

Member's Guide to  
**Health Care Coverage for 2011**



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This publication summarizes the most important provisions of the governing law, administrative rules and governing agreements between OP&F and UHC related to the OP&F-sponsored health care plan. This summary cannot sufficiently represent all of the details applicable to this guide. Nothing contained in this summary is meant to interpret, extend or change, in any way, the governing statute, administrative rules and governing documents. As a result, your rights can only be determined by the provisions of the plan's governing documents, which are subject to change. For a more detailed summary of medical and prescription coverage, you may wish to obtain a copy of the Medical Plan Description (MPD) from UnitedHealthcare.

If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors or hospitals, and it may be impossible to comply with both plans at the same time. Read all of the rules carefully, including the "coordination of benefits" section on page 24, and compare them with the rules of any other plan that covers you or your family.

# Ohio Police & Fire Pension Fund

140 East Town Street / Columbus, Ohio 43215-5164 / Tel. (614) 228-2975 / www.op-f.org

Dear OP&F Member,

Over the past several years, health care coverage has become a passionate subject in our society, in no small part because the availability of dependable health care can affect our quality of life and provide peace of mind.

At the Ohio Police & Fire Pension Fund, our primary concern is the well being of our members. For this reason we continue to sponsor a health care plan for eligible benefit recipients and their dependents.

Adoption of the current plan came as a result of a vote by the OP&F Board of Trustees to reaffirm our commitment to provide current and future retirees with a quality health care option. The Board also recognized the importance of developing a plan that would ensure availability of some form of health care subsidy. We fully realize that a comprehensive health care plan is costly – both to those who are enrolled and to OP&F. However, each trustee recognizes the importance of maintaining a health care plan for our members.

For 2011, OP&F will continue to partner with UnitedHealthcare to deliver health care coverage to OP&F eligible benefit recipients and their dependents. This guide is designed to answer many of your questions about the plan's coverage, costs and other details.

Sincerely, the OP&F Board of Trustees:

Edward Montgomery, Chair  
Columbus Police

Robert Baker  
Governor's Appointee

Kathy Harrell  
Cincinnati Police

Lawrence G. Petrick, Jr.  
Shaker Heights Fire

William Deighton  
Cleveland Fire (retired)

William Gallagher  
Cleveland Police (retired)

David Heller  
General Assembly's Appointee

David Witner  
Cuyahoga Falls Fire

# Overview of the OP&F-sponsored health care plan

For the 2011 plan year, the Ohio Police & Fire Pension Fund (OP&F) will offer medical, prescription drug, dental, vision, and long term care coverage in accordance with the Benefit Funding Policy and the OP&F Health Care Plan (only medical and Rx are subsidized).

The OP&F plan is being offered from one provider, United Healthcare (UHC). The subsidized plans include a medical plan for the under 65 population and a Medicare Supplement plan for those eligible retirees over 65, both offered with the option of a prescription drug plan.

On March 23, 2010, the Patient Protection and Affordable Care Act (The Health Care Reform Act) was signed into law. Although Health Care Reform has garnered considerable interest, there are only a few regulations that will impact the OP&F Plan in 2011, as many of the new benefits required to be part of the plans were already incorporated into the OP&F plan.

Effective January 1, 2011, the following changes will occur to the OP&F Plan:

1. Dependent coverage to age 28 (age 26 whether married or not, and up to age 28, for only unmarried dependents).
2. Elimination of Lifetime Maximums (previously \$2.5 million).

The Medicare Improvements for Patients and Providers Act (MIPPA) required Medicare Supplement plans to be "modernized" as of June 1, 2010 and offer new plans. OP&F encourages our Medicare Supplement participants enrolled prior to June 1, 2010 to contact United Healthcare's AARP division and determine if you may be eligible for a lower rate by switching to one of the new modernized plans.

Beginning January 1, 2011, the OP&F plan for eligible UnitedHealthcare retirees will begin a diabetes management program with cost incentives to participants who remain compliant with the program.

# Annual Change Period

During the Annual Change Period, in the Fall, you and your family members will have the opportunity to participate in the health care plan sponsored by OP&F provided that eligibility requirements are met and you file the required paperwork by October 31st. This Member's Guide to Health Care Coverage provides more details about the OP&F-sponsored health benefit plan and directs you to sources for more information.

If you have any questions regarding the Annual Change Period, please contact UnitedHealthcare Customer Service at 888-832-0964, 8 a.m. to 5 p.m. Eastern Standard Time, Monday through Friday.

## Annual Change Period Form

UnitedHealthcare sends the enclosed, preprinted ACPF to every benefit recipient each year. You should use the form to verify or change your current enrollment and make sure that any preprinted information is accurate, such as your address, telephone number, Social Security number and birth date.

You need to return the ACPF if you:

- Are eligible for Medicare Parts A or B and are enrolling in Medicare Part D
- Make changes to any personal information preprinted on this form (such as change your Medicare Part B reimbursement, receive benefits from another Ohio retirement system, etc.)
- Waive any coverage type for yourself or your dependents (limited re-enrollment opportunities)
- Enroll or waive voluntary dental or vision coverage for yourself or your dependents
- Apply for the Health Care and Prescription Drug Discount Program
- If you or your spouse are newly employed, retired or have terminated employment

## ID cards

Unless you are making a change to your current enrollment, you will not be receiving new ID cards.

If you have questions, you may call Customer Service at 888-832-0964.

## Deadline to return your ACPF

The deadline to return your ACPF is October 31, 2010. If you make changes or corrections to the ACPF, you must mail the entire form to UnitedHealthcare in the enclosed envelope to ensure your changes or corrections are accurately recorded. Please do not cut or tear the form.

## Dependent Child Special Open Enrollment Period

During the 2011 Annual Change Period the Plan will provide at least a 30 day dependent child special open enrollment period for dependent children who have not yet reached the limiting age. The effective date for this coverage is January 1, 2011. Coverage begins as described under dependent eligibility on Page 6, if eligibility receives your properly completed Dependent Application. The required contribution will be deducted from your monthly pension benefit.

## New Diabetes Program

For 2011, there will be a new diabetes management program offered to our UnitedHealthcare enrollees. To enroll in the program, participants must have the required screenings and health assessments. In order to benefit from the incentives of the program, members must stay compliant with the plan's requirements. There are also specific enrollment periods for this 12 month plan. Please contact UHC for additional information.

# Annual Change Period Seminars

UnitedHealthcare has scheduled a series of informational presentations across Ohio to help retirees and survivors make informed decisions about the OP&F-sponsored health care plan. Presentations will start at the beginning of each session for approximately one hour, followed by a one hour question-and-answer session. Representatives from UnitedHealthcare will be available to answer questions at each open house. Parking is free.

Free health screenings will be provided at each informational presentation. These screenings will be mandatory for enrollment in the new Diabetes Program offered January 1, 2011 to all UnitedHealthcare enrolled members and dependents. A representative will be available to provide blood pressure and glucose level screenings.

## October 12, 2010

Toledo, Ohio  
10 a.m. & 1 p.m. Sessions  
Hilton Toledo  
3100 Glendale Avenue  
Toledo, OH 43614

## October 13, 2010

Cleveland (West), OH  
10 a.m. & 1 p.m. Sessions  
Holiday Inn Strongsville  
15471 Royalton Road  
Strongsville, OH 44136

## October 14, 2010

Canton, Ohio  
10 a.m. & 1 p.m. Sessions  
Courtyard Marriott  
4375 Metro Circle NW  
Canton, OH 44720

## October 19, 2010

Cincinnati, OH  
10 a.m. & 1 p.m. Sessions  
Oasis Conference Center  
(Cincinnati Area)  
902 Loveland-Miamiville Road  
Loveland, OH 45140

## October 20, 2010

Dayton, Ohio  
10 a.m. & 1 p.m. Sessions  
Hilton Garden Inn  
Dayton / Beavercreek  
3520 Pentagon Park Blvd  
Beavercreek, OH 45431

## October 21, 2010

Columbus, Ohio  
10 a.m. & 1 p.m. Sessions  
Courtyard Columbus West  
2350 Westbelt Drive  
Columbus, OH 43228

## Teleconference call

We will be hosting two teleconference calls on:

**October 15th, 10:00-11:30 a.m. EST** Dial in: (800) 260-0702  
Participant Access Code: 163277

**October 22nd, 3:00-4:30 p.m. EST** Dial in: (800) 260-0702  
Participant Access Code: 163277

Call and reference the **Ohio Police & Fire ACP Call**.

**The Annual Change Period presentation will be recorded and posted on the Ohio Police & Fire Pension Fund website at [www.op-f.org](http://www.op-f.org).**

# Who is eligible for coverage?



## Eligibility guidelines for the OP&F-sponsored health care coverage

Retirees, survivors who are receiving the statutory survivor benefit, and dependents, may qualify to participate in the OP&F-sponsored health care coverage if they are determined to be eligible according to the terms of the health care plan. The limited enrollment opportunities for the OP&F-sponsored health care coverage can be found on page 10 of this guide.

## Benefit recipient eligibility guidelines

Generally, a benefit recipient is defined as an OP&F member who is receiving a service retirement or disability benefit, a surviving spouse, a surviving child/orphan, or dependent parent who is receiving statutory survivor benefits from OP&F.

### Retiree

An OP&F member who is receiving a service retirement or disability benefit from OP&F is eligible to participate in health care and or prescription drug coverage on the effective date of their retirement or the first day of the month following their effective date of retirement upon their election. The required paperwork must be filed with UnitedHealthcare within 60 days of receiving your first benefit payment.

### Surviving spouse

Upon the effective date of the statutory survivor benefits, a surviving spouse who receives a statutory survivor pension from OP&F is eligible to participate in the OP&F-sponsored health care plan as long as they are not participating or waived health care coverage through another Ohio retirement system or were legally separated from an OP&F member on or after January 1, 2004. Health care coverage for an eligible surviving spouse continues without interruption provided that the *Survivor Health Care Eligibility and Enrollment Form* is returned to UnitedHealthcare within 90 days.

A surviving spouse who remarries may still participate in the OP&F-sponsored health care coverage as long as he or she is not participating or waived health care coverage provided through another Ohio retirement system. However, the new spouse and any child born to the surviving spouse after the OP&F member's death are not eligible for coverage, unless the OP&F member is the child's parent.

### Surviving child/orphan

A child who is eligible and is receiving a statutory survivor benefit from OP&F is eligible for the OP&F-sponsored health care coverage. Children may be covered on their own or under the surviving spouse as a dependent.

## Dependent eligibility guidelines

### Spouse

A spouse who is not eligible for (or who has irrevocably waived another system's coverage) health care coverage through another Ohio retirement system is eligible as a dependent under the OP&F-sponsored health care coverage, but a spouse who is legally separated on or after January 1, 2004 is not an eligible dependent.

### Child

A dependent child is eligible to participate if he or she meets the following criteria:

- The benefit recipient must be the child's natural parent or have legally adopted the child in order for the child to be eligible for the OP&F-sponsored health care coverage (the legal adoption provision does not apply to children added to coverage prior to January 1, 2004).
- A stepchild who has not been legally adopted by the member can be added if the member certifies, in a form acceptable with UnitedHealthcare, that coverage is not available through either natural parent and the child meets all other eligibility guidelines.
- A dependent child who is 18-25 years of age or older, but less than 26 years of age, who is not eligible to enroll in an eligible employer-sponsored health plan (as described by law) is eligible to enroll in the OP&F-sponsored health care coverage if a Dependent Affidavit is completed and approved by UnitedHealthcare if the following criteria are met:
  - The child is the natural child, stepchild or adopted child of the Benefit Recipient.
  - The child is not employed by an employer offering any health benefit plan under which the child is eligible for coverage.
- In addition, an unmarried dependent child who is 26 - 27 years or older, but less than 28 years of age is eligible to enroll in the OP&F-sponsored health care coverage if a Dependent Application is completed/approved by United Healthcare and only if all of the following are true:
  - The child is the natural child, stepchild or adopted child of the Benefit Recipient.
  - The child is not employed by an employer offering any health benefit plan under which the child is eligible for coverage.
  - The child is not eligible for Medicare or Medicaid coverage.

This coverage will only be provided at the request of the Benefit Recipient.

### Dependent only eligibility

If you are not enrolled in the OP&F-sponsored health care plan, your dependents cannot enroll unless you are enrolled in other group coverage and your dependents are not eligible and have no access to coverage on their own. For example, if you are working part-time and have access to single coverage for yourself only, with no available coverage for your spouse or other dependents, you may enroll your dependents in the OP&F-sponsored health care coverage without enrolling yourself. Written proof that your dependents do not have access to coverage is required. Dependent-only coverage may be required by a qualified medical child support order.

**Michelle's Law**

Coverage for an enrolled dependent child ages 26-28, who is an unmarried, full-time student at a post-secondary school and who needs a medically necessary leave of absence for up to 12 months or drop to part-time due to an illness (including any change in enrollment at the post-secondary school that causes loss of full-time student status) will be extended until the earlier of:

- one year after the medically necessary leave of absence begins; or
- the date coverage would otherwise terminate under the OP&F-sponsored health care coverage.

Coverage will be extended only when the enrolled dependent child is already covered under the OP&F-sponsored health care coverage because of full-time student status at a post-secondary school immediately before the medically necessary leave of absence begins. Coverage will be extended only when the enrolled dependent child's change in full-time student status meets all of these requirements:

- the enrolled dependent child is suffering from a serious sickness or injury;
- the leave of absence from the post-secondary school is medically necessary, as determined by a written certification by the enrolled dependent child's treating physician; and
- the medically necessary leave of absence causes the enrolled dependent child to lose full-time student status for purposes of coverage under the OP&F-sponsored health care coverage.

**Employer-sponsored health care or prescription drug coverage**

OP&F currently subsidizes, or pays a portion, of the health care and prescription drug coverage for eligible benefit recipients and spouses. However, under certain circumstances, OP&F will not subsidize the health care or prescription coverage and the benefit recipient will be required to pay the full premium listed on pages 33 and 34.

**Eligibility limitations for alternative coverage*****Employed retirees eligible for health care or prescription drug coverage through an employer or spouse***

If you or your spouse are employed and are eligible for health care or prescription drug coverage through your own employer, you both will be eligible to participate in the OP&F-sponsored health care coverage, but you will be responsible for paying the full premium for the coverage that you select. If the spouse is employed and the member is eligible for health care through the spouse's employer the member has the option to take the employer sponsored plan or the OP&F plan and still receive the OP&F subsidy.

***Retired and eligible for health care or prescription drug coverage through a former employer***

If your spouse is eligible for health care or prescription drug coverage through his or her retirement system, as long as it is not another Ohio retirement system, he or she will be eligible for the OP&F-sponsored health care coverage. However, you will be responsible for paying the full premium for the coverage you select for your spouse. For more information on eligibility for health care or prescription drug coverage through another Ohio retirement system, see page 8.

***Loss of coverage through employer***

If you lose health care or prescription drug coverage through your employer, you will then be permitted to enroll in the OP&F-sponsored plans and receive the subsidy. You must notify UnitedHealthcare in writing within 60 days of losing your health care or prescription drug coverage, as well as provide proof of loss of coverage upon receipt from the employer. If you fail to do so, you will have limited opportunities to re-enroll. Upon receipt of the proper documentation stating that you are no longer eligible for health care or prescription drug coverage through your employer, UnitedHealthcare will adjust your premiums appropriately.

### ***Coordination of benefits***

If you or your dependents are enrolled in other health care coverage, UnitedHealthcare will coordinate your benefits with the other plan. To determine how those benefits will be handled, please contact UnitedHealthcare at 1-888-832-0964.

## **Other Ohio retirement system benefits**

An individual who is eligible to receive health care coverage through another Ohio retirement system (ORS) is not eligible to enroll in the OP&F-sponsored health care, prescription drug, dental or vision plans. Other Ohio systems include: Ohio Public Employees Retirement System, School Employees Retirement System, State Highway Patrol Retirement System, and State Teachers Retirement System.

### **OP&F retirees**

If you receive a service retirement or disability benefit from OP&F and another ORS, you can participate in the OP&F-sponsored health care coverage if you have the same or more service credit with OP&F. Under the OP&F-sponsored health care plan, you cannot receive health care benefits from OP&F and another ORS. Keep in mind, however, each retirement system establishes their own eligibility guidelines.

#### ***Surviving spouse***

If you receive a statutory survivor benefit from OP&F and are receiving service retirement or disability benefits from another ORS, you are not eligible to participate in the OP&F-sponsored health care coverage. If you are only receiving statutory survivor benefits from more than one system, you can enroll in the OP&F-sponsored health care plan if your OP&F commencement of benefits is prior to the other ORS. Under the OP&F-sponsored health care coverage, you cannot receive health care benefits from OP&F and another ORS.

#### ***Dependent spouse***

A dependent spouse who is an active member of another ORS can participate in the OP&F-sponsored health care coverage until he or she retires and becomes eligible for health care through that retirement system. At that time, a dependent spouse who becomes a retiree of another ORS will not be eligible to participate in the OP&F-sponsored health care coverage.

#### ***Surviving child***

A surviving child will have primary health care coverage under the surviving spouse. However, a child cannot be a dependent for the purpose of health care benefits offered by more than one system. A child who is receiving a statutory survivor benefit from OP&F, however, can participate in OP&F coverage, but cannot receive health care benefits from OP&F and another ORS.

***Dependent child***

If a child has a parent who is eligible for coverage through OP&F and another parent eligible for coverage through another ORS, the parent may select OP&F or the ORS for the child's health care. However, the child cannot be a dependent of OP&F and another ORS.

***Incapacitated child***

A child, regardless of age, who is financially dependent upon the benefit recipient for support, is unable to earn a living because of a physical or mental handicap and became incapacitated prior to age 26 can be eligible for the OP&F-sponsored health care coverage. With limited exceptions, a disabled child over age 26 may apply for the OP&F-sponsored health care coverage at the time the benefit recipient is first eligible for this plan. However, the disabled child must have met the eligibility requirements previously listed prior to age 26. Also, the benefit recipient must be the child's natural parent or must have legally adopted the child. Application guidelines and restrictions do apply. The *Statement of Dependent Eligibility Beyond Limiting Age Form* must be completed and returned to UnitedHealthcare for certification in 2011. This form will be reviewed by UnitedHealthcare's medical director for determination of incapacitation. A letter of acceptance or denial will be mailed to the benefit recipient's address on file. Depending on medical condition, certification may be refused at a later date. Please contact UnitedHealthcare at 1-888-832-0964 to request a form.

# When is it possible to enroll?



## Opportunities to enroll in the OP&F-sponsored health care coverage

Enrollment for the OP&F-sponsored health care coverage is coordinated through UnitedHealthcare, with the exception of the OP&F-sponsored Long Term Care plan. Please read this section carefully since there are limited opportunities for you to enroll in the OP&F-sponsored health care plan.

### **Health care, prescription drug, dental and vision coverage**

You and your eligible dependents may participate in the OP&F-sponsored health care, prescription drug, dental and vision coverage under the following circumstances:

- at the time of your OP&F retirement;
- three years after your OP&F retirement or commencement of OP&F benefits;
- with proof of change in family status (i.e. marriage, death, divorce);
- with proof of loss of group coverage;
- at the time you become eligible for Medicare;
- with proof of a determination of your or a dependent child's eligibility for premium assistance with respect to OP&F-sponsored health care coverage under a Medicaid plan (under Title XIX of the Social Security Act) or state children's health plan (under Title XXI of the Social Security Act, also known as CHIP/Children's Medicaid); or
- with proof of loss of your or a dependent child's Medicaid plan coverage or state children's health plan coverage due to a loss of eligibility for such coverage.

You must notify UnitedHealthcare in writing of these changes within 60 days of the qualifying event in order to be eligible for enrollment.

## Enrollment Requirements

- Member must submit a completed Health Care Eligibility and Enrollment Form and any other necessary paperwork to UnitedHealthcare within 60 days of the qualifying event;
- If UnitedHealthcare receives the form on time, coverage will be effective as of the date following the event. If a date is not designated, UnitedHealthcare will use the date following the qualifying event;
- Contributions will be deducted from the member's OP&F monthly pension benefit.

**Voluntary dental and vision plans**

Voluntary dental and vision coverage are separate non-subsidized plans offered as a supplement to health care coverage. Enrollment in these plans is offered annually to all eligible benefit recipients during the Annual Change Period that occurs in the Fall with coverage taking effect January 1 of the following year or per qualified event as listed above.

Unless there is a valid change in family status (i.e. death, divorce, or other loss of eligible status), you and your enrolled dependents must remain in the voluntary dental and vision plans through the end of the plan year. The appropriate contributions will be deducted from your benefit check for the entire period.

**OP&F-sponsored Long-Term Care**

For new retirees enrolling, call Prudential at 1-800-732-0416. Those members currently enrolled in Aetna or Prudential, can call Aetna at 1-800-537-8521 or Prudential at 1-800-732-0416.

**Pre-existing conditions**

The OP&F-sponsored health care plan provides coverage for pre-existing conditions upon enrollment.

**Enrolling as a new retiree****UnitedHealthcare Medical**

As a new retiree, you may qualify to enroll in the OP&F-sponsored health care coverage. The 2011 health care plan will offer one plan design through UnitedHealthcare for:

- all non-Medicare eligible benefit recipients and dependents;
- early Medicare recipients;
- Medicare A only recipients;
- Medicare B only recipients, or OP&F retirees residing outside of the U.S.

**AARP Medicare Supplement Medical**

OP&F benefit recipients and dependents age 65 and over that are Medicare eligible and enrolled in both Medicare Parts A & B will be eligible to enroll in AARP Medicare Supplement Plan B, Plan F, or Plan L by UnitedHealthcare Insurance Company. If you are enrolled in Medicaid you may not be eligible for an AARP Medicare Supplement plan. Please contact UnitedHealthcare for additional information at 1-888-832-0964.

In most states, up to 7 AARP Medicare Supplement Plans may be offered. OP&F will subsidize Plan B, Plan F or Plan L. The OP&F subsidy will be based on the AARP Medicare Supplement Plan L premium rate for the state of Ohio, with the option to buy-up to Plan B or Plan F. These plans are guaranteed renewable as long as premiums are paid on time and do not require you to submit any claim forms. Unlike Medicare Advantage Plans which have limited networks, with Medicare supplement plans, you have total freedom to choose any doctor, specialist, hospital or other provider that accepts Medicare anywhere in the United States. No referrals are required.

**Prescriptions**

UnitedHealthcare will also be providing prescription drug benefits through UnitedHealthcare Pharmacy for all OP&F retirees, both non-Medicare and Medicare, unless you enroll in Medicare Part D. (See page 15 for more information.)

To enroll in health care, prescription drug, dental and/or vision coverage as a new retiree, you must complete a *Health Care Eligibility and Enrollment Form* within 60 days of receiving your first benefit payment. However, if you have not received your *Health Care Eligibility and Enrollment Form*, you must contact UnitedHealthcare at 1-888-832-0964 and request an enrollment kit, which will be mailed directly to your home. You may also call UnitedHealthcare to set up an appointment to review your health care coverage options.

## Waiving Coverage

If you want to waive or change your coverage, you must do so within 60 days of receiving your first benefit payment. Coverage for new benefit recipients and dependents will take effect at the effective date of retirement or the 1st day of the month following the effective date of retirement, as designated on the benefit recipient's *Health Care Enrollment and Eligibility Form*. The effective date of retirement is the default date. In some instances, your employer may provide health care coverage beyond the first of the month following your retirement date. You may elect to have your OP&F coverage begin the day after your employer coverage terminates or the first of the month following. You will be required to provide proof of the termination within 60 days of receiving your first OP&F benefit check.

## Window Period

Even though you and your dependents are eligible for health care and prescription drug coverage on the effective date of your retirement or the 1st of the month following your effective date of retirement, until your first benefit payment is mailed or direct deposited, you and your dependents are considered to be in the "window period." During this period, you must pay for any health care or prescription drug services up front and submit claim forms for reimbursement. Claims for health care services or prescription drugs during the window period must be submitted to UnitedHealthcare. You must follow the procedures in this guide to submit claims to UnitedHealthcare for reimbursement without penalty of health care and prescription drug expenses that you received during the window period. Please see page 43 for claims mailing address.

### UnitedHealthcare ID card

For all non-Medicare eligible benefit recipients and dependents, early Medicare recipients, Medicare A only recipients, Medicare B only recipients, or OP&F retirees residing outside of the U.S., if enrolled, you will receive a combined health care/prescription drug ID card from UnitedHealthcare, which will be mailed directly to your home.

OP&F benefit recipients and dependents age 65 and over that are Medicare eligible, enrolled in both Medicare Parts A & B and enrolled in an AARP Medicare Supplement Plan will receive a health care ID card from UnitedHealthcare Insurance Company and a prescription drug ID card from UnitedHealthcare.

## Enrolling your dependents

You may enroll your eligible dependents in the OP&F-sponsored health care coverage, using the *Health Care Eligibility and Enrollment Form*, within 60 days of a qualifying event (listed on page 10) making them eligible for coverage. If you enroll eligible dependents in the OP&F-sponsored health care coverage, the following information must also be submitted to UnitedHealthcare:

### Spouse

- a copy of the spouse's birth certificate;
- a copy of the spouse's Social Security card; and
- a copy of the solemnized marriage certificate that indicates the date of marriage and is signed by the person with legal authority to conduct the ceremony.

### Natural child, adopted child or step-child

- a copy of the child's birth certificate;
- a copy of the child's Social Security card;
- if applicable, certified copies of the court order granting adoption; and
- dependent application for children age 18 up to age 28.

In some cases, UnitedHealthcare may request additional materials to determine dependent eligibility.

Eligible newborn children must be enrolled within 60 days from birth with coverage effective on the date of birth.

Coverage for eligible dependents listed on a benefit recipient's *Health Care Eligibility and Enrollment Form* will take effect on the effective date of the qualifying event or the 1st day of the month following the qualifying event as designated by the benefit recipient on the *Health Care Eligibility and Enrollment Form*. If there is no designation on the form the effective date of the qualifying event is the default date.

If you have dependents that become eligible for the premium assistance subsidy under CHIP/Children's Medicaid, you must notify OP&F with proof of this eligibility within 60 days. In order to be eligible for OP&F coverage, the dependents must first meet OP&F dependent eligibility guidelines listed on page 10.

## **Enrolling as a survivor**

A *Survivor Health Care Eligibility and Enrollment Form* must be returned to UnitedHealthcare within 90 days, regardless of enrollment.

### ***Survivors who were not enrolled***

Upon notification of a retiree's or active member's death, the survivor who was not enrolled in the OP&F-sponsored health care coverage will receive a *Survivor Health Care Eligibility and Enrollment Form*. To enroll in the OP&F-sponsored health care, prescription drug, dental or vision coverage, the survivor must complete and file the form within 90 days.

### ***Survivors who were enrolled***

Upon notification of a retiree's death, the survivor who was enrolled in the OP&F-sponsored health care coverage will be enrolled in the same coverage as previously enrolled. UnitedHealthcare will mail a *Survivor Health Care Eligibility and Enrollment Form* to the survivor upon notification of the retiree's death.

If the form is not received within 90 days, UnitedHealthcare will terminate the OP&F subsidy, but continue coverage until the form is received.

If the survivor waives health care, prescription drug, dental or vision coverage, he or she may only enroll under the circumstances previously described on page 5.

Upon the retiree's death, the survivor assumes the role of the benefit recipient for health care purposes.

If a surviving child's pension is extended or terminated, then reinstated due to student eligibility, that surviving child also qualifies to have the health care benefits extended.

## **Married couples both receiving OP&F benefits**

Married couples that individually receive their own OP&F service pension or disability benefit may enroll in OP&F-sponsored health care or prescription drug coverage under one of the following methods:

- both individuals are enrolled as benefit recipient and dependent and health care contributions are being withheld from the benefit recipient's benefit; or
- each individual is enrolled separately under his or her own plan, with health care contributions being withheld from each benefit recipient's benefit.

Married couples individually receiving a service pension or disability benefits may not enroll in two OP&F-sponsored plans at the same time. In addition, only one parent can cover eligible children.

# How does this plan work with **Medicaid and Medicare?**

## **Medicaid, Medicare and the OP&F-sponsored health care plan**

The OP&F-sponsored health care coverage should be used in combination with benefits offered by Medicaid and Medicare, which are financed and coordinated by the state and federal governments. Enrollment in these programs may affect your eligibility in the OP&F-sponsored programs.\*

### **Medicaid eligibility**

Medicaid provides medical assistance for certain benefit recipients and their enrolled dependents with low income and financial resources. Each state administers its own Medicaid program, establishes its own eligibility guidelines regarding eligibility and services. Medicare coverage, for Medicare beneficiaries who are also fully eligible for Medicaid, is supplemented by health care services available under the state's Medicaid program. If a Medicaid recipient is also a Medicare beneficiary, the Medicare program makes payments for any services covered by Medicare before the Medicaid program makes any payments. Please note that when enrolling in Medicaid, it is important to notify UnitedHealthcare, as Medicaid may enroll an individual in Medicare Part D prescription drug coverage. Under OP&F's health care coverage, the benefit recipient and/or dependents may not be enrolled in Medicare Part D and the OP&F-sponsored prescription drug program. UnitedHealthcare will also need to know if Medicaid is paying your Medicare Part B premium so an overpayment will not occur. For more information on Medicaid, please contact your state's Social Security office. Enrollment in these programs may affect your eligibility in the OP&F-sponsored programs.

### **Enrolling in Medicare**

It is extremely important that you and your dependents enroll in Medicare when you are first eligible. If you or your enrolled dependents fail to enroll in Medicare Parts A or B when you are first eligible, the OP&F-sponsored coverage requires UnitedHealthcare to process claims as if you or your dependent were Medicare eligible and you will be responsible for all fees and expenses incurred that Medicare would have paid. In addition, OP&F reserves the right to recover any reimbursements erroneously processed for these individuals by UnitedHealthcare.

\* If you become eligible for Medicare prior to age 65 due to a certain disability, UnitedHealthcare will pay secondary to Medicare to cover your eligible medical expenses. If you become eligible for Medicare at age 65 or over and are enrolled in Medicare Parts A and B and enrolled in an AARP Medicare Supplement Plan, then Medicare will pay primary for your eligible expenses and your Medicare supplement plan will pay secondary.

If you are not already enrolled in Medicare, you and your dependents enrolled in the OP&F-sponsored health care coverage will receive Medicare enrollment information from UnitedHealthcare and materials for the AARP Medicare Supplement Plans approximately three months before you turn age 65 at the address on file. Therefore, you should make certain that UnitedHealthcare has your most current address on file. While this is a service to eligible benefit recipients, it is your responsibility to contact UnitedHealthcare if this paperwork is not received. Your health care contribution is adjusted to reflect your Medicare eligibility status.

### **Enrolled dependents not eligible for Medicare**

All dependents enrolled in UnitedHealthcare who are not eligible for Medicare and reside in a network area are required to utilize network providers, even if the benefit recipient is eligible for Medicare. However, if the benefit recipient is age 65 and over and enrolled in both Medicare Parts A & B and enrolled in an AARP Medicare Supplement Plan, they will not be required to utilize network providers.

### **If you are eligible to receive Medicare Part A and B**

Your OP&F-sponsored health care coverage administered through UnitedHealthcare will terminate at the end of the month prior to your effective date of Medicare eligibility. Once enrolled in both Medicare Parts A and B, you will have the opportunity to enroll in AARP Medicare Supplement Plan B, F, or L underwritten by UnitedHealthcare Insurance Company. You will receive an enrollment kit for AARP Medicare Supplement Plans in the mail, which will include plan information, rates and enrollment instructions for enrollment into an AARP Medicare Supplement Plan.

### **Medicare Details**

#### ***Medicare Part A (Hospitalization)***

- Must have pre-determined quantity of Social Security credits to be eligible at no cost.
- Send a copy of your ineligibility letter or copy of your Medicare card to UnitedHealthcare.
- If not eligible for Part A, and choose to enroll in the OP&F-sponsored health care coverage, UnitedHealthcare will pay a percent of covered hospital expenses not paid by Medicare Part A after your deductible is met.

#### ***Medicare Part B (Medical)***

- Everyone is eligible to enroll in Medicare Part B once they reach age 65 years of age (or have a qualifying illness or disability prior to age 65.)
- You must enroll in Medicare Part B when it is first offered. If you do not sign up, refuse or stop your Medicare Part B enrollment, UnitedHealthcare will estimate what Medicare Part B would have paid, and deduct that amount from the charges before making payment. You will be responsible for the amount that Medicare Part B would have paid.

#### ***Medicare Part D (Prescription Drug)***

- You cannot be enrolled in both the OP&F-sponsored prescription drug coverage and Medicare Part D.
- Terminating Medicare Part D does not allow enrollment into the OP&F-sponsored prescription drug plan (see qualifying events, page 10.)
- Please forward proof of your enrollment to UnitedHealthcare if signed up for this plan.

### **Early Medicare Automatic Claim Filing Program**

Through the Automatic Claim filing Program, Medicare forwards medical claims directly to UnitedHealthcare on behalf of you and your enrolled dependents. Once a copy of your Medicare card is received, UnitedHealthcare will enroll you in the Automatic Claim Filing Program between Medicare and UnitedHealthcare. This will allow Medicare to automatically send your Explanation of Medical Benefits to UnitedHealthcare for secondary coverage consideration. If OP&F is your third-party coverage, you will need to notify UnitedHealthcare so that you can be disenrolled from the Automatic Claim Filing Program. If you are enrolled in the AARP Medicare Supplement Plan, then your Medicare carrier will automatically file your Part B claims to UnitedHealthcare Insurance Company for you.

## Medicare becomes primary coverage

If you and your dependents are age 65 and over, and are eligible for both Medicare Parts A and B, Medicare is the primary coverage and the AARP Medicare Supplement Insurance is designed to supplement the Medicare coverage.

### ***Eligible for AARP Medicare Supplement Insurance Plans***

OP&F benefit recipients and dependents age 65 and over that are Medicare eligible and enrolled in both Medicare Parts A and B will be eligible to enroll in an AARP Medicare Supplement Plan B, Plan F or Plan L underwritten by UnitedHealthcare Insurance Company. Medicare supplement plans help you control your out-of-pocket expenses, like deductibles and coinsurance, and offer flexibility by providing a wide variety of coverage options. In most states, up to 7 AARP Medicare Supplement Plans may be offered. OP&F will subsidize Plan B, Plan F or Plan L. The OP&F subsidy will be based on the AARP Medicare Supplement Plan L premium rate for the state of Ohio, with the option to buy-up to Plan B or Plan F. These plans are guaranteed renewable and do not require you to submit any claim forms. With standardized or modernized Medicare supplement plans, you have total freedom to choose any doctor, specialist, hospital or other provider that accepts Medicare anywhere in the United States. No referrals are required. If you are enrolled in Medicaid, you may not be eligible for AARP Medicare Supplement Insurance. Please contact UnitedHealthcare at 1-888-832-0964 for additional information or to request an enrollment kit, which must be returned prior to your effective date.

### ***Enrolled in AARP prior to June 1, 2010***

The Medicare Improvements for Patients and Providers Act (MIPPA) required Medicare Supplement plans to be “modernized” as of June 1, 2010 and offer new plans. OP&F encourages our Medicare Supplement participants enrolled prior to June 1, 2010 to contact UnitedHealthcare’s AARP division and determine if you may be eligible for a lower rate by switching to one of the new modernized plans. Anyone switching from a standardized to a modernized plan will receive a new AARP ID card.

### ***Not Eligible for AARP Medicare Supplement Insurance Plans***

OP&F benefit recipients and dependents who are early Medicare, Medicare A only, Medicare B only, or both Medicare A & B and not enrolled in an AARP Medicare Supplement Plan the OP&F-sponsored medical coverage becomes secondary coverage after Medicare. All health care expenses covered under the OP&F-sponsored health care coverage becomes secondary coverage after Medicare. All health care expenses covered under the OP&F-sponsored health care coverage will be reduced by your Medicare benefits available for those expenses. This is done before the health care benefits of the selected OP&F-sponsored coverage are calculated. Even if you do not enroll in Medicare, claims are processed as Medicare primary.

## Medicare Part B reimbursement

### ***Benefit recipient eligibility***

OP&F will reimburse you for your Medicare Part B insurance premium established by the OP&F Board of Trustees, provided that you are not eligible to receive this reimbursement from any other source and you file the appropriate paperwork with UnitedHealthcare. Regardless of your enrollment in the OP&F-sponsored medical plan, reimbursement will begin the month following UnitedHealthcare’s receipt of:

- your fully completed *Medicare Part B Reimbursement Statement*; and
- a copy of your Medicare card, unless it is the month that you are first eligible.

*If a copy of the benefit recipient’s Medicare card and completed Medicare Part B Reimbursement Statement are received any time during the month of your 65th birthday, you will receive that month’s reimbursement.*

As a service to you, UnitedHealthcare will send you information on Medicare Part B reimbursement about three months before you turn 65. However, it is your responsibility to enroll in Medicare Part B at the earliest date you become eligible and submit the appropriate paperwork to obtain reimbursement for your Medicare Part B premium. If you are eligible for Medicare Part B before age 65, it is your responsibility to contact UnitedHealthcare to request the *Medicare Part B Reimbursement Statement*. OP&F will not make retroactive reimbursement payments of the Medicare Part B premium.

### ***Dependent spouse eligibility***

Ohio law only permits reimbursement of the Medicare Part B premium for the benefit recipient. OP&F will not reimburse the Medicare Part B insurance premium for your dependent spouse. Should you die before your dependent spouse, and your spouse receives a statutory survivor's pension, your surviving spouse may become eligible for the Medicare Part B reimbursement provided your surviving spouse is not eligible to receive the reimbursement from any other source. Your surviving spouse will then be required to submit a *Medicare Part B Reimbursement Statement* and a copy of the Medicare card within 90 days. As a service to you, UnitedHealthcare will send your surviving spouse information on Medicare Part B reimbursement about three months before he or she turns 65. However, it is his or her responsibility to enroll in Medicare Part B at the earliest date your surviving spouse becomes eligible and submits the appropriate paperwork to obtain reimbursement for Medicare Part B premium. If your surviving spouse is eligible for Medicare Part B before age 65, please contact UnitedHealthcare to request this form. OP&F will not make retroactive reimbursement payments of the Medicare Part B premium. OP&F will only reimburse the standard monthly Part B premium.

### **Receiving Medicare Part B reimbursement from another source**

If you are eligible to receive the Medicare Part B reimbursement from another Ohio retirement system, Medicaid, or from any other source, you are not eligible for this reimbursement from OP&F. If you do receive the Medicare Part B reimbursement from OP&F and another source, or if OP&F overpays you for the reimbursement, UnitedHealthcare will recover these funds on behalf of OP&F from your monthly benefit check or in a manner prescribed by OP&F policy. You must annually certify to UnitedHealthcare that OP&F is the only entity reimbursing you for the Medicare Part B premium. OP&F reimbursements will be terminated if OP&F is not the only source of this reimbursement.

# How do I waive or terminate coverage?



## Waiving or terminating coverage

Enrollment in the OP&F-sponsored health care coverage is not mandatory and health care or prescription drug coverage can be waived at any time for either yourself or your dependents subject to certain limited circumstances. The re-enrollment guidelines are highlighted on page 10, which include a list of the limited opportunities to re-enroll.

## Waiving coverage

To waive health care or prescription drug coverage, you must submit a waiver to UnitedHealthcare. Waivers will take effect the last day of the month for requests received prior to the 15th of that month. If written requests are received after the 15th, coverage will be waived on the last day of the following month, with exceptions for qualifying events. Adjustments to contributions will be made on the date received as previously listed.

## Court Orders

UnitedHealthcare may not be able to process a waiver or termination if contrary to the terms of an existing court order that prohibits you from removing a child from coverage.

## Terminating Coverage

Coverage will terminate the last day of the month in which you or your enrolled dependent(s) were eligible. It is your responsibility to notify UnitedHealthcare when an enrolled dependent is no longer eligible for coverage, such as:

- divorce, dissolution of marriage or legal separation; or
- death.

It is also your responsibility to provide appropriate documentation within 60 days of the event for timely termination and adjustments to your contributions. If you become divorced, your marriage is dissolved or if you became legally separated, please provide the address of your former spouse and a certified copy of the court entry or decree for UnitedHealthcare's records.

**For terminations that exceed 60 days, coverage will be terminated and you will be responsible for remitting to OP&F the full, unsubsidized monthly premiums incurred during the period of ineligibility. Terminating the OP&F-sponsored dental and vision plans are only permitted during the Annual Change Period, unless there is a valid change in family status.**

# What are the **details of my health care coverage?**



## **Health care coverage**

The 2011 health care plan will offer one plan design through one carrier, UnitedHealthcare, for all non-Medicare eligible benefit recipients and dependents, early Medicare recipients, Medicare A only recipients, Medicare B only recipients, or OP&F retirees residing outside of the U.S. UnitedHealthcare is a national carrier with a strong national network across the country. This will allow one carrier to provide the administration for all benefits.

OP&F benefit recipients and dependents age 65 and over that are Medicare eligible and enrolled in both Medicare Parts A & B will be eligible to enroll in an AARP Medicare Supplement Plan underwritten by UnitedHealthcare Insurance Company. Medicare supplement plans help you control your out-of-pocket expenses, like deductibles and coinsurance, and offer flexibility by providing a wide variety of coverage options.

In most states, up to 7 AARP Medicare Supplement Plans may be offered. These plans are guaranteed renewable as long as your premium is paid on-time. You are not required to submit any claim forms. With standardized Medicare supplement plans, you have total freedom to choose any doctor, specialist, hospital or other provider that accepts Medicare-anywhere in the U.S. No referrals are required.

The Medicare Improvements for Patients and Providers Act (MIPPA) required that Medicare Supplement Insurance plans be “modernized” as of June 1, 2010. Members and dependents that were enrolled in an AARP Medicare Supplement Plan prior to June 1, 2010 are encouraged to call an AARP Medicare Supplement Customer Service Representative at 1-800-392-7537 to see if switching to a modernized plan would be beneficial.

## **Using network providers**

If you reside in a network area and enroll in the UnitedHealthcare network, you should utilize participating network providers to receive maximum benefits. You may choose a doctor or hospital from UnitedHealthcare’s provider listing at the time services are needed.

There are definite advantages if you and your enrolled dependents utilize network providers:

- special, reduced fees have been negotiated with all network providers;
- you will not be responsible for paying the difference between the provider's normal charge and specially-negotiated fees;
- when using network providers you do not have to file claim forms; and
- deductibles are lower and the maximum yearly out-of-pocket limit is lower.

You will, however, still be responsible for paying your co-pays and deductible.

### ***Who should use network providers***

Benefit recipients and dependents that are not eligible for early Medicare Parts A & B should use network providers. Also, benefit recipients and dependents that are only enrolled in Medicare Part B must use network hospital and facilities.

### **Using non-network providers**

Under the plan, if you or your enrolled dependents reside in a network area and utilize a non-network provider, you will incur higher out-of-pocket costs. Because special fees have not been negotiated with non-network providers, you and your enrolled dependents have a lower benefit level and will be responsible for paying any amount between the provider's fee and the usual, customary and reasonable allowance determined by UnitedHealthcare. Benefit recipients and dependents should avoid non-network providers whenever possible. This results in higher out-of-pocket costs. If you are having difficulty finding a network provider, please contact UnitedHealthcare.

### **Out-of-area plan**

UnitedHealthcare has active provider networks in virtually all states including the entire state of Ohio. However, network coverage may differ from state to state. If you reside out-of-area or are early Medicare Parts A & B eligible, you may use any provider or hospital and still receive most benefits at the network benefit level. When utilizing out-of-area providers, you may need to file your own claim forms, notify UnitedHealthcare yourself, and pay any difference between the provider's fee and the usual, customary and reasonable allowance determined by UnitedHealthcare.

### ***Who should use out-of-area plan***

Benefit recipients that are not required to use network providers because they are eligible for early Medicare Parts A & B or permanent residents of an area without access to UnitedHealthcare's network should use the out-of-area plan. When utilizing out-of-area providers, any difference between the provider's fee and the usual, customary and reasonable rates allowance, as determined by UnitedHealthcare, may be required to be paid by the benefit recipient. The benefit recipient may try to negotiate with the provider on the amount owed.

### ***Residence change***

The health care plan has eligibility guidelines based on area of residence. If you are changing your area of residence, you should notify UnitedHealthcare in writing immediately. If the move affects health care coverage, UnitedHealthcare will contact you to make arrangements to place you in a network or out-of-area status.

## Comparing network, non-network and out-of-area benefits

Benefit recipients and dependents enrolled in UnitedHealthcare may experience a difference in coverage between network, non-network and out-of-area providers as outlined in the below chart. For complete information, please contact UnitedHealthcare directly.

**You are eligible for the following benefits if you are:**

- a Non-Medicare Participant living in a Network Area

	Network (Participating Providers)	Non-Network (Non-Participating Providers)
<b>Annual Deductible</b>		
Individual /Family	\$500/\$1,000	\$1,000/\$2,000
Co-Insurance limit	\$1,500/\$3,000	\$5,000/\$10,000
Co-Insurance	80%	50%
<b>Physician Services</b>		
Office Visit	\$30/100%	50%
<b>Emergency Care</b>		
Emergency department	\$100/80%	\$100/80%*
Non-emergency services rendered in emergency room	\$100/50%	\$100/50%*
Urgent care	\$50/80%	50%
<b>Hospital In-Patient Services</b>		
Prior Admission Testing	80%	50%
Scheduled in-patient admit	\$250/80%	\$250/50%**
Emergency in-patient admit*	\$250/80%	\$250/80%
<b>Ambulatory Services</b>		
Diagnostic lab/x-ray	80%	50%
Ambulatory surgery center	\$150/80%	50%
<b>Mental Health and Substance Abuse</b>		
Scheduled in-patient admit	\$250/80%	\$250/50%**
Emergency in-patient admit*	\$250/80%	\$250/80%
Out-patient mental/drug/alcohol	\$30 co-pay/visit/ 100%	50%
<b>Preventive Care</b>		
Physician office visit	\$30/100%/100% lab	50%
<b>Other Services</b>		
Rehab therapies	\$30 co-pay/visit/ 80%	50%
Chiropractor	\$30 co-pay/visit/ 80%	50%
Durable medical equipment	80%	50%
Home health care services	80%	50%
Private duty nursing (20 visits / year)	80%	50%
Skilled nursing facility	\$250/80%	\$250/50%**
Sub-acute rehabilitation center	\$250/80%	\$250/50%**
Ambulance	80%	50%
Hospice (In-patient/Out-patient)	100%	50%

\* Contact carrier within 48 hours of an emergency admission to an out-of-network hospital; emergency department co-pay not applied if admitted to hospital.

\*\* \$200 penalty applied if scheduled admission to non-participating hospital is not pre-certified through the carrier.

**You are eligible for the following benefits if you are:**

- a Participant under age 65 with Medicare Parts A & B
- a Participant who has Medicare Part A only
- a Non Medicare Participant under age 65 that lives Out-of-Area\*\*\*

	<b>Network or Non-Network (Out-of-Area)</b>
<b>Annual Deductible</b>	
Individual /Family	\$500/\$1,000
Co-Insurance limit	\$1,500/\$3,000
Co-Insurance	80%
<b>Physician Services</b>	
Office Visit	80%
<b>Emergency Care</b>	
Emergency department	80%
Non-emergency services rendered in emergency room	80%
Urgent care	80%
<b>Hospital In-Patient Services</b>	
Prior Admission Testing	80%
Scheduled in-patient admit	\$250/80%
Emergency in-patient admit*	\$250/80%
<b>Ambulatory Services</b>	
Diagnostic lab/x-ray	80%
Ambulatory surgery center	\$150/80%
<b>Mental Health and Substance Abuse</b>	
Scheduled in-patient admit	\$250/80%
Emergency in-patient admit*	\$250/80%
Out-patient mental/drug/alcohol	80%
<b>Preventive Care</b>	
Physician office visit	80% office visit/100% lab
<b>Other Services</b>	
Rehab therapies	\$30 co-pay/visit/80%
Chiropractor	\$30 co-pay/visit/80%
Durable medical equipment	80%
Home health care services	80%
Private duty nursing (20 visits / year)	80% (20 visits / year)
Skilled nursing facility	\$250/80%
Sub-acute rehabilitation center	\$250/80%
Ambulance	80%
Hospice (In-patient/Out-patient)	100%

\* Contact carrier within 48 hours of an emergency admission to an out-of-network hospital; emergency department co-pay not applied if admitted to hospital.

\*\* \$200 penalty applied if scheduled admission to non-participating hospital is not pre-certified through the carrier.

\*\*\* Benefits for Medicare Part B Services will be estimated to pay secondary to Medicare Part B regardless if you have Medicare Part B or not.

**You are eligible for the following benefits if you are:**

- a Participant eligible for Medicare Part B Only living in a Network Area

	<b>Network (Participating Providers)</b>	<b>Non-Network (Non-Participating Providers)</b>
<b>Annual Deductible</b>		
Individual /Family	\$500/\$1,000	\$1,000/\$2,000
Co-Insurance limit	\$1,500/\$3,000	\$5,000/\$10,000
Co-Insurance	80%	80% or 50%
<b>Physician Services</b>		
Office Visit	80%	80%
<b>Emergency Care</b>		
Emergency department	\$100/80%	\$100/80%*
Non-emergency services rendered in emergency room	\$100/50%	\$100/50%*
Urgent care	80%	80%
<b>Hospital In-Patient Services</b>		
Prior Admission Testing	80%	80%
Scheduled in-patient admit	\$250/80%	\$250/50%**
Emergency in-patient admit*	\$250/80%	\$250/80%
<b>Ambulatory Services</b>		
Diagnostic lab/x-ray	80%	80%
Ambulatory surgery center	\$150/80%	\$150/80%
<b>Mental Health and Substance Abuse</b>		
Scheduled in-patient admit	\$250/80%	\$250/50%**
Emergency in-patient admit*	\$250/80%	\$250/80%
Out-patient	100%	
Out-patient mental/drug/alcohol	80%	80%
<b>Preventive Care</b>		
Physician office visit	80%/100% lab	80%/100% lab
<b>Other Services</b>		
Rehab therapies	80%	80%
Chiropractor	80%	80%
Durable medical equipment	80%	80%
Home health care services	80%	80%
Private duty nursing (20 visits / year)	80%	80%
Skilled nursing facility	\$250/80%	\$250/50%**
Sub-acute rehabilitation center	\$250/80%	\$250/50%**
Ambulance	80%	80%
Hospice (In-patient/Out-patient)	100%	100%

\* Contact carrier within 48 hours of an emergency admission to an out-of-network hospital; emergency department co-pay not applied if admitted to hospital.

\*\* \$200 penalty applied if scheduled admission to non-participating hospital is not pre-certified through the carrier.

# What are the **details of my health care coverage? (cont'd)**

## **Appeals procedures for coverage denied or reduced**

### ***Internal review***

If a claim or request for coverage of a service not yet performed is denied or reduced, you are entitled to have the decision reconsidered through UnitedHealthcare's internal review process. If your health would be jeopardized if the requested service were delayed, you may request an expedited review. For example, an internal review might be initiated if, during the notification process, the network administrator denied a planned surgical procedure as being experimental. Contact the customer service number on your medical ID card for more information.

### **Coordination of benefits**

The coordination of benefits procedure is used to pay health care expenses when a person is covered by more than one plan. If you or your eligible dependents are covered by more than one plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals. Therefore, it may be impossible to comply with the requirements of both plans at the same time.

Coordination of benefits might apply if, for example, your employed spouse is covered under a family plan through his or her employer while you are covered under a family plan through UnitedHealthcare.

UnitedHealthcare follows rules established by Ohio law to decide which health care plan pays first. The objective is to ensure that the combined payments of all health care plans are no more than your actual bills. It may not be beneficial to be covered under more than one plan.

To facilitate accurate claims payment, inform UnitedHealthcare of any other coverage that you or your eligible dependents might have.

### **Subrogation**

Subrogation occurs when a covered person's medical claims are the result of an injury caused by a third party. For example, an auto accident resulting in medical claims from covered members would be subrogated-or processed-under the liable person's auto insurance. Contact UnitedHealthcare if you have questions regarding a possible subrogation issue.

### **Traveling with OP&F-sponsored health care coverage**

If you or your dependents are non-Medicare eligible, early Medicare, Medicare A only or Medicare B only, the OP&F-sponsored health care coverage plan will cover you either traveling in the United States or abroad. If you receive medical treatment in a foreign country, you will have to pay for services when you receive them. You may submit an itemized bill, in English, to UnitedHealthcare for reimbursement. Only benefits that are covered under the health care plan will be covered when received outside the United States. Please call UnitedHealthcare for more information.

## **If your physician stops participating**

If your physician or preferred hospital chooses to terminate their contract with UnitedHealthcare, you must choose another provider or facility that participates with UnitedHealthcare in order to maximize your benefits. If you are in the middle of a treatment plan (i.e., Chemotherapy), contact UnitedHealthcare for the transition of care policy.

## **Hospital notification**

Notification means obtaining approval for coverage before receiving certain types of services. Notification can protect you from undergoing unnecessary medical procedures and paying bills for services that your plan does not cover.

Notification must be requested for hospital confinements, outpatient treatment of mental health and chemical dependency, and ancillary services, such as durable medical equipment. A request for notification can be made by you, your enrolled dependent, a family member, or your doctor or hospital. It is your responsibility to make sure that your notification process has been completed.

### ***Who must notify***

Participating network providers and hospitals will notify UnitedHealthcare for patients but in some cases, it will be the responsibility of the patient. Please refer to your Medical Plan Description for details.

### ***When to notify***

For non-emergency procedures, UnitedHealthcare should be contacted to request notification at least 5 days before admission. For emergency procedures or admissions, a notification call should be made within 4 business days of the admission or on the same day as admission if reasonably possible.

### ***Failing to notify***

Failure to notify UnitedHealthcare of a hospital confinement may result in a coverage penalty. For medically necessary days that UnitedHealthcare is not notified, UnitedHealthcare's utilization review unit will determine the penalty.

# What are my **prescription drug coverage options?**



In 2011, OP&F will continue to offer one prescription drug plan through UnitedHealthcare Pharmacy, as a separate coverage, with separate contribution amounts. The OP&F-sponsored prescription drug coverage allows you and your enrolled dependents to purchase your medications at discounted rates at either a retail location or, for the greatest savings, through the mail.

## **Retail pharmacies**

Whether at home or traveling, you should have easy access to one of UnitedHealthcare's participating retail pharmacies. The retail pharmacy is best used when you:

- purchase medications that you take on a short-term or immediate need basis;
- lower out-of-pocket expenses by purchasing your medications at a participating retail pharmacy; and
- use a participating retail pharmacy, you will have no deductible or claim forms to file.

## **Mail service pharmacies**

UnitedHealthcare's Pharmacy plan uses Medco for the distribution of the mail order prescriptions. For a greater co-payment savings and convenience for medications you take on an ongoing basis, you can order your prescription medications through Medco by Mail. With mail order:

- there are no deductibles;
- no claim forms to file;
- no waiting for reimbursement; and
- save money by purchasing long-term medications through mail order.

Simply mail your prescription and co-payment directly to Medco by Mail for processing. Once received, our mail order service processes the script within 2 business days and will be sent to the patient's home. Prescription refills can be ordered over the phone by calling the refill line at 1-800-473-3455, through the mail at Medco, P.O. Box 747000, Cincinnati, OH, 45274-7000, or via the Internet at myuhc.com.

## **Specialty pharmacies**

UnitedHealthcare has a designated network of specialty pharmacies that serve patients of chronic diseases with high cost injectable, infusion or oral drugs that require close supervision and monitoring. To locate a designated specialty pharmacy 24/7, call our Specialty Pharmacy Referral Line at 1-866-429-8177.

## Enrolling in Medicare Part D

You are not permitted to enroll in both Medicare Part D and the OP&F-sponsored prescription drug coverage at the same time. For more information on Medicare Part D, please see page 15.

## New benefit recipients

When you enroll in the OP&F-sponsored prescription drug coverage, you may need to use your prescription drug coverage, but are waiting to receive your ID card. During this period, you can be reimbursed for your prescription drugs, without penalty, by filing a claim according to UnitedHealthcare guidelines at the time the prescription drug was dispensed, and submitting a claim form once your prescription drug card is received.

## Comparing prescription drug co-pays

The chart below compares the co-pays for the OP&F-sponsored prescription drug plan between retail and mail order pharmacies. For more information, contact UnitedHealthcare.

	<b>Retail pharmacy co-pay Up to a 30-day supply</b>	<b>Mail order pharmacy co-pay Up to a 90-day supply</b>	<b>Specialty pharmacy co-pay Up to a 30-day supply</b>
Tier 1	\$5	\$10	\$3
Tier 2	\$20	\$40	\$13
Tier 3	\$30	\$60	\$20

## What are the **details of my voluntary dental coverage?**



### **Voluntary dental coverage**

In 2011, OP&F will continue to sponsor voluntary dental coverage through UnitedHealthcare as a separate plan, with a separate non-subsidized contribution amount since routine dental services are not covered under the OP&F-sponsored health care coverage. You have the option of enrolling in the separate voluntary dental coverage during the Annual Change Period or a qualifying event as long as you or your eligible dependents are not covered under another Ohio retirement system.

### **Enrolling in voluntary dental coverage**

You may enroll in voluntary dental coverage even if you do not elect to enroll in an OP&F-sponsored health care coverage. Your dependents may only enroll in the voluntary dental plan in which you are enrolled. A list of monthly contributions for the OP&F-sponsored voluntary dental coverage is on page 34.

### **Terminating dental coverage**

Once you enroll in voluntary dental coverage, you cannot terminate your coverage until there is a valid change in your qualifying family status or the next Annual Change Period at the end of the plan. You and your enrolled dependents must remain in your selected coverage throughout the entire plan year.

### **Features of the plan**

- UnitedHealthcare provides coverage for preventive, diagnostic and basic restorative dental care. You and your eligible dependents may enroll in the voluntary dental plan, regardless of your area of residence and may choose to use any dentist you prefer. However, you will have less out-of-pocket expense by using a participating network dentist, but may choose to use any dentist;
- Orthodontia services are not covered under the UnitedHealthcare Dental plan. Other exclusions and limitations may apply. Contact UnitedHealthcare Voluntary Dental Plan at 1-877-816-3596 for more information;
- Coordination of benefits if enrolled in other dental coverage;
- Monthly contributions deducted from benefit check; and
- Oral cancer screening.

### Visiting network dentists versus non-network dentists

You will receive the maximum benefit level by using dentists that participate in UnitedHealthcare’s network because these dentists have agreed to a discounted fee schedule with UnitedHealthcare.

### Non-network dentist

When using a dentist that does not participate in UnitedHealthcare’s network, you and your enrolled dependents will be responsible for paying any amount above the usual and customary rates prevailing in the geographic area in which the expense is incurred. Claims will not be filed on your behalf to UnitedHealthcare when using a non-network dentist. You will be required to make payment directly to the dentist.

### Consumer Max Multiplier (CMM)

CMM is a consumer-driven feature that allows you to carry forward a portion of your unused annual dental maximum into an account for future use. Members must use their dental benefits at least once per year. If the total of all submitted claims paid for a particular member does not exceed the established threshold amount, an award balance is established. The award balance can accumulate each year to a total annual maximum.

### Voluntary dental coverage

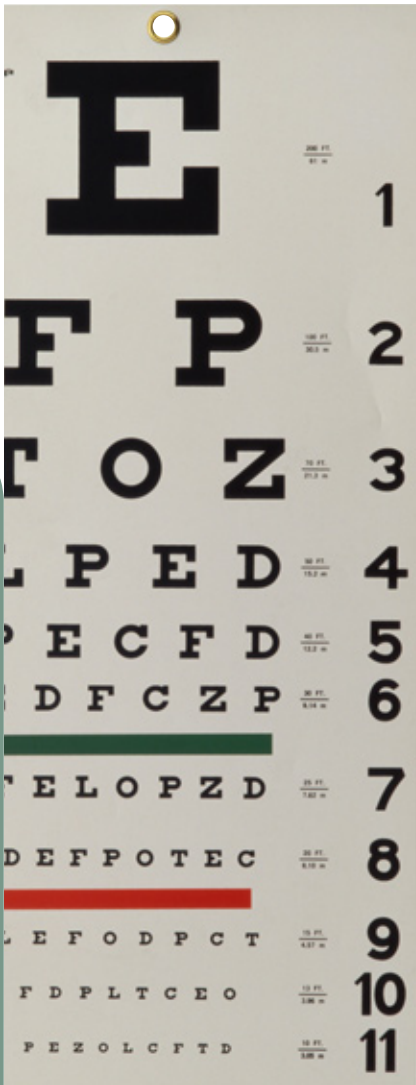
As shown below, you and your enrolled dependents will have less out-of-pocket expenses by using a participating network dentist. For a listing of the network dentists in your area, please visit [www.myuhcdental.com](http://www.myuhcdental.com) or call 1-877-816-3596.

Benefit class	UnitedHealthcare Voluntary Dental		
	Network	Non-network	
Deductible	\$50 single / \$150 family	\$100 single / \$300 family	
Calendar year maximum per person	\$1,500	\$750	
I	Diagnostic services (with no deductible)	100%	75%
	Preventive services (with no deductible)	100%	75%
	Emergency palliative (with no deductible)	100%	75%
	Radiographs (with no deductible)	100%	75%
II	Oral surgery (after deductible)	80%	50%
	Minor restorative (after deductible)	80%	50%
	Periodontics (after deductible)	80%	50%
	Endodontics (after deductible)	80%	50%
III	Prosthodontics (after deductible)	50%	30%
	Major restorative (after deductible)	50%	30%

\* Maximum payment in one year, per person, is \$1,500.

What is

## covered by my vision coverage?



### Voluntary vision coverage

In 2011, OP&F will continue to offer voluntary vision coverage through UnitedHealthcare Vision, underwritten by UnitedHealthcare Ins. Co., as a separate plan, with a separate non-subsidized contribution amount since routine vision services are not covered under the OP&F-sponsored health care coverage. You have the option of enrolling in separate voluntary vision coverage every year as long as you or your eligible dependents are not covered under another Ohio retirement system.

### Enrolling in voluntary vision coverage during the annual change period

You may enroll in voluntary vision coverage even if you do not elect to enroll in an OP&F sponsored health care coverage. Your dependents may only enroll in the voluntary vision plan in which you are enrolled. A list of monthly contributions for the OP&F-sponsored voluntary vision coverage is on page 34.

### Terminating vision coverage

Once you enroll in voluntary vision coverage, you cannot terminate your coverage until there is a valid change in your family status, or the next Annual Change Period. You and your enrolled dependents must remain in your selected coverage throughout the entire year and have monthly contributions deducted from your benefit check. You will have an annual opportunity to re-enroll during the Annual Change Period.

### Coordination of vision benefits

Coverage under the vision plan will be coordinated with those of another vision plan in which you or a dependent may be enrolled. Please contact UnitedHealthcare Vision for more information on the coordination of benefits.

### UnitedHealthcare Vision Care coverage

UnitedHealthcare Vision, underwritten by UnitedHealthcare Insurance Company, helps pay the costs of many of the regular vision services that may be encountered throughout the year. By choosing UnitedHealthcare Vision, you and your eligible dependents will have access to a broad national network of vision care providers, conveniently located retail chain eyewear stores, as well as private practice providers.

Features of the plan include:

- coverage for:
  - vision exams;
  - spectacle lenses and frame coverage;
  - contact lens coverage (in lieu of lenses and frames);
- you pay minimal co-pay at the time of service for the exam, lenses and frames;
- plan provides coverage for either lenses for glasses or contacts every 12 months, but not both;
- you will also have access to discounts for lasik surgery and cosmetic extras that normally may not be covered under a vision plan;
- you and your enrolled dependents may visit any of the many UnitedHealthcare Vision providers through the national network (Vision Plan network is different from the UnitedHealthcare Medical network);

For a listing of network providers, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call 1-800-638-3120.

### Voluntary vision coverage chart

This chart is a summary of some of the benefits available. For a complete listing of benefits, contact UnitedHealthcare Vision. See page 44 for contact information.

Vision Feature	UnitedHealthcare Vision
Plan Frequency	Pair of lenses for eyeglasses: once every 12 months; contact lenses in lieu of eyeglasses: once every 12 months; frames: once every 24 months
Exam Copay	\$10
Materials Copay	\$0
Single vision Lenses	\$0 copay
Lined Bifocal Lenses	\$0 copay
Lined Trifocal Lenses	\$0 copay
Lined Lenticular Lenses	\$0 copay
Scratch Coating	\$0 copay
Frames	*\$0 copay; \$130 Allowance plus up to 50% over allowable at discretion of provider
Contact Lens Fitting and Evaluation	\$0 copay under UnitedHealthcare Vision's Contact Lenses Package

\* The additional 50% is at the discretion of the provider. Currently DOC and Eyemaster will offer up to 50% discount over the \$130 allowable benefit, however, Costco and Wal-Mart do not offer a discount. For example, you go to either DOC or Eyemaster for frames and the frames cost \$200. Your vision plan with UnitedHealthcare Vision would pay the \$130 allowable benefit, and then you would be responsible for up to 50% of the remaining \$70 which would be \$35.

\* Underwritten by UnitedHealthcare Insurance Company

# How much are **my contributions?**

## **Monthly contributions**

Contributions for the health care, prescription drug, voluntary dental and voluntary vision coverages are deducted from your monthly pension benefit when you are enrolled. If the amount of your monthly health care, prescription drug, voluntary dental and/or voluntary vision contributions exceeds the amount of your monthly OP&F benefit payment, then OP&F will bill you for the outstanding balance on a monthly basis. OP&F has the right to withhold monies from your OP&F benefits to offset against any premiums owed. Coverage can be terminated after 91 days of unpaid contributions. Orphans enrolled in health care coverage on their own will be given the lesser of the benefit recipient or child rate. If you have one child that is eligible for Medicare, but your other children are not, all of your children will be charged the non-Medicare rate.

## **Paying full premiums if eligible through an employer or retirement system**

If you or your spouse is employed and eligible for health care or prescription drug coverage through their employer, you can participate in the OP&F-sponsored health care coverage. However, OP&F will not subsidize your health care contributions. Also, if your spouse is eligible for health care or prescription drug coverage through his or her retirement system, as long as it is not another Ohio Retirement System (ORS), he or she will be eligible for the OP&F-sponsored health care coverage but will be responsible for paying the full premium. Please see pages 33 and 34 for the OP&F-sponsored health care full premiums and page 8 for information on benefits through an ORS.

## **2011 Contribution rates for health care and prescription drug coverage**

Contribution rates for the 2011 OP&F-sponsored health care and prescription drug coverages will be based on when you retired or began receiving OP&F benefits.

If you began receiving OP&F benefits on or prior to July 24, 1986, OP&F will subsidize the health care premium 75 percent for you and 50 percent for your dependents. Please see pages 33 and 34 for these contribution rates.

If you began receiving OP&F benefits on or after July 25, 1986, OP&F will subsidize the health care premium 75 percent for you and 25 percent for your dependents. Please see pages 33 and 34 for these contribution rates.

If you or your dependents age 65 and over are Medicare eligible and enrolled in Medicare Parts A & B the contributions that will be deducted from your benefit payment each month beginning January 1, 2011 will be based on AARP Medicare Supplement Plan L rates for the state of Ohio with discounts if applicable. These rates that will be included in your AARP Medicare Supplement Plan enrollment kit will reflect the total cost of your health care coverage options only, and does not reflect any OP&F health care subsidy. Please call UnitedHealthcare at 1-888-832-0964 if you have any questions.

## Health care contributions

**For benefit recipients and eligible dependents who are non-Medicare eligible, early Medicare A & B, early Medicare A only, Medicare B only or OP&F benefit recipient residing outside of the United States and who began receiving OP&F benefits on or prior to July 24, 1986**

This chart outlines the monthly contributions that you are responsible for paying and the subsidized portion that OP&F pays for coverage.

	Not Eligible for Medicare			Non-AARP		
	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for health care coverage	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for health care coverage
Benefit recipient	\$164.77	\$494.33	\$659.10	\$53.40	\$160.20	\$213.60
Spouse	\$218.16	\$218.16	\$436.32	\$90.03	\$90.03	\$180.06
Child(ren)	\$114.03	\$114.02	\$228.05	\$90.03	\$90.03	\$180.06

Medicare Eligible	
Benefit recipient	For those members and dependents that are age 65 and over and enrolled in both Medicare Parts A and B, please contact UnitedHealthcare at 1-888-832-0964 for full premium information.
Spouse	
Child(ren)	

**Contribution rates for benefit recipients and eligible dependents who are non-Medicare eligible, early Medicare A & B, early Medicare A only, Medicare B only or a OP&F benefit recipient residing outside of the United States and who began receiving OP&F benefits on or after July 25, 1986**

This chart outlines the monthly contributions that you are responsible for paying and the subsidized portion that OP&F pays for coverage.

	Not Eligible for Medicare			Non-AARP		
	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for health care coverage	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for health care coverage
Benefit recipient	\$164.77	\$494.33	\$659.10	\$53.40	\$160.20	\$213.60
Spouse	\$327.24	\$109.08	\$436.32	\$135.04	\$45.02	\$180.06
Child(ren)	\$171.04	\$57.01	\$228.05	\$135.04	\$45.02	\$180.06

Medicare Eligible	
Benefit recipient	For those members and dependents that are age 65 and over and enrolled in both Medicare Parts A and B, please contact UnitedHealthcare at 1-888-832-0964 for full premium information.
Spouse	
Child(ren)	

**Not eligible for Medicare:** You and your eligible dependents who have not reached age 65.

**Non-AARP:** You and your eligible dependents who are early Medicare, early Medicare A, early Medicare B, early Medicare A & B, age 65 and older and Medicare A only, age 65 and older and Medicare B only or reside outside the United States.

## Prescription Drug Contributions

**For benefit recipients and eligible dependents who began receiving OP&F benefits on or before July 24, 1986**

This chart outlines the monthly contributions that benefit recipients are responsible for paying and the subsidized portion that OP&F pays for coverage.

	Not Eligible for Medicare			Medicare Eligible		
	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for prescription drug coverage	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for prescription drug coverage
Benefit recipient	\$64.84	\$194.53	\$259.37	\$64.84	\$194.53	\$259.37
Spouse	\$122.17	\$122.16	\$244.33	\$122.17	\$122.16	\$244.33
Child(ren)	\$36.32	\$36.31	\$72.63	\$36.32	\$36.31	\$72.63

**For benefit recipients and eligible dependents who began receiving OP&F benefits on or after July 25, 1986**

This chart outlines the monthly contributions that benefit recipients are responsible for paying and the subsidized portion that OP&F pays for coverage.

	Not Eligible for Medicare			Medicare Eligible		
	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for prescription drug coverage	Benefit recipient's monthly contribution	OP&F's monthly amount	Full premium for prescription drug coverage
Benefit recipient	\$64.84	\$194.53	\$259.37	\$64.84	\$194.53	\$259.37
Spouse	\$183.25	\$61.08	\$244.33	\$183.25	\$61.08	\$244.33
Child (ren)	\$54.47	\$18.16	\$72.63	\$54.47	\$18.16	\$72.63

## Voluntary dental and vision coverage contribution rates

This chart outlines the monthly rates that the benefit recipients are responsible for paying for the 2011 OP&F sponsored voluntary dental and vision coverage. OP&F does not subsidize the voluntary dental and vision programs.

	UnitedHealthcare Voluntary Dental	UnitedHealthcare Vision
Benefit recipient (including survivors)	\$29.24	\$5.48
Benefit recipient and spouse	\$55.15	\$10.29
Benefit recipient and child(ren)*	\$57.45	\$10.09
Benefit recipient, spouse, child(ren)*	\$96.02	\$15.63

\*Contribution rate remains the same regardless of the number of children enrolled.

## Health Care and Prescription Drug Discount Program

In 2011, UnitedHealthcare may grant a 30 percent discount on the monthly contributions for health care and prescription drug coverage if you are enrolled in the OP&F-sponsored health care and prescription drug coverages and have a low household income.

### Eligibility

To be eligible for the contribution discount for 2011, you must have had a total household income in 2009 equal to or less than 200 percent of the poverty level established annually by the Department of Health and Human Services. As a result, the gross income levels that OP&F will use for the 2011 discount period are indicated in the following chart. For example, if there were a total of two individuals residing in your household in 2009 and your combined income was less than or equal to \$29,140, you would be eligible for the discount.

### Application process

Benefit recipients may apply annually during the annual change period to participate in this program via a UnitedHealthcare Health Care and Prescription Drug Discount Form and attaching a copy of the benefit recipient's signed Federal Income Tax return for the most recent filing period. If you do not file a Federal Income Tax return, please contact UnitedHealthcare to request an affidavit. New retirees and survivors may apply for the discount when they are first eligible for coverage. However, to qualify, UnitedHealthcare must receive a completed Health Care and Prescription Drug Discount Form within 60 days if you are the benefit recipient. Survivors have 90 days from the date that UnitedHealthcare sent the application to apply.

### Eligibility for discount program

Use this table to determine if you are eligible for the 2011 Health Care and Prescription Drug Discount Program.

Size of family unit	Household income less than or equal to
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$59,060
7	\$66,540
8	\$74,020
9	\$81,500
10	\$88,980

For each additional person, add \$7,480

#### Household income

All income received by members of the household from OP&F, any earnings related to service retirement or disability benefits, and any other income that is reportable according to the Internal Revenue Service.

#### Members of the household

You, your spouse and any other person residing in your home who is primarily dependent upon you for support.

## **Frequently used terms**

### ***Co-Insurance***

The percentage of expenses that you are responsible for is called co-insurance and is not included in the annual deductible amount. For example, if the plan pays 80 percent, your co-insurance is 20 percent.

### ***Co-insurance limit***

The annual co-insurance limit, which does not include deductibles and co-pays, is the maximum amount of co-insurance that you are responsible for paying per calendar year.

### ***Co-pay***

The amount you are responsible for at the time designated services are rendered. Co-pays are not included in the deductible amounts or in the co-insurance limit.

### ***Deductible***

The amount that you pay before UnitedHealthcare begins to pay claims.

## Notice of Creditable Prescription Drug Coverage (NOCC)

The Medicare prescription drug program, which is known as Medicare Part D, requires OP&F to notify benefit recipients that the drug coverage under the OP&F-sponsored health care plan is “creditable” and that OP&F will continue to offer eligible members and their dependents prescription drug coverage in 2011.

Prescription drug coverage provided by a plan like the OP&F-sponsored plan is “creditable” if, on average for all participants, the plan is expected to pay out at least as much as the standard Medicare Part D coverage would pay. OP&F’s actuarial consultant has verified that the coverage under the OP&F-sponsored plan is creditable.

It is important for individuals to have either Medicare Part D coverage, or plan provided creditable drug coverage such as prescription drug coverage sponsored by OP&F, since a penalty applies to people who enroll late in Medicare Part D or who go without Medicare Part D or creditable coverage for 63 or more days. People who are now in a creditable coverage plan, but who later lose or drop that coverage, also will pay a penalty if they do not enroll in Medicare Part D or another creditable coverage plan within 63 days after their drug coverage ends.

If the penalty applies, your monthly premium under Medicare Part D will go up at least one percent per month for every month you did not have either Medicare Part D or creditable coverage. You also may have to wait until the next open enrollment period, which is November 15-December 31, 2011, to enroll.

If your income is limited, extra help paying for a Medicare part D prescription drug plan is available. For more information about this extra help, contact the Social Security Administration at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 800-772-1213 (TTY 800-325-0778).

Because the OP&F coverage is creditable you do not need to purchase Medicare Part D coverage. If you do purchase Medicare Part D, you will lose your prescription drug coverage under the OP&F-sponsored plan. You will not be permitted to re-enroll in the OP&F-sponsored prescription drug plan unless you meet one of the eligibility requirements listed on page 10.

You will receive a creditable coverage notice each year. You will receive a new notice if the OP&F coverage is changed so that it is no longer creditable. You may request a copy of this notice at any time by calling UnitedHealthcare Customer Service at 888-832-0964.

Please do not discard this notice, as you may need it as proof of creditable coverage.

## Notice of Privacy Practices

In order to protect members personal health information, OP&F follows the standards for procedures and practices for handling and exchanging the protected health information of all health care program participants as outlined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. OP&F will send notifications to all participants, which describe (company’s privacy practices.) HIPAA was established to govern the way in which a health plan sponsor communicates, uses and secures its participants’ protected health information.

This notice describes the privacy practices of OP&F. The notice applies to medical information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services. OP&F protects the privacy of your health information and provides you with this notice, which explains how OP&F will use and disclose protected health information. OP&F abides by the terms of this notice.

## CHIPRA Disclaimer

### **Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 22, 2010. You should contact your State for further information on eligibility

**ALABAMA** – Medicaid; Website: <http://www.medicaid.alabama.gov>; Phone: 1-800-362-1504

**ALASKA** – Medicaid; Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
Phone (Outside of Anchorage): 1-888-318-8890; Phone (Anchorage): 907-269-6529

**ARIZONA** – CHIP; Website: <http://www.azahcccs.gov/applicants/default.aspx>; Phone: 602-417-5422

**ARKANSAS** – CHIP; Website: <http://www.arkidsfirst.com/>; Phone: 1-888-474-8275

**CALIFORNIA** – Medicaid; Website: <http://www.dhcs.ca.gov/Pages/default.aspx>; Phone: 1-800-635-2570

**COLORADO** – Medicaid and CHIP; Medicaid Website: <http://www.colorado.gov/>;  
Medicaid Phone: 1-800-866-3513; CHIP Website: <http://www.CHPplus.org>; CHIP Phone: 303-866-3243

**FLORIDA** – Medicaid; Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>; Phone: 1-866-762-2237

**GEORGIA** – Medicaid; Website: <http://dch.georgia.gov/> Click on Programs, then Medicaid; Phone: 1-800-869-1150

**IDAHO** – Medicaid and CHIP; Medicaid Website: [www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov);  
Medicaid Phone: 208-334-5747; CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov) CHIP Phone: 1-800-926-2588

**INDIANA** – Medicaid; Website: <http://www.in.gov/fssa/2408.htm>; Phone: 1-877-438-4479

**IOWA** – Medicaid; Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/); Phone: 1-888-346-9562

**KANSAS** – Medicaid; Website: <https://www.khpa.ks.gov>; Phone: 1-800-635-2570

**KENTUCKY** – Medicaid; Website: <http://chfs.ky.gov/dms/default.htm>; Phone: 1-800-635-2570

**LOUISIANA** – Medicaid; Website: [www.dhh.louisiana.gov/offices/?ID=92](http://www.dhh.louisiana.gov/offices/?ID=92); Phone: 1-888-342-0555

**MAINE** – Medicaid; Website: <http://www.maine.gov/dhhs/oms/>; Phone: 1-800-321-5557

- MASSACHUSETTS** – Medicaid and CHIP; Medicaid & CHIP Website: <http://www.mass.gov/MassHealth>; Medicaid & CHIP Phone: 1-800-462-1120
- MINNESOTA** – Medicaid; Website: <http://www.dhs.state.mn.us/>; Click on Health Care, then Medical Assistance; Phone: 800-657-3739
- MISSOURI** – Medicaid; Website: <http://www.dss.mo.gov/mhd/index.htm>; Phone: 573-751-6944
- MONTANA** – Medicaid; Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>; Phone: 1-800-694-3084
- NEBRASKA** – Medicaid; Website: <http://www.dhhs.ne.gov/med/medindex.htm>; Phone: 1-877-255-3092
- NEVADA** – Medicaid and CHIP; Medicaid Website: <http://dwss.nv.gov/>; Medicaid Phone: 1-800-992-0900; CHIP Website: <http://www.nevadacheckup.nv.org/>; CHIP Phone: 1-877-543-7669
- NEW HAMPSHIRE** – Medicaid; Website: <http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm>; Phone: 1-800-852-3345 x 5254
- NEW JERSEY** – Medicaid and CHIP; Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>; Medicaid Phone: 1-800-356-1561; CHIP Website: <http://www.njfamilycare.org/index.html>; CHIP Phone: 1-800-701-0710
- NEW MEXICO** – Medicaid and CHIP; Medicaid Website: <http://www.hsd.state.nm.us/mad/index.html>; Medicaid Phone: 1-888-997-2583; CHIP Website: <http://www.hsd.state.nm.us/mad/index.html>, Click on Insure New Mexico; CHIP Phone: 1-888-997-2583
- NEW YORK** – Medicaid; Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/); Phone: 1-800-541-2831
- NORTH CAROLINA** – Medicaid; Website: <http://www.nc.gov>; Phone: 919-855-4100
- NORTH DAKOTA** – Medicaid; Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>; Phone: 1-800-755-2604
- OKLAHOMA** – Medicaid; Website: <http://www.insureoklahoma.org>; Phone: 1-888-365-3742
- OREGON** – Medicaid and CHIP; Medicaid Website: <http://www.oregon.gov/DHS/healthplan/index.shtml>; Medicaid Phone: 1-800-359-9517; CHIP Website: [http://www.oregon.gov/DHS/healthplan/app\\_benefits/ohp4u.shtml](http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml); CHIP Phone: 1-800-359-9517
- PENNSYLVANIA** – Medicaid; Website: <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>; Phone: 1-800-644-7730
- RHODE ISLAND** – Medicaid; Website: [www.dhs.ri.gov](http://www.dhs.ri.gov); Phone: 401-462-5300
- SOUTH CAROLINA** – Medicaid; Website: <http://www.scdhhs.gov>; Phone: 1-888-549-0820
- TEXAS** – Medicaid; Website: <https://www.gethipptexas.com/>; Phone: 1-800-440-0493
- UTAH** – Medicaid; Website: <http://health.utah.gov/medicaid/>; Phone: 1-866-435-7414
- VERMONT** – Medicaid; Website: <http://ovha.vermont.gov/>; Telephone: 1-800-250-8427
- VIRGINIA** – Medicaid and CHIP; Medicaid Website: <http://www.famis.org/>; Medicaid Phone: 1-800-432-5924; CHIP Website: <http://www.famis.org/>; CHIP Phone: 1-866-873-2647
- WASHINGTON** – Medicaid; Website: <http://ihrsa/sites/DCS/COB/default.aspx>; Phone: 1-800-562-6136
- WEST VIRGINIA** – Medicaid; Website: <http://www.wvrecovery.com/hipp.htm>; Phone: 304-342-1604
- WISCONSIN** – Medicaid; Website: <http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm>; Phone: 1-800-362-3002
- WYOMING** – Medicaid; Website: <http://www.health.wyo.gov/healthcarefin/index.html>; Telephone: 307-777-7531

To see if any more States have added a premium assistance program since January 22, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

## How we will use and disclose your health information

### ***For payment***

OP&F may use and disclose your health information so that your health care claims and other benefits can be paid and to determine whether you are eligible for benefits or coverage or if you are covered. As part of this, OP&F may disclose your health information to a family member or friend consistent with OP&F's governing HIPAA Policies and Procedures.

### ***For health care operations***

OP&F may use and disclose your health information for our health care operations. For example, OP&F may use your health information, including claims, to renew a contract for health insurance with an insurance company.

### ***As required by law***

OP&F will use and disclose your health information when required to do so by federal, state or local law.

### ***Judicial and administrative proceedings***

If you are involved in a legal proceeding, OP&F may disclose your health information in response to a request from a court or other administrative body. OP&F may also disclose your health information in response to a subpoena or discovery request if OP&F believes there has been reasonable effort to tell you about the request or there is not an order protecting the information requested.

### ***Business Associates***

Certain aspects of the plan's operations are performed by unrelated parties with whom the Plan has service arrangements. For example, the Plan is assisted in its operations by third-party administrators. These persons who assist the Plan are called business associates. At times, the Plan may disclose PHI to its business associates so they can provide services to the Plan. The Plan will require that any business associate who receives PHI safeguard the privacy of that information.

### ***Other uses and disclosures of your protected health information***

OP&F will not use or disclose your health information in other ways without your written authorization.

## Your rights regarding your protected health information

### ***Right to request restrictions***

You have the right to ask that OP&F limit the uses and disclosures of your health information. You also have the right to request that OP&F not disclose your health information to your friends and family who are involved in your health care or payment for your health care. OP&F is not required to agree with your request for restrictions.

### ***Communications***

You have the right to request that OP&F communicate with you about your personal health matters confidentially, in a particular way or at a particular location.

### ***Right to inspect and copy***

You have the right to inspect and copy your health information.

**Right to amend**

You have the right to request that OP&F amend health information that OP&F has created about you if it is incorrect or incomplete.

**Right to an accounting of disclosures**

You have the right to request that OP&F amend health information that OP&F has created about you if it is incorrect or incomplete.

**Right to a paper copy of this notice**

You may obtain a copy of this notice on OP&F's website, [www.op-f.org](http://www.op-f.org).

To exercise any of these rights, you will need to obtain the appropriate form and submit your request in writing to the OP&F Privacy Officer.

**Changes to this notice**

OP&F reserves the right to change the terms of this notice and to make the new provisions effective for all of your health information that we maintain. OP&F will mail a copy of any revised notice to you.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint in writing with the OP&F Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint, contact OP&F for the complaint form.

**Contact**

If you have any questions about this notice, please contact the OP&F Privacy Officer at 1-800-860-9599.

## **Contact information**

Understanding your options under the OP&F-sponsored health care plan is essential. OP&F encourages you to contact UnitedHealthcare to discuss your options and coverage or to request a provider directory. OP&F does not carry these directories and cannot fulfill such requests.

### ***Eligibility***

UnitedHealthcare  
9200 Worthington Road  
Westerville, OH 43082  
1-888-832-0964  
www.myuhc.com

### ***Medical***

UnitedHealthcare  
Attn: Claims Unit  
P.O. Box 30555  
Salt Lake City, UT 84130  
1-888-332-8885  
www.myuhc.com

### ***AARP Medicare Supplement Insurance***

1-888-832-0964  
www.aarphealthcare.com

### ***Prescription Drug***

UnitedHealthcare Pharmacy Plan  
Attn: Claims Unit  
P.O. Box 30555  
Salt Lake City, UT 84130  
1-888-332-8885  
www.myuhc.com

Prescription Mail Order:  
Medco  
P.O. Box 747000  
Cincinnati, OH 45274-7000  
1-800-473-3455

***Voluntary Dental***

UnitedHealthcare Voluntary Dental Plan  
Attn: Claims Unit  
P.O. Box 30567  
Salt Lake City, UT 84130-0567  
1-877-816-3596  
[www.myuhcdental.com](http://www.myuhcdental.com)

***Voluntary Vision***

United Health Vision Claim Department  
P.O. Box 30978  
Salt Lake City, UT 84130  
1-800-638-3120  
[www.myuhcvision.com](http://www.myuhcvision.com)

***Long-Term Care***

Prudential: 1-800-732-0416  
Aetna: 1-800-537-8521

***Medicare***

Centers for Medicare and Medicaid Services (CMS)  
1-800-633-4227  
[www.Medicare.gov](http://www.Medicare.gov)





UnitedHealthcare  
9200 Worthington Rd  
Westerville, OH 43082  
Phone: (888) 832-0964  
Fax: (866) 459-0518