

# 2014 Plan Features

for participants in the OPERS health care plan

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# Humana Medicare Advantage Plan Features

<b>Deductible per calendar year</b>	
Single	\$250* (not included in out-of-pocket maximum)
<b>Out-of-pocket per calendar year</b>	
Single	\$850* (excluding deductible)
<b>Lifetime Maximum</b>	None
<b>Medical Services</b>	
<b>Outpatient Hospice</b>	100%, Covered by Medicare at a certified hospice agency
<b>Mental Health</b>	96%
<b>Substance Abuse</b> (including Alcohol)	96%
<b>Surgery</b>	96%
<b>Office Visit</b> (Primary Care Physician)	96%
<b>Office Visit</b> (Specialist)	92%
<b>Emergency Services</b>	
<b>Emergency Room</b>	\$50 copay (waived if admitted)
<b>Urgent Care</b>	\$50 copay
<b>Preventive**</b>	(must be billed as routine)
<b>Routine Physical Exam</b>	100%
<b>Annual PAP, Mammography, PSA</b>	100%
<b>Colorectal Cancer Screening</b> (for all participants age 50 and over)	100%
<b>Bone Density Testing</b>	100%
<b>Flu, Pneumonia, Hepatitis B vaccines</b>	100%
<b>Other Medical</b>	
<b>Diabetic testing supplies</b>	100%
<b>Diagnostic lab and x-ray</b>	96%, Lab/pathology 100%, X-ray
<b>Chiropractors</b> (for manual manipulation of the spine to the extent covered by Medicare)	96%
<b>Physical Therapy</b>	96%
<b>Ambulance</b>	96%
<b>Home Health Care</b>	100%
<b>Durable Medical Equipment</b>	96%
<b>Inpatient</b>	
<b>Inpatient Deductible</b>	None
<b>Semi-Private Room</b>	96%
<b>Pre-Admission Testing</b>	100%
<b>Skilled Nursing Facility</b>	100%
<b>Hospice</b> (Respite Care)	95%, Covered by Medicare at a certified hospice agency

\*Annual out-of-pocket maximum equals \$1100 (\$250 deductible plus \$850 out-of-pocket maximum per year).

\*\*This is just a representative list of the preventive services covered. All charges subject to medical necessity.

After a participant meets the annual deductible and the out-of-pocket maximum in a calendar year, all medically necessary services are covered at 100%. Plan Features are general descriptions of coverage. For details, refer to your Plan documents or call your Plan administrator. Prescription drug coverage information for Medicare eligible retirees is listed on pages 3 -4.



## OPERS Medicare Part D Prescription Plan

OPERS is partnered with Express Scripts and offers our Medicare eligible participants the OPERS Medicare Part D prescription plan, also known as **Express Scripts Medicare™** (PDP) for Ohio Public Employees Retirement System (OPERS).

**Retail pharmacy program** - Participants can receive up to a 31-day supply of medication, plus refills, as prescribed by a physician. 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. Costs could vary based on your choice of pharmacy (in or out-of-network).

**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, by mailing a prescription(s) and the correct copay to Express Scripts, or by calling 1-800-789-7416. TTY users should call 1-800-716-3231.

**Specialty Medications** - Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications may be purchased through Accredo (formerly CuraScript), Express Scripts' specialty pharmacy or at some retail pharmacies and are limited to a 31-day supply. Specialty medications largely fall into the formulary brand category, but could also be a generic or a non-formulary brand. These medications are subject to the appropriate retail copay or co-insurance as listed at right.



**OPERS recommends using generic medications whenever possible. Generic medications are the most economical choice for plan participants and OPERS.**

*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.*



Website: [www.Express-Scripts.com](http://www.Express-Scripts.com)

Phone: 1-800-789-7416

Other available publications on [www.opers.org](http://www.opers.org):

Medicare (PDP) Formulary

Evidence of Coverage

Prior Authorization list

Step Therapy list



## OPERS Medicare Part D Prescription Plan

### 2014 OPERS Medicare Part D Prescription Plan

<b>Brand Deductible</b> (Calendar year)	\$50 annual deductible for brand medications
<b>Generic</b> (Tier 1)	\$4 Retail copay \$10 Mail copay
<b>Formulary Brand</b> (Tier 2)	30% Retail co-insurance (\$20 min/\$30 max) 30% Mail co-insurance (\$50 min/\$75 max)
<b>Non-Formulary Brand</b> (Tier 3)	40% Retail co-insurance (\$55 min/\$70 max) 40% Mail co-insurance (\$137.50 min/\$175 max)
<b>Annual Out-of-Pocket Maximum</b> (100% coverage after you have paid \$4,550 in copays/co-insurance)	\$4,550 per participant
<b>Diabetic medications*</b>	\$0 copay for generic or formulary brand Co-insurance as listed above for non-formulary

### 2014 Proton Pump Inhibitor (PPI) Coverage

<b>OTC</b> Prilosec, Omeprazole, Prevacid, Zegerid	25% Retail co-insurance (\$15 min) 25% Mail co-insurance
<b>Generic</b> Omeprazole, Pantoprazole and Lansoprazole	(\$40 min)
<b>Nexium, Prevacid, Aciphex, Prilosec, Protonix, Zegerid and Kapidex</b>	50% Retail co-insurance

\*Retail\* is up to a 31-day supply at a retail pharmacy.

\*Mail\* is up to a 90-day supply via Home Delivery.

\*Most diabetic testing supplies will be covered at 100% under Medicare Part B. Medicare plans are subject to change based on the Centers for Medicare and Medicaid (CMS) guidelines.

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

#### PHARMACY USE ONLY

(please follow the steps below to enter the claim)

- 1 - Enter BIN#: 003858
- 2 - Enter Processor Control: A4
- 3 - Enter RX Group: JYRA
- 4 - Enter the letter "D" and 10-digit member ID#
- 5 - Enter birth date and gender of member

**Need Assistance?** Please call the Express Scripts Pharmacy Help Desk toll-free at 1-800-824-0898.



# Non-Medicare OPERS Retiree Health Plan

All limits and maximums are per covered individual

UCR	In Network	Out of Network	Out-of-Area/Medicare Primary
Usual and Customary Rate - UCR limits generally apply to any service provided out-of-network.			
Deductible per calendar year	\$850	\$1,500	\$850 Out-of-area \$250 Medicare
Out-of-Pocket limit per calendar year	\$2,500	\$4,500	\$2,500 Out-of-area \$850 Medicare
Lifetime Maximum	Unlimited	Unlimited	Unlimited
<b>Medical Services</b>			
Outpatient Hospice	80%	60%	80%
Mental Health	80%	60%	80%
Substance Abuse (including alcohol)	80%	60%	80%
Surgery	80%	60%	80%
Office Visit - Primary Care Physician	\$20 copay	60%	80%
Office Visit - <i>Specialist</i>	\$35 copay	60%	80%
Office Visit - <i>PCMH</i>	\$10 copay	60%	80%
Office Visit - <i>Chronic Condition</i> <sup>1</sup>	\$10 copay PCP \$20 Specialist	60%	80%
<b>Emergency Services</b>			
Emergency Room	\$150* copay (emergency) \$250 copay (non-emergency) 100% facility 80% all other charges	\$150* copay (emergency) \$250 copay (non-emergency) 100% facility 80% all other charges	\$150* copay (emergency) \$250 copay (non-emergency) 100% facility 80% all other charges
Urgent Care	\$45 copay	60%	80%
<b>Preventive services</b>			
Annual routine physical	100%**	60%**	100%**
Annual PAP, Mammography, PSA	100%**	60%***	100%
EKG, Cholesterol, Blood Sugar, Lipid, Colonoscopy, Sigmoidoscopy, Bone Density Testing	100%**	60%***	100%
Flu and Pneumonia Vaccines	100%**	60%***	100%

All services are subject to medical necessity.

After a participant meets the annual deductible and the out-of-pocket limit in a calendar year, all medically necessary services are covered at 100%.

\*Waived if admitted

\*\*Not subject to co-insurance or deductible

\*\*\*Subject to annual deductible

Medicare-eligible participants are not subject to any difference in coverage based on network providers. The OPERS Retiree Health Plan pays secondary to Medicare and follows their schedule for allowable charges.

Plan Features are general descriptions of coverage.

For details, refer to your Plan documents or call your plan administrator.

Prescription drug coverage information for non-Medicare retirees is listed on page 11.

<sup>1</sup> Chronic conditions qualifying for reduced office visit copay include diabetes, congestive heart failure, heart disease, high blood pressure, high cholesterol, chronic obstructive pulmonary disease, depression and asthma.



## Non-Medicare OPERS Retiree Health Plan

All limits and maximums are per covered individual

UCR	In Network	Out of Network	Out-of-Area/Medicare Primary
Usual and Customary Rate - UCR limits generally apply to any service provided out-of-network.			
<b>Other Medical</b>			
Lab and Diagnostic	80%	60%	80%
Chiropractors (10 visit limit)	80%	60%	80%
Physical Therapy	80%	60%	80%
Ambulance	80%	80%	80%
Home Health Care	100 visits 100% then 80%	70%	100 visits 100% then 80%
Durable Medical Equipment	80%	60%	80%
All Other	80%	60%	80%
<b>Inpatient</b>			
Inpatient Deductible (per admission)	\$150	\$250	\$150
Semi-Private Room	80%	70%	80%
Pre-Admission Testing	80%	70%	80%
Skilled Nursing Facility	100%	70%	100%
Hospice	100%	70%	100%

All services are subject to medical necessity.

After a participant meets the annual deductible and the out-of-pocket limit in a calendar year, all medically necessary services are covered at 100%.

\*Waived if admitted

\*\*Not subject to co-insurance or deductible

\*\*\*Subject to annual deductible

Medicare-eligible participants are not subject to any difference in coverage based on network providers. The OPERS Retiree Health Plan pays secondary to Medicare and follows their schedule for allowable charges.

Plan Features are general descriptions of coverage. For details, refer to your Plan documents or call your plan administrator.

Prescription drug coverage information for non-Medicare retirees is listed on page 11.





## Non-Medicare Prescription Drug Plan administered by Express Scripts

**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.

**Preferred retail pharmacy program** - Participants are required to use a *preferred* network of retail pharmacies in order to pay the lowest copay and co-insurance amounts. To find out if a pharmacy is *preferred*, call the number on the back of your Express Scripts ID card.

**Home Delivery program** - Participants can receive up to a 90-day supply of medication, plus refills, as prescribed by a physician. To use the Home Delivery pharmacy, participants can place an order using the Express Scripts website, by mailing the prescription(s) and the correct copay to Express Scripts, or by calling 1-866-727-5873. TTY users should call 1-800-716-3231.

**Specialty Medications** - Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications may be purchased through Accredo (formerly CuraScript), Express Scripts' specialty pharmacy or at some retail pharmacies and are limited to a 31-day supply. Specialty medications largely fall into the formulary brand category, but could also be a generic or a non-formulary brand. These medications are subject to the appropriate retail copay or co-insurance as listed on page 12.



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Website: [www.Express-Scripts.com](http://www.Express-Scripts.com)

Phone: 1-866-727-5873

Other available publications on [www.opers.org](http://www.opers.org)

*Non-Medicare formulary*

*Service Plan Description (SPD)*

*Prior Authorization list*

*Step Therapy list*

*Value-Based Medication List*





# Non-Medicare Prescription Drug Plan

2014 Non-Medicare Prescription Plan	Retail Preferred Network Home Delivery	Retail Non-Preferred Network
<b>Brand Deductible</b> (Calendar year) Including OTC PPIs	\$50 annual deductible for brand medications	\$50 annual deductible for brand medications
<b>Generic</b>	\$4 Retail copay \$10 Home Delivery	\$7 copay
<b>Formulary Brand</b>	30% Retail co-insurance (\$30 min/\$60 max) 30% Home Delivery co-insurance (\$75 min/\$150 max)	35% co-insurance (\$35 min/\$65 max)
<b>Non-Formulary Brand</b>	40% Retail co-insurance (\$75 min/\$150 max) 40% Home Delivery co-insurance (\$187.50 min/\$375 max)	45% co-insurance (\$80 min/\$155 max)
<b>Diabetic medications and testing supplies for those participating in a Disease Management (DM) program.</b> Standard co-insurance applies for those not participating in a DM program.	Generic or Formulary Brand = \$0 copay Non-formulary Brand - co-insurance as listed above	Generic or All Brand = copay or co-insurance as listed above
<b>Annual Out-of-Pocket Maximum</b> (100% coverage after you have spent \$4,550 in copays/co-insurance)	\$4,550 per participant	\$4,550 per participant
<b>Value-Based coverage</b> Medications treating certain chronic conditions*	Generic (Retail or Home Delivery) = \$0 copay All Brand = co-insurance as listed above	Generic or All Brand = copay or co-insurance as listed above

## 2014 Proton Pump Inhibitor (PPI) Coverage (Medications treating acid-reflux and heartburn)

<b>OTC</b> - Prilosec, Omeprazole, Prevacid, Zegerid	50% Retail co-insurance (\$15 minimum)	60% Retail co-insurance (\$15 minimum)
<b>Generic</b> - Omeprazole, Pantoprazole and Lansoprazole	50% Home Delivery co-insurance (\$40 minimum)	
<b>Nexium, Prevacid, Aciphex, Prilosec, Protonix, Zegerid and Kapidex</b>	Participant pays full cost - Available only at a retail pharmacy	Participant pays full cost - Available only at a retail pharmacy

\*Participants will have \$0 copays for generic medications treating certain chronic conditions under Value-Based coverage. Please see page [www.opers.org](http://www.opers.org) for details.

"Retail" is a 30-day supply. "Mail" is a 90-day supply.

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 copayment (subject to plan deductible and copayment if applicable).

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**PHARMACY USE ONLY** (please follow the steps below to enter the claim)

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- 3 - Enter RX Group: JYRA
- 4 - Enter the letter "D" and 10-digit member ID#
- 5 - Enter birth date and gender of member

**Need Assistance?** Please call the Express Scripts Pharmacy Help Desk toll-free at 1-800-824-0898.



## Coverage of preventive services

The following preventive tests and services, as recommended by the U.S. Preventive Task Force (USPSTF), are covered at 100 percent and are not subject to the plan deductible with Humana or Medical Mutual as long as the provider bills these services as either routine or preventive. If these services listed below are billed with a medical diagnosis, they will be subject to applicable plan deductibles and coinsurance.

Some services may be excluded from coverage due to certain gender or age restrictions. Please read your Humana Evidence of Coverage or Medical Mutual Medical Plan Description for more detail and for a complete list of all covered preventive services.

Preventive Service	Humana	Medical Mutual
<b>Routine Physical</b>	Covered once per calendar year	Covered once per calendar year and subject to \$150 maximum
<b>Cholesterol, blood sugar and lipid screening</b>	Covered once per calendar year	Covered once per calendar year
<b>Diabetes screening</b>	Covered once per calendar year	Covered once per calendar year
<b>Flu vaccine</b>	Covered once per calendar year	Covered once per calendar year
<b>Pneumonia vaccine</b>	Covered once per calendar year	Covered once per calendar year
<b>Shingles vaccine</b>	See Evidence of Coverage for more coverage details	See Medical Plan Description for more coverage details
<b>PAP test</b>	Covered once per calendar year	Covered once per calendar year
<b>Mammogram</b>	Covered once per calendar year	Covered once per calendar year
<b>PSA test</b>	Covered once per calendar year	Covered once per calendar year
<b>EKG</b>	Covered once per calendar year	Covered once per calendar year
<b>Colonoscopy</b>	One "routine" test every 10 years	Covered once per calendar year
<b>Sigmoidoscopy</b>	One "routine" test every 5 years	Covered once per calendar year
<b>Bone density test</b>	Covered once per calendar year	Covered once per calendar year
<b>Abdominal aortic aneurysm screening</b>	Covered once per calendar year	Covered once per calendar year
<b>Colorectal cancer screening</b>	Covered once per calendar year	Covered once per calendar year
<b>Cervical cancer screening</b>	Covered once per calendar year	Covered once per calendar year
<b>Breast and ovarian cancer genetic testing</b>	Covered once per calendar year	Not covered

*These services must be billed as routine or preventive to receive the coverage indicated above.*

*Medical Mutual participants: You must use an in-network provider to receive the coverage indicated above and usual and customary rate limits may apply.*



## OPERS Wellness and Incentives Programs

Retirees and their covered spouses can each earn up to a \$100 deposit into a Retiree Medical Account (RMA) by participating in the OPERS personal health management program. This money can be used to reimburse retirees for out-of-pocket medical costs. Retirees are eligible to earn \$50 for each of the following activities (up to a maximum of \$100 every 12 months):

- Complete a Health Assessment online
- Undergo an annual physical exam
- Complete a Wellness Program
- Successfully participate in a Disease Management Program

Programs vary for those retirees participating in the Humana Medicare Advantage Plan and those participating in the OPERS Retiree Health Plan administered by Medical Mutual. **Please call or visit your plan administrator’s website for more information, instructions for enrollment and specific completion criteria.**

### Wellness Programs

**Humana**  
(1-877-567-6450, [www.humana.com/opers](http://www.humana.com/opers))  
wellness programs include:

- Smoking Cessation
- Weight Management
- Stress
- Nutrition
- Back Care

**Medical Mutual**  
(1-877-520-6728, [www.medmutual.com](http://www.medmutual.com))  
Lifestyle coaching programs are six-month programs addressing all lifestyle risks including:

- Tobacco Use Cessation
- Weight Loss & Management
- Exercise
- Nutrition
- Stress

**Disease Management Programs** - participating in a disease management program will help you manage your care for chronic and sometimes life-threatening conditions.

### Humana Disease Management Programs

- Diabetes
- Coronary Artery Disease
- COPD - Chronic Obstructive Pulmonary Disease
- CHF - Congestive Heart Failure
- ESRD - End Stage Renal Disease
- Rare Diseases (For example: Parkinson’s, ALS)

### Medical Mutual Disease Management Programs

- Diabetes
- Coronary Artery Disease
- COPD - Chronic Obstructive Pulmonary Disease
- CHF - Congestive Heart Failure

**Diabetes medications:** Retirees and eligible dependents with diabetes participating in the Medical Mutual Disease Management Program can receive 100 percent coverage for generic and formulary brand diabetes medications and testing supplies.



### Questions?

Questions regarding the wellness and disease management programs and their requirements should be directed to your medical plan administrator (Humana or Medical Mutual).

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

*This publication is written in plain language to describe health care coverage under 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. OPERS is not required to provide health care coverage to retirees or their dependents and will only do so at the discretion of the Board of Trustees.*



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