

2012 OPERS Prescription Plan Guide

Participants in the OPERS health care plan will be enrolled in one of two available prescription plans based on their Medicare eligibility. Members of the same family can be enrolled in different prescription plans.

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OPERS Medicare Part D Prescription Plan

OPERS is pleased to partner with Express Scripts and offer our Medicare-eligible participants the OPERS Medicare Part D prescription plan.

Retail pharmacy program - Participants can receive up to a 31-day supply of medication, plus refills, as prescribed by a physician. Costs could vary based on your choice of pharmacy (in or out of network). Up to a 90-day supply of medication can be obtained from a Medicare-approved retail pharmacy for three times the one month retail copay.

Mail pharmacy program - Participants can receive up to a 90-day supply of medication, plus refills, as prescribed by a physician. To use the mail pharmacy, participants can place an order using the Express Scripts website, mail a prescription(s) and the correct copay to Express Scripts, or call 1-800-789-7416.

Specialty Medications - Specialty medications may be purchased through CuraScript (Express Scripts' specialty pharmacy) or a retail pharmacy and are limited to a 31-day supply subject to the appropriate retail co-insurance.

Low Income Subsidy - The Low Income Subsidy under the OPERS Medicare Part D Prescription plan provides financial assistance for retirees who meet annual guidelines for income and assets as established by the Social Security Administration (SSA), such as individuals with both Medicaid and Medicare. Those retirees who meet the SSA guidelines will automatically receive the subsidy. Those who qualify may receive help in the form of lower monthly premiums and lower cost-sharing for their prescription drugs under the OPERS Medicare Part D Prescription plan. If a retiree feels they may be eligible for the subsidy, they should call 1-800-MEDICARE for more information.

2012 OPERS Medicare Part D Prescription Plan	
Deductible (Calendar year)	\$50 annual deductible for brand medications (including OTC PPIs)
Generic	\$4 Retail copay \$10 Mail copay
Formulary Brand	25% Retail co-insurance (\$20 min/\$30 max) 25% Mail co-insurance (\$40 min/\$60 max)
Non-Formulary Brand	25% Retail co-insurance (\$55 min/\$70 max) 25% Mail co-insurance (\$137.50 min/\$175 max)
Annual Out-of-Pocket Maximum (100% coverage after \$4700 has been spent in copays/co-insurance)	\$4700 per participant
Diabetic medications	Generic or Formulary Brand - \$0 copay Non-formulary Brand - co-insurance as listed above
2012 Proton Pump Inhibitor (PPI) Coverage	
OTC - Prilosec, Omeprazole, Prevacid, Zegerid	\$15 Retail copay \$40 Mail copay
Generic - Omeprazole, Pantoprazole, Lansoprazole	\$15 Retail copay \$40 Mail copay
Nexium, Prevacid, Aciphex, Prilosec, Protonix, Zegerid, Kapidex	Participant pays full cost. Available only at a retail pharmacy.

Note: Express Scripts will always dispense a generic medication unless the prescription is marked with "Dispense as Written (DAW)". If retirees choose to purchase a brand name drug when there is an equivalent lower-cost generic available, they will be charged the non-formulary brand co-insurance.

"Retail" is a 31-day supply.
"Mail" is a 90-day supply.

For questions regarding the Express Scripts prescription drug plan for Medicare-eligible retirees, please call Express Scripts at 1-800-789-7416 or visit www.express-scripts.com.



OPERS Medicare Part D Prescription Plan

Low Income Subsidy - The Low Income Subsidy under the OPERS Medicare Part D plan provides financial assistance for retirees who meet annual guidelines for income and assets as established by the Social Security Administration (SSA), such as individuals with both Medicaid and Medicare. Those retirees who meet the SSA guidelines will automatically receive the subsidy. Those who qualify may receive help in the form of lower monthly premiums and lower cost-sharing for their prescription drugs under the OPERS Medicare Part D plan. If a retiree feels they may be eligible for the subsidy, they should call 1-800-MEDICARE for guideline information.

Medication Therapy Management - A service your OPERS plan offers free of charge as part of the OPERS Medicare Part D Plan. You may be invited to participate in a program designed for your specific health and pharmacy needs. Participants who meet Medication Therapy Management program criteria will be sent a letter explaining the program. It is recommended that you take full advantage of this covered service if you are selected.

The program provides you with a chance to have a one-on-one telephone conference about your medications with an Express Scripts registered pharmacist or licensed pharmacy intern to ensure your medications are appropriate, safe and effective. This program is designed to lower the risk of drug interactions and possible harmful side effects. If you have questions about the program, please call Express Scripts at **1-800-789-7416**.

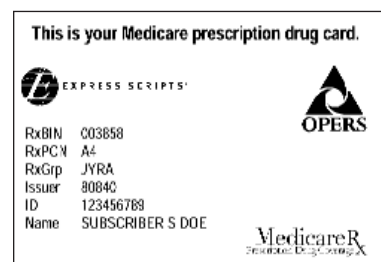
Explanation of Benefits (EOB) - A notice that provides information on how you have used your Medicare D prescription plan. The notice is mailed to you each month and includes information on your out-of-pocket costs and total drug costs and how much you have paid so far this year for your prescriptions and any updates to the drug list.

Becoming Medicare-eligible - If you turn 65 and become Medicare-eligible during the plan year, you will be automatically enrolled in the OPERS Medicare Part D Plan. You will receive a letter notifying you of this program

with the option of “opting out” if you choose not to participate. There are phone numbers included in the letter for you to obtain further details.

Your Prescription ID Card - Once enrolled, you will receive your OPERS Medicare D prescription ID card directly from Express Scripts. Each Medicare-eligible individual in a family will receive their own ID card to use at the pharmacy. A

Formulary Guide,
Pharmacy Directory (12 closest pharmacies on back of ID card),
Express Scripts Home Delivery Order form,
Evidence of Coverage,
HIPAA notification and Quick Reference Guide will also be included.



If you have misplaced or not received your ID card, please present the following information directly to your pharmacist in order to fill a prescription at a retail pharmacy.

Notice to Express Scripts Pharmacies

The 2012 OPERS Medicare Part D Prescription Drug Plan is administered by Express Scripts.

PHARMACY USE ONLY

(please follow the steps below to enter the claim)

Step 1 - Enter BIN#: 003858

Step 2 - Enter Processor Control: A4

Step 3 - Enter RX Group: JYRA

Step 4 - Enter the letter “D” and 10-digit member ID#

Step 5 - Enter birth date and gender of member

Need Assistance? Pharmacist, if you have questions while processing the claim, please call the Express Scripts Pharmacy Help Desk toll-free at 1-800-824-0898.

OPERS Non-Medicare Prescription Plan

Retail pharmacy program - Participants can receive up to a 30-day supply of medication, plus refills, as prescribed by their physician. In order to use the retail pharmacy network, they must present their prescription drug ID card and prescription(s) to the pharmacist.

Mail pharmacy program - Participants can receive up to a 90-day supply of medication, plus refills, as prescribed by a physician. To use the mail pharmacy, participants can place an order using the Express Scripts website, mail a prescription(s) and the correct copay to Express Scripts, or call 1-866-727-5873.

Specialty Medications - Specialty medications must be purchased through CuraScript (Express Scripts' specialty pharmacy). These medications are limited to a 30-day supply, subject to the appropriate retail co-insurance below. For more information, please contact CuraScript at 1-866-654-2174.

2012 Non-Medicare Prescription Plan		Enhanced	Intermediate (<i>Preferred Retail</i>)	Basic
Deductible (Calendar year) Including OTC PPIs		\$50 annual deductible for brand medications	\$50 annual deductible for brand medications	\$550 Non-Medicare \$50 Medicare (Brand and Generic)
Generic Copay (\$) Co-insurance (%)		\$4 Retail \$10 Mail	\$5 Retail \$12 Mail	35% \$6 Retail minimum \$15 Mail minimum
Formulary Brand Co-insurance (%)		30% Retail (\$30 min/\$60 max) 30% Mail (\$60 min/\$120 max)	30% Retail (\$30 min/\$60 max) 30% Mail (\$60 min/\$120 max)	35% \$75 Retail minimum \$187.50 Mail minimum
Non-Formulary Brand Co-insurance (%)		40% Retail (\$75 min/\$150 max) 40% Mail (\$187.50 min/\$375 max)	40% Retail (\$75 min/\$150 max) 40% Mail (\$187.50 min/\$375 max)	50% \$100 Retail minimum \$250 Mail minimum
Diabetic medications and testing supplies (for those participating in the Medical Mutual disease management program)		Generic or Formulary Brand - \$0 copay Non-formulary Brand - co-insurance as listed above	Generic or Formulary Brand - \$0 copay Non-formulary Brand - co-insurance as listed above	Generic or Formulary Brand - \$0 copay Non-formulary Brand - co-insurance as listed above
Annual Out-of-Pocket Maximum (100% coverage after \$4700 has been spent in copays/co-insurance)		\$4700 per participant	\$4700 per participant	None
2012 Proton Pump Inhibitor (PPI) Coverage (Medications treating acid-reflux and heartburn)				
OTC - Prilosec, Omeprazole, Prevacid, Zegerid Generic - Omeprazole, Pantoprazole and Lansoprazole		\$15 Retail copay \$40 Mail copay	\$15 Retail copay \$40 Mail copay	\$25 Retail copay \$50 Mail copay
Nexium, Prevacid, Aciphex, Prilosec, Protonix, Zegerid and Kapidex		Participant pays full cost - Available only at a retail pharmacy	Participant pays full cost - Available only at a retail pharmacy	Participant pays full cost - Available only at a retail pharmacy

"Retail" is a 30-day supply. "Mail" is a 90-day supply. Note: Express Scripts will always dispense a generic medication unless the prescription is marked with "Dispense as Written (DAW)". If retirees choose to purchase a brand name drug when there is an equivalent lower-cost generic available, they will be charged the non-formulary brand co-insurance (subject to plan deductible and copayment if applicable).

Intermediate Plan participants only - In 2012, to help control the costs of prescription medications, Intermediate Plan participants will need to use a *preferred* network of retail pharmacies in order to pay the lowest copay and co-insurance amounts. Charges for prescriptions filled at *preferred* pharmacies are indicated in the chart above. The cost will increase as follows if the prescription is filled at a non-preferred pharmacy: **Generic copay - \$7.50; Formulary brand - 35% co-insurance (\$35 min. and \$65 max.); Non-formulary brand - 45% co-insurance (\$80 min. and \$155 max.)**

To find out if a pharmacy is *preferred*, sign in to www.express-scripts.com and use the Find a Pharmacy feature or call the number on the back of your Express Scripts member ID card.

OPERS Non-Medicare Prescription Plan

Becoming Medicare-eligible - If you turn 65 and become Medicare-eligible during the plan year, you will be automatically enrolled in the OPERS Medicare Part D Plan. You will receive a letter notifying you of this program with the option of “opting out” if you choose not to participate. There are phone numbers included in the letter for you to obtain further details. Please note that the formulary for the OPERS Medicare Part D Plan is different than the formulary for the non-Medicare prescription plan.

Your Prescription ID card

Once enrolled you will receive a prescription ID card directly from Express Scripts. Please use this card when filling prescriptions at a retail pharmacy. A network pharmacy list, a Formulary Guide, standard claim form and a Home Delivery (mail order) form will be included.



In addition, each covered family member will need to have their own individual sign-on and password to access their prescription information on the Express Scripts website, www.express-scripts.com.

If you have misplaced or not received your ID card, please present the following information directly to your pharmacist in order to fill a prescription at a retail pharmacy.

Notice to Express Scripts Participating Pharmacies

The 2012 OPERS prescription drug plan is administered by Express Scripts.

PHARMACY USE ONLY

(please follow the steps below to enter the claim)

Step 1 Enter BIN#: 003858

Step 4 Enter 10-digit member ID#

Step 2 Enter Processor Control: A4

Step 5 Enter birth date and gender of member receiving medication

Step 3 Enter RX Group: A8XA

Need Assistance? Pharmacist, if you have questions while processing the claim, please call the Express Scripts Pharmacy Help Desk toll-free at 1-800-824-0898.

For Intermediate Plan participants - The Intermediate Plan administered by Medical Mutual will offer additional features in 2012. The new features are designed to support participants' efforts to improve their health and quality of life and also help OPERS to preserve health care funding by reducing future preventable costs. Please contact Express Scripts with any questions.

The following Express Scripts prescription plan features apply only to participants enrolled in the Intermediate Plan:

- Introduction of a *preferred* retail pharmacy network
- Zero dollar copays for generic medications used to treat common chronic conditions such as Congestive Heart Failure (CHF) and Coronary Artery Disease (CAD) filled at a preferred retail pharmacy or Express Scripts home delivery pharmacy.

All Express Scripts Participants

Home Delivery Program

Your prescription drug plan includes a Home Delivery (mail order) pharmacy program. The program offers a convenient way to receive up to a 90-day supply of medication at a reduced copay rather than using a retail pharmacy. When you purchase your prescriptions through the Express Scripts Home Delivery program, you pay a copayment at the time of purchase. You do not need to submit a claim form to Express Scripts. Your prescriptions will be delivered to you by mail approximately 10 to 14 business days after Express Scripts receives your order.

New Prescriptions – To order a new Home Delivery prescription, fill out a Home Delivery form online at www.express-scripts.com and submit a completed form by mail along with your new prescriptions. A Home Delivery form is included in the welcome packet from Express Scripts. For additional forms, please contact Express Scripts.

Note: The Home Delivery form is a self-mailer, which means you do not need a separate envelope to mail it.

Refills – To order refills from Express Scripts, call Express Scripts using the toll-free number for your prescription plan, visit www.express-scripts.com, or mail in the refill slip included with your prescription.

Payment Options – You can use a credit card, check card, check, money order or the *Bill Me Later* financing program to pay for your medication when you place your order.

Note: Your order could be delayed if you do not submit payment.

Notifications – Express Scripts will notify you when your Home Delivery order has been shipped. Notification options include an automated phone call or an e-mail message. If you do not want to be notified, please call Express Scripts to cancel these notifications.

Reducing your Prescription Costs

Use Generics and Formulary (Preferred) Brand-Name Drugs

Under your prescription drug plan, you will pay less for generics and Formulary brand-name drugs compared to non-Formulary brand-name drugs. Always talk to your doctor about using lower cost medications whenever possible. Generics and Formulary brand-name medications appear on the list of drugs recommended by your plan. They are chosen for their clinical effectiveness and value based on the professional advice of pharmacists and a group of independent doctors.

To Check the Formulary Status Of A Medication - consult the Formulary Guide specific to your prescription plan, available on the OPERS Web site, www.opers.org, and included in your Express Scripts Welcome Packet. Express Scripts will mail these packets at your retirement. You can also call Express Scripts or visit www.express-scripts.com.

Diabetic Supplies and Medications

Formulary diabetic supplies and medications used to treat diabetes are covered at 100 percent for Medicare-eligible participants in the Humana Medicare Advantage, Medical Mutual or Kaiser Permanente plans. Formulary diabetic supplies and medications used to treat diabetes will be covered at 100 percent for non-Medicare retirees if they participate in a diabetes Disease Management program through Medical Mutual.

All Express Scripts Participants

Prior Authorization Program

The Express Scripts Prior Authorization program ensures you get a drug that works for you and is covered by your plan. When your pharmacist informs you that your prescription requires “prior authorization”, it means more information is needed to determine if your plan covers the medication. Your doctor can provide this information. If it is determined that your plan does not cover the medication you were prescribed, ask your doctor if there is another covered medication that you can try. Or, if you wish to take the original prescription, you will be responsible for paying the full cost. For a complete list of drugs requiring prior authorization, please visit www.opers.org or review your plan documents.

Step Therapy Program

The Express Scripts Step Therapy program is all about value. For people who have certain medication needs - arthritis, high blood pressure, and high cholesterol, for example - Step Therapy means getting a tried-and-true medication that is proven safe and effective at the lowest possible cost.

Step 1 medications are recommended to you to take first. They are usually generics and you will pay the lowest co-payment for these drugs. **Step 2** medications are brand-name and are recommended only if a **Step 1** medication does not work for you. **Step 2** drugs will almost always be more expensive.

When your doctor prescribes a new medication, always ask if you can try a **Step 1** medication first. If the **Step 1** drug does not work for you, or if your doctor decides a **Step 2** medication would be better, he or she should contact Express Scripts to inquire about a prior authorization.

CuraScript Specialty Pharmacy

Non-Medicare participants must order specialty medications through CuraScript, Express Scripts’ specialty pharmacy. Medicare-eligible participants have the option of using CuraScript. Specialty medications are usually injectable or infused medications for specific conditions. They often require special storage and shipping, may not be readily available at your local pharmacy, have a 30-day supply limitation and are subject to applicable retail co-pays. For more information, please call CuraScript toll-free at **1-866-654-2174**.

NationsHealth

If you have Medicare B, you are eligible to order your Medicare B approved supplies and medications, including diabetic supplies, through NationsHealth, a Medicare B supply company that bills Medicare on your behalf. You could potentially receive these medications and supplies at no cost. For more information, please call NationsHealth at **1-800-586-1588**. If you are enrolled in the Humana Medicare Advantage Plan, please call **1-800-949-5309**.

Online Prescription Management

Express Scripts offers you the opportunity to create a secure, online account to manage your prescriptions. To establish an account, visit www.express-scripts.com, have your Express Scripts ID number available, click on ‘Activate your account’, and follow the on-screen prompts to complete your registration. Each covered family member will need to have their own individual sign-on and password.

By creating an online account, you can

- Get started using Home Delivery
- Order refills and track the status of your order
- Locate participating retail pharmacies
- Check the copayment for a medication

Important Contact Information

OPERS MEDICARE PART D PRESCRIPTION PLAN

Within the U.S.
1-800-789-7416 (toll free)
Every day, 24 hours a day

Outside the U.S.
1-925-820-7000
(ext. 37-8710)
Every day, 24 hours a day

www.express-scripts.com

TDD: **1-800-899-2114**

OPERS NON-MEDICARE PRESCRIPTION PLAN

Within the U.S.
1-866-727-5873 (toll free)
Every day, 24 hours a day

Outside the U.S.
1-925-820-7000
(ext. 37-8710)
Every day, 24 hours a day

www.express-scripts.com

TDD: **1-800-899-2114**

CURASCRIPT

1-866-654-2174 (toll free)
Weekdays, 8 a.m. – 9 p.m.
Saturday, 9 a.m. – 1 p.m.

www.curascript.com

NATIONSHEALTH

For Medicare-eligible
participants enrolled in Medical
Mutual:

1-800-586-1588 (toll free)
Weekdays, 8:30 a.m. – 11p.m.
Saturday, 8:30 a.m. – 6 p.m.

For participants enrolled in the
Humana Medicare Advantage
Plan:

1-800-949-5309 (toll free)

It is your responsibility to be certain that OPERS has your current address on file. If OPERS is not made aware of address changes, we cannot guarantee that you will receive important information pertaining to your OPERS account.

This booklet is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for the federal or state law, namely the Ohio Revised Code, the Ohio Administrative Code, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Ohio General Assembly, regulation of the Ohio Public Employees Retirement Board, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney.



Ohio Public Employees
Retirement System
277 East Town Street
Columbus, Ohio 43215-4642
www.opers.org