Vision Plans' Help Lines

Humana/CompBenefits

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

Primary Vision Care Services (PVCS)

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

Superior Vision Services

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

UnitedHealthcare Vision

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

Vision Service Plan (VSP)

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

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.

HealthChoice

Oklahoma State and Education
Employees Group Insurance Board
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Oklahoma City, OK 73112

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