

# Health care with a difference

## Annual Change Period Guide 2009



**Your health care,  
prescription  
drug, voluntary  
dental and vision  
coverage options.**

**You do not need to return your Annual Change Period Form (ACPF) unless you need to make a change, your preprinted personal information is incorrect, or you are applying for the Health Care and Prescription Drug Discount Program. Please read this guide for complete information.**

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This guide summarizes the most important provisions needed to complete the Annual Change Period Form for the 2009 annual change period. This summary cannot sufficiently represent all of the details of the OP&F-sponsored health care plan. Nothing contained in this summary is meant to interpret, extend or change in any way, the rules and regulations stated in the plan's governing documents. As a result, your rights can only be determined by the provisions of the plan's governing documents.

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" information on Page 19 of Section G, and compare them with the rules of any other plan that covers you or your family.

# Overview of the 2009 OP&F-sponsored health care plan

The Ohio Police & Fire Pension Fund (OP&F) continues to sponsor health care benefits for eligible benefit recipients and their eligible dependents according to the approved benefit plan design, as may be further amended at a later time. OP&F Board of Trustees have reaffirmed their commitment to provide current and future retirees with quality health care and to develop a plan that would provide for the availability of some form of health care subsidy.

During the 2009 Annual Change Period, which runs through October 31, 2008, you and your family members will have the opportunity to participate in the 2009 health care plan provided eligibility requirements are met and you timely file the required paperwork. This guide provides more details about the 2009 OP&F-sponsored health benefit plan, walks you through the Annual Change Period process 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.

It is not mandatory to return the ACPF for the 2009 Annual Change Period unless 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, update your workers' compensation claims, etc.)
- Waive any coverage type for yourself or your dependents
- Enroll or waive voluntary dental or vision coverage for yourself or your dependents

- Apply for the Health Care and Prescription Drug Discount Program
- Are newly employed or have terminated employment, or your spouse is newly employed or has terminated employment

## Eligibility to enroll

If you waive health care or prescription drug coverage for you or your dependents for 2009, you have limited opportunities to enroll in this coverage at a later date.

Re-enrollment is only permitted under the following circumstances:

- Three years after the benefit recipient's retirement from an OP&F employer or commencement of OP&F benefits
- Proof of change in the benefit recipient's family status (such as marriage, death or divorce)
- Proof of involuntary loss of group coverage
- When you become eligible for Medicare

You must notify UnitedHealthcare in writing of these changes and your desire to re-enroll within 60 days of the qualifying event to be eligible for enrollment.

# Overview of the 2009 OP&F-sponsored health care plan

(continued)



## 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.

## Contributions

The contribution rates you will pay to participate in the 2009 OP&F-sponsored health care or prescription drug plans will depend on when you retired or began receiving OP&F benefits.

If you are currently participating in the voluntary dental or vision plan, you automatically will be re-enrolled in the plans through UnitedHealthcare. If you are not currently participating, you can use the ACPF to enroll yourself and any of your eligible dependents in these plans.

## Deadline to return your ACPF

The deadline to return your ACPF is October 31, 2008. 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.

**UnitedHealthcare must receive this form no later than October 31, 2008, for your requested changes to be administered.**

## Notify UnitedHealthcare of changes in eligibility

You must notify UnitedHealthcare in writing if any of the following events occur during the year:

- Change in your address;
- Change in your family status (such as marriage, divorce, dissolution of marriage, legal separation, death);
- You or a dependent become eligible for or lose group health benefit coverage;
- You or a dependent become eligible for Medicare;
- You become eligible for Medicare Part B reimbursement through a source other than OP&F;
- Your dependents between the ages of 18 and 23, and enrolled in the OP&F-sponsored health benefit plan and does not return to school or is enrolled part-time;
- You file a workers' compensation claim or receive a settlement involving a workers' compensation claim; or
- You enroll or terminate coverage for you or a dependent that is enrolled in the Medicare Part D program.

For notification of changes in eligibility that exceeds 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.

Mail the notification to:  
UnitedHealthcare  
9200 Worthington Road  
Westerville, OH 43082

Please include your name, Social Security number and signature.

## 2009 Annual Change Period instructions

Your receipt of this packet signals the beginning of the Annual Change Period, which will run through October 31, 2008.

Use this guide as a reference tool while completing your Annual Change Period Form (ACPF). The guide is designed to work together with the enclosed form — walking you through all steps necessary to complete the form. It also contains detailed information about your options under the OP&F-sponsored health care plan.

### Quick start guide for 2009

#### Step 1 ▼

Read this entire guide for clarification on the health care plan. This publication walks you through each section of the ACPF.

#### Step 2 ▼

Understand the health care plan. Annual Change Period seminars and open houses are scheduled by UnitedHealthcare representatives throughout the state of Ohio in October to discuss the health benefit plan. If you are unable to attend one of these seminars or open houses, you are welcome to contact UnitedHealthcare's Customer Service for more information at 888-832-0964. Please see Page 25 for a list of seminar dates and locations.

#### Step 3 ▼

**Your ACPF must be received by UnitedHealthcare no later than October 31, 2008.** If any preprinted personal information is inaccurate, cross through it and write in a correction. Please sign and return the form in its entirety. Remember, you do not need to return this form unless the items listed on Page 1 of this guide apply.

#### Step 4 ▼

UnitedHealthcare will mail a confirmation letter to all OP&F members whether or not a change is made to your ACPF.

# 2009 Annual Change Period instructions (continued)

## Enrolling in dental and vision coverage

The 2009 Annual Change Period acts as an open enrollment for voluntary dental and vision coverage, unless you are enrolled in another Ohio retirement system's benefits. You are given an opportunity to enroll in the OP&F-sponsored voluntary dental or vision coverage once each year, during the Annual Change Period. You may take this opportunity to enroll yourself and your eligible dependents in this coverage. Please see Page 16 for more information.

## Waiving health care coverage


If you do not currently participate in the OP&F-sponsored health care coverage, you have limited opportunities to enroll. To be eligible to enroll, you must meet one of the following criteria and file the required paperwork within 60 days of the qualifying event as listed below in "Waiving health care coverage."

If you waive or have waived OP&F-sponsored health care or prescription drug coverage for yourself or your dependents, you have limited opportunities to re-enroll. Please see Page 1 of this guide for re-enrollment opportunities.

## Court orders may prohibit waiving coverage

UnitedHealthcare may not be able to process a waiver if contrary to the terms of an existing court order that prohibits you from removing a child from health care, prescription drug, voluntary dental or voluntary vision coverage.

# sample



UnitedHealthcare  
A UnitedHealth Group Company  
UnitedHealthcare/AARP Health Care Options: 888-832-0964

## 2009 Annual Change Period Form (ACPF)

You are not required to return this 2009 Annual Change Period form unless you:

- are Medicare Parts A or B eligible and are enrolling in Medicare Part D (prescription drug coverage) through Centers for Medicare and Medicaid Services (CMS)
- make changes to any pre-printed personal information on this form
- waive any coverage type for yourself or your dependents
- enroll or waive voluntary dental or vision coverage for yourself or your dependents
- apply for the Health Care and Prescription Drug Discount Program (See Section H)
- if you or your spouse are newly employed or have terminated employment

UnitedHealthcare must receive this form no later than **October 31, 2008** in order to administer your requested changes. More detailed information can be found in your Annual Change Period Guide 2009 that accompanies this form.

You are strongly encouraged to carefully read the enclosed *2009 Annual Change Period Guide* and attend an Annual Change Period seminar/open house in your area. The dates of the seminars/open houses are included in the enclosed *2009 Annual Change Period Guide* on page 24.

### Section A – Benefit recipient information

This section was completed for you based on UnitedHealthcare's records. If any pre-printed information is incorrect, cross through it, and write in the correct information. Complete any sections that have not been completed for you. If you change any information in Section A, you must attach a copy of all supporting documentation, such as a birth certificate, solemnized marriage certificate, divorce decree, Social Security card or Medicare card, to this form and return it to UnitedHealthcare in the enclosed envelope.

|  |  |                        |  |
|--|--|------------------------|--|
| Name: first, middle initial, last, suffix (Jr., III, etc.) |  | Social Security number |  |
| Street / Post office box                                   |  | Date of Birth          |  |
| City, state, ZIP code                                      | Marriage date  | Divorce date           |  |
| Phone number   | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |                        |  |
| Medicare status  | Medicaid status  |                        |  |


Yes  No Aside from OP&F, is anybody else reimbursing you for your Medicare Part B premium? If yes, who? \_\_\_\_\_

Yes  No Are you or any dependents enrolled in Medicare Part D drug coverage? If yes, please list their names and effective enrollment dates? \_\_\_\_\_

Yes  No Have you ever terminated Medicare Part D? If yes, please list the date of termination: \_\_\_\_\_

**<Medicare card message (bold)>**

Please do not cut or tear this form.



Page 1 of 9

## Section A - Benefit recipient information

This section refers to Page 1 of 9 of your ACPF

This section contains preprinted information about you based on UnitedHealthcare's records. If any information is incorrect, please cross through it and write in the correction. Please complete any sections that have not been preprinted. If you change any preprinted information on this page, you must attach supporting documentation to your ACPF when you return it in the enclosed envelope to UnitedHealthcare.

### Benefit recipient information

If your Social Security number or birth date is incorrect, please cross through the wrong information and write in the correction. If you change this information, you must attach a copy of your Social Security card or a copy of your birth certificate, as appropriate.

### Marriage date and divorce date

Please indicate the date of your current marriage or most recent divorce, dissolution of marriage or legal separation, if it is not already listed for you. Any changes in marital status reported before this Annual Change Period may not be listed on your ACPF. Please attach a copy of your marriage certificate or decree judgment entry of divorce, dissolution of marriage, or legal separation if your marital status has changed. If you are divorced and single, please mark "divorced" and indicate the date of your divorce.

### Medicare

Most people become eligible for Medicare at age 65; however, people with certain disabilities and diseases may be eligible before age 65. Please contact the Social Security Administration for more information.

It is essential that you and your dependents enroll in Medicare Parts A and B when you are first eligible. If you or your enrolled dependents are not enrolled in Medicare Parts A and B, you will not be eligible to enroll in an AARP Medicare Supplement Plan. If you or your enrolled dependents fail to enroll when first eligible, UnitedHealthcare will process claims as if you or your dependents were eligible for Medicare, and you will be responsible for all fees and expenses incurred that Medicare would have paid. In addition, UnitedHealthcare reserves the right to recover any reimbursements incorrectly processed for you or your dependents.

### Medicare Part B reimbursement

Please indicate if OP&F is the only entity reimbursing you for the Medicare Part B premium. OP&F will reimburse you for the Medicare Part B current "basic premium" rate by including it in your monthly benefit payment as provided for by Ohio law and subject to OP&F's administrative rules. "Basic premium" means the amount of the standard monthly premium for individuals enrolled in Medicare Part B coverage, as determined by the secretary of the health and human services, before any adjustments made to the premium, such as an increase in premium for late enrollment or an increase in premium due to a reduction in the premium subsidy based on income. Dependent spouses who are eligible for Medicare Part B will not be reimbursed for this premium.

If you are eligible to receive the Medicare Part B reimbursement from another Ohio retirement system, Medicaid or other source, you are not eligible for this reimbursement from OP&F. If you are receiving the Medicare Part B reimbursement from OP&F and another source, or if OP&F overpays you for the reimbursement, OP&F will recover these funds from your monthly benefit payment in the manner prescribed by the health benefit plan.

To apply for the Medicare Part B reimbursement, you must attach a copy of your Medicare card, as well as a Medicare billing statement, or a completed OP&F "Medicare Part B Reimbursement Statement." Your reimbursement will begin shortly after UnitedHealthcare receives this information. OP&F will not make retroactive reimbursements.

## Section A - Benefit recipient information *(continued)*

### Medicaid

If you are eligible for Medicaid, you must attach a copy of your eligibility notification. Medicaid provides medical assistance for certain people with a low income. Each state administers its own Medicaid program, establishes its own eligibility guidelines and determines the scope of its services. If you are a Medicare beneficiary who also is fully eligible for Medicaid, your coverage is supplemented by health benefit services available under the state's Medicaid program. If you are a Medicaid recipient who also is a Medicare beneficiary, the program makes payments for any services covered by Medicare before the Medicaid program makes any payments. For more information on Medicaid, please contact your state's Social Security

office. If you become eligible for Medicaid and are enrolled in AARP Health Care Options, you may not be eligible for the AARP coverage and you may need to enroll with UnitedHealthcare. Please contact UnitedHealthcare Customer Service at 888-832-0964 for verification. If you are not eligible for the AARP Medicare Supplement Plan you will be charge the Medicare eligible contribution rates.

If you or your family members are covered by more than one health benefit 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.

## Section B - Dependent information

This section refers to Page 2 of 9 of your ACPF

This section contains preprinted information about your dependents based on UnitedHealthcare's records. If any information is incorrect, please cross through it and write in the correction. Please complete any sections that have not been preprinted when you return it in the enclosed envelope to UnitedHealthcare.

If the Social Security numbers or birth dates for your dependents listed on the form are incorrect, please cross through the wrong information and write in the correction. If you change this information, attach a copy of your dependent's Social Security card or birth certificate.

Due to space available on the ACP form, only six dependents can be shown. Please call UnitedHealthcare's Customer Service at 888-832-0964 to confirm personal information and enrollment options for any dependent not listed.

## Section C - Workers' compensation

This section refers to Page 2 of 9 of your ACPF

This section identifies any workers' compensation claims or settlements filed for you or your dependents. Please complete any blank areas and indicate whether or not you have accepted a lump sum monetary settlement for any of those claims.

The OP&F-sponsored health benefit plan does not cover expenses that were incurred from an on-the-job illness or injury, and covered under a workers' compensation claim or settlement. If you agree upon a lump-sum medical settlement through workers' compensation, any future claims relating to that occupational injury or illness are excluded from OP&F-sponsored coverage.

Due to space limitation on the ACPF, only the first 10 workers' compensation claims are printed. For more information regarding your health benefit coverage and workers' compensation claims, please refer to UnitedHealthcare's Customer Service at 888-832-0964.

## Section D - Health care coverage

This section refers to Page 3 of 9 of your ACPF

### Health care coverage options for 2009

The preprinted information in this section indicates who is enrolled in the OP&F-sponsored health care coverage either through UnitedHealthcare's benefit plan or the AARP Medicare Supplement Plan. If you have no changes, you may continue completing the rest of your ACPF. You may also terminate coverage for yourself or dependents in this section.

### Plan design

The 2009 health care plan will continue to 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 United States. 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.

The OP&F subsidy will be based on the Ohio AARP Medicare Supplement Plan L premium rate, with the option to buy-up to Plan B or Plan F.

Again this year, health care and prescription drug plans are offered as separate coverages with separate monthly contribution amounts. Deductibles, coinsurance, out-of-pocket expenses and copays will remain the same from 2008.

If you or your dependents age 65 and over are Medicare

## Section D - Health care coverage *(continued)*

eligible and are currently enrolled in the AARP Medicare Supplement coverage, you do not need to re-enroll in the plan. You and your dependents will continue to be covered in the AARP Medicare Supplement plan through UnitedHealthcare. 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. If you fail to enroll in an AARP Medicare Supplement Plan when you are first eligible, your Medicare Parts A and B will only apply for your health care coverage. If you apply for coverage through the AARP Medicare Supplement Plan at a later date, you may be required to answer health questions and your acceptance is not guaranteed. You and your dependents will only be eligible for the OP&F subsidy (which is based on the premiums for Ohio AARP Medicare Supplement Plan L) if you are enrolled in AARP Medicare Supplement Plan B, Plan F or Plan L. AARP membership is required for enrollment into the Medicare supplement plans. All new first year AARP memberships will be paid for by UnitedHealthcare when you initially enroll in a Medicare supplement plan. You may cancel your AARP membership at any time; even if you decide not to renew the AARP membership, your Medicare supplement plan will remain in force.

As an AARP member, you will receive discounts on travel and other services. You will also receive information and publications including *The AARP Magazine*, and *The AARP Bulletin*. If you do not wish to receive these publications, you may contact AARP at 1-888-OUR-AARP (1-888-687-2277) to request that your name be removed from the AARP mailing list.

In most states, up to three standardized Medicare supplement plans may be offered. These plans are guaranteed renewable and, in most cases, do not require you to submit any claim forms. With standardized Medicare supplement plans, you have freedom to choose any doctor, specialist, hospital or other provider that accepts Medicare anywhere in the United States. No referrals are required.

### **If enrolled in employer–sponsored plan**

If you or your spouse is eligible for employer–sponsored health care coverage and do not waive OP&F-sponsored coverage, you will be subject to paying the full premiums on Page 20 of this guide.

### **Health care benefit plan coverage**

If you or your dependents are non-Medicare, early Medicare, enrolled in Medicare Part A only or Medicare Part B only, benefits may differ between in-network, non-network and out-of-area coverage, as outlined in the “Health care plan coverage for 2009” chart on Page 10. For complete information, please contact UnitedHealthcare’s Customer Service at 888-832-0964.

### **In-network**

Benefit recipients and dependents that are not eligible for Medicare Parts A and B are encouraged to use network physicians and hospitals. Benefit recipients and dependents that are only enrolled in Medicare Part B must use network providers for hospitalization. Using network providers means that you are charged discounted rates by network physicians, you typically pay much less out-of-pocket, and providers should submit your claims and process the paperwork for you.

### **UnitedHealth Premium® designated doctors**

You and your dependents will have access to network physicians rated by the UnitedHealth Premium designation program. The Premium program allows you and your dependents to choose a physician who provides care that is consistent with industry guidelines on quality and efficiency. To see if your physician participates in your area and how he or she rates, visit the online directory on [myuhc.com](http://myuhc.com) or call 888-832-0964.

## Section D - Health care coverage *(continued)*

### Transplant network

Transplants are some of the most complex, costly and advanced procedures modern medicine has to offer. Although transplants are being performed in more medical centers than ever before, patient survival rates and treatment costs still vary widely.

United Resource Networks has been evaluating transplant programs across the country since 1986. Our Transplant Centers of Excellence network is the nation's leading transplant network, managing more than 12,000 potential transplant patients each year.

### Non-network

Non-network applies to any benefit recipient and dependents who reside within a UnitedHealthcare network and who choose to utilize a provider not within the UnitedHealthcare provider network. Benefit recipients and dependents who are eligible but not enrolled in Medicare Parts A and B, or are enrolled in Medicare Part B and reside in a network area but are not using network physicians, are considered to be non-network. This results in higher out-of-pocket costs, may require notification and requires you to be responsible for doing the paperwork to submit your claims.



### Out-of-area

Out-of-area applies to any benefit recipient and dependents who permanently reside outside the UnitedHealthcare network area and are not required to utilize network providers. Most benefits are paid at the network level. Benefit recipients and dependents not enrolled in Medicare Parts A and B, and permanent residents of an area without a network, are not required to use network physicians. Benefit recipients and dependents enrolled in Medicare Part B only are not required to use network physicians, however; you are required to use network facilities for any Medicare Part A benefit (i.e., inpatient hospitalization, home health care, hospice care). When using out-of-area physicians, you may be required to file claim forms, pre-certify and pay any differences between the physician's fee and the usual, customary and reasonable allowance determined by UnitedHealthcare. You should work with your physician on adjusting or negotiating any amount you may owe.

### AARP Medicare Supplement Plans

Benefit recipients and dependents age 65 and over who are Medicare eligible and enrolled in Medicare Parts A and B may be eligible to enroll in an AARP Medicare Supplement Plan insured by UnitedHealthcare Insurance Company (UnitedHealthcare Insurance Company of New York, for NY residents only.) With a standardized Medicare supplement plan, you have freedom to choose any physician, specialist, hospital or other health care professional that accepts Medicare anywhere in the United States. No referrals are required.

You and your dependents only will be eligible for the OP&F subsidy based on the Ohio AARP Medicare Supplement Plan L premium rate, with the option to buy up to Plan B or Plan F.

## Section D - Health care coverage *(continued)*

### Health care plan coverage for 2009

This chart describes coverage for the 2009 UnitedHealthcare plans for you and your dependents if you are a non-Medicare, early Medicare, Medicare Part A only, Medicare Part B only or reside outside of the United States. The differences between “in-network,” “non-network” and “out-of-area” benefits are on Pages 8 and 9 of this guide.

|   | Network                    | Non-Network            | Out-of-Area               |
|---|----------------------------|------------------------|---------------------------|
| <b>Annual Deductible (2.5 million lifetime maximum per person)</b>                |                            |                        |                           |
| Individual / Family   | \$500 / \$1,000            | \$1,000 / \$2,000      | \$500 / \$1,000           |
| Co-insurance limit  | \$1,500 / \$3,000          | \$5,000 / \$10,000     | \$1,500 / \$3,000         |
| Co-insurance  | 80%                        | 50%                    | 80%                       |
| <b>Physician Services</b>   |                            |                        |                           |
| Office visit  | \$30 / 100%                | 50%                    | 80%                       |
| <b>Emergency Care</b>   |                            |                        |                           |
| Emergency department  | \$100 / 80%                | \$100 / 80%            | \$100 / 80%               |
| Non-emergency services rendered in emergency room                                 | \$100 / 50%                | \$100 / 50%            | \$100 / 50%               |
| Urgent care   | \$50 / 80%                 | 50%                    | 80%                       |
| <b>Hospital In-Patient Services</b>   |                            |                        |                           |
| Prior Admission Testing   | 80%                        | 50%                    | 80%                       |
| Scheduled in-patient admit  | \$250 / 80%                | \$250 / 50% ***        | \$250 / 80%               |
| Emergency in-patient admit *  | \$250 / 80%                | \$250 / 80%            | \$250 / 80%               |
| <b>Ambulatory Services</b>  |                            |                        |                           |
| Diagnostic lab/x-ray  | 80%                        | 50%                    | 80%                       |
| Ambulatory surgery center   | \$150 / 80%                | 50%                    | \$150 / 80%               |
| <b>Mental Health (No Annual Maximum) and Substance Abuse (\$3,100 Annual Max)</b> |                            |                        |                           |
| Scheduled in-patient admit  | \$250 / 80%                | \$250 / 50% ***        | \$250 / 80%               |
| Emergency in-patient admit *  | \$250 / 80%                | \$250 / 80%            | \$250 / 80%               |
| Out-patient   | \$30 co-pay/visit / 80%    | 50%                    | \$30 co-pay/visit / 80%   |
| Out-patient mental/drug   | \$30 co-pay/visit / 80%    | 50%                    | \$30 co-pay/visit / 80%   |
| Out-patient alcohol   | \$30 co-pay/visit / 80%    | 50%                    | \$30 co-pay/visit / 80%   |
| <b>Preventive Care **</b>   |                            |                        |                           |
| Carrier standard  | Office visit co-pay / 100% | 50%                    | 80% office visit/100% lab |
| <b>Other Services</b>   |                            |                        |                           |
| Therapies   | \$30 co-pay/visit / 80%    | 50%                    | \$30 co-pay/visit / 80%   |
| Chiropractor  | \$30 co-pay/visit / 80%    | 50%                    | \$30 co-pay/visit / 80%   |
| Durable medical equipment   | 80%                        | 50%                    | 80%                       |
| Home health care services   | 80%                        | 50%                    | 80%                       |
| Private duty nursing  | 80% (120 hours / year)     | 50% (120 hours / year) | 80% (120 hours / year)    |
| Skilled nursing facility  | \$250 / 80%                | \$250 / 50% ***        | \$250 / 80%               |
| Sub-acute rehabilitation center   | \$250 / 80%                | \$250 / 50% ***        | \$250 / 80%               |
| Ambulance   | 80%                        | 50%                    | 80%                       |
| Hospice (In-patient / Out-patient)  | 100%                       | 50%                    | 100%                      |

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

\*\* Office visit co-pay when applicable; vaccines for travel are not covered.

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

## Section D - Health care coverage *(continued)*

### Health care benefit plan contribution rates effective January 1, 2009

Contribution rates for the 2009 OP&F-sponsored health care benefit plan will depend on when you retired or began receiving OP&F benefits. If you began receiving OP&F benefits on or before July 24, 1986, OP&F will subsidize 75 percent of your health care contributions for you and 50 percent for your dependents. If you began receiving OP&F benefits on or after July 25, 1986, OP&F will subsidize 75 percent of your contributions and 25 percent for your dependents' contributions.

If you or your dependents are a non-Medicare eligible benefit recipient, early Medicare recipient, Medicare A only recipient, Medicare B only recipient or an OP&F benefit recipient residing outside of the United States, the contributions deducted from your benefit payment each month beginning January 1, 2009, are shown.

If you or your dependents age 65 and older are Medicare eligible and enrolled in Medicare Parts A and B, the contributions deducted from your benefit payment each month beginning January 1, 2009, will be based on AARP Medicare Supplement Ohio Plan L premium rate. These rates will reflect the total cost of your medical coverage options only, and do not reflect any OP&F medical contribution.

If the amount of your monthly health care contribution exceeds the amount of your monthly OP&F benefit payment, then OP&F will bill you for the outstanding balance on a monthly basis. Orphans enrolled in health benefit coverage on their own will be given the lesser of the benefit recipient or child rate. If you have one child who is eligible for Medicare, but your other children are not, all of your children will be charged the non-Medicare rate.

### Contribution rates for benefit recipients and dependents who are non-Medicare eligible, early Medicare A only, Medicare B only or a OP&F benefit recipient residing outside of the United States and began receiving OP&F benefits on or before July 24, 1986.

This chart outlines the monthly contributions that you are responsible for and the subsidized portion that OP&F pays for coverage. The figures shown may vary slightly due to rounding.

|                   | Not Eligible for Medicare                |                       | Non-AARP Eligible                        |                       |
|-------------------|--|-----------------------|--|-----------------------|
|                   | Benefit recipient's monthly contribution | OP&F's monthly amount | Benefit recipient's monthly contribution | OP&F's monthly amount |
| Benefit recipient | \$158.74                                 | \$476.22              | \$51.44                                  | \$154.32              |
| Spouse            | \$210.17                                 | \$210.17              | \$86.73                                  | \$86.73               |
| Child             | \$109.85                                 | \$109.85              | \$86.73                                  | \$86.73               |

## Section D - Health care coverage *(continued)*

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

This chart outlines the monthly contributions that you are responsible for and the subsidized portion that OP&F pays for coverage. The figures shown may vary slightly due to rounding.

|                   | Not Eligible for Medicare                |                       | Non-AARP Eligible                        |                       |
|-------------------|--|-----------------------|--|-----------------------|
|                   | Benefit recipient's monthly contribution | OP&F's monthly amount | Benefit recipient's monthly contribution | OP&F's monthly amount |
| Benefit recipient | \$158.74                                 | \$476.22              | \$51.44                                  | \$154.32              |
| Spouse            | \$315.25                                 | \$105.08              | \$130.10                                 | \$43.37               |
| Child             | \$164.77                                 | \$54.92               | \$130.10                                 | \$43.37               |

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

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

## Section E - Prescription drug plan

This section refers to Page 5 of 9 of your ACPF

### Current prescription drug coverage

The prescription drug coverage will continue to offer one plan design with one carrier, UnitedHealthcare Pharmacy, for all OP&F retirees, both Medicare and non-Medicare, unless you are currently enrolled in Medicare Part D. The prescription drug plan will continue to be offered as a separate benefit, with separate contribution amounts. The preprinted information on Page 5 of your ACPF indicates who is currently enrolled in OP&F-sponsored pharmacy plan. In this section, you can verify, change or terminate your pharmacy coverage for yourself or dependents. If you

do not have any changes to the preprinted information in this section, you do not need to complete any part of Page 5 on your ACPF.

UnitedHealthcare Pharmacy utilizes a very comprehensive prescription drug list based on cost and effectiveness. You and your family members will continue to have access to an integrated Web site, [myuhc.com](http://myuhc.com), which includes 24/7 access to participating physicians and hospitals, drug pricing information, programs to improve your medication decision-making, and many other wellness tools and resources.

## Section E - Prescription drug plan *(continued)*

### Prescription drug coverage for 2009

A few things to remember about the OP&F-sponsored prescription drug plan for 2009 include:

- Currently enrolled OP&F benefit recipients will continue to participate in the UnitedHealthcare pharmacy plan (unless enrolled in Medicare Part D).
- More than 60,000 pharmacies participate in UnitedHealthcare's national retail pharmacy network, so you should have immediate access to a participating pharmacy.
- Prescriptions are categorized by tiers:
  - Tier 1 is the lowest copayment level which includes predominantly generic drugs; however, some generic drugs may fall into other tier levels.
  - Tier 2 is the middle copayment level which includes many brand-name drugs.
  - Tier 3 is the highest copayment level, which includes several products with a Tier 1 or Tier 2 alternative.
- Prescription drugs may change tiers annually. For example, a drug may move from Tier 1 to Tier 2, or from Tier 3 down to Tier 1, which may result in a higher or lower copayment amount. Prescription drugs also may tier down six times per year. For example, a drug may move from Tier 3 to Tier 2, or from Tier 2 down to Tier 1, which will result in a lower copayment amount. You will receive a notification 30 days in advance of any drug that is scheduled to move from one tier to another.
- Nexium® capsule is excluded from the pharmacy benefit coverage on UnitedHealthcare's Prescription Drug List (PDL); however, Nexium suspension packets are covered on Tier 3.

- Five alternatives to Nexium are available on all three tiers, as well as over-the-counter alternatives, such as Prilosec®.
- Specialty drugs
  - We have a designated specialty pharmacy that offers superior assistance and support services to you during your treatment. Using our specialty pharmacy is beneficial to you because the pharmacy is experienced in storing, handling and distributing these unique medications.

Many times, the specialty pharmacy is able to provide products and services that are not available through a traditional retail pharmacy. Specialty pharmacy has nurses and pharmacists on staff with expertise in complex and high-cost diseases. Plus, you will receive comprehensive education and support, access to free supplies such as syringes and needles, and development of a care plan, if necessary.

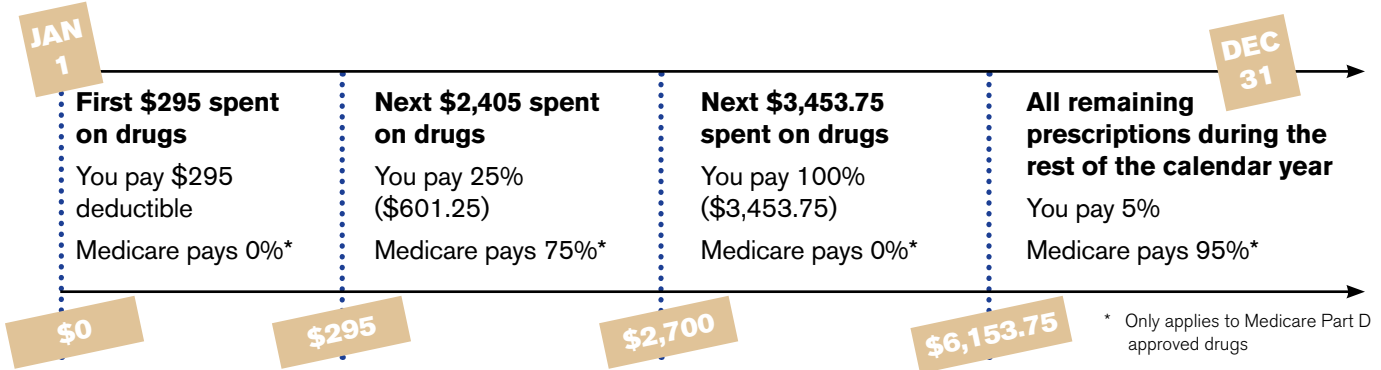
To contact the specialty pharmacy 24/7, call our referral line at 866-429-8177. A representative will answer questions you may have about the program.

### Waiving prescription drug coverage to enroll in Medicare Part D

Medicare Part D is Medicare's prescription drug plan. If you or your dependents are eligible for Medicare, and are enrolled or are enrolling in Medicare Part D, please indicate your waiver of OP&F-sponsored prescription drug coverage on Page 5 of your ACPF. If you enroll in Medicare Part D, you are not permitted to enroll or remain enrolled in the OP&F-sponsored prescription drug coverage. If you terminate coverage from the OP&F-sponsored prescription drug coverage, opportunities to re-enroll are limited.

## Section E - Prescription drug plan *(continued)*

### Medicare Part D benefits chart



These figures used above are for the Medicare Part D 2009 plan. Medicare Part D annually adjusts the plan's premium, deductibles and co-insurance. Contact the Centers for Medicare and Medicaid Services (CMS) at 800-633-4227 or online at [www.medicare.gov](http://www.medicare.gov) for information on enrolling in Medicare Part D.

UnitedHealthcare annually will provide enrolled Medicare-eligible benefit recipients a Notice of Creditable Coverage, so that you will not have a penalty if you would like to enroll in Medicare Part D at a later date.

### Prescription drug plan contributions

The contributions deducted from your benefit payment each month beginning January 1, 2009, are shown on Pages 14 and 15. These rates are for prescription drug coverage only. If the amount of your monthly prescription drug contribution exceeds the amount of your monthly

OP&F benefit payment, then OP&F will bill you for the outstanding balance on a monthly basis.

Orphans enrolled in prescription drug 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.

Contribution rates for the 2009 OP&F-sponsored prescription drug plan will depend on when you retired or began receiving OP&F benefits. If you began receiving OP&F benefits on or before July 24, 1986, OP&F will subsidize the prescription drug premium 75 percent for you and 50 percent for your dependents. If you began receiving OP&F benefits on or after July 25, 1986, OP&F will subsidize 75 percent of your premium and 25 percent for your dependents' premium.

### Contribution rates if you began receiving OP&F benefits on or before July 24, 1986

This chart outlines the monthly contributions for which you are responsible and the subsidized portion that OP&F pays for coverage. The figures shown may vary slightly due to rounding.

|                   | Not Eligible for Medicare                |                       | Medicare Eligible                        |                       |
|-------------------|--|-----------------------|--|-----------------------|
|                   | Benefit recipient's monthly contribution | OP&F's monthly amount | Benefit recipient's monthly contribution | OP&F's monthly amount |
| Benefit recipient | \$62.95                                  | \$188.86              | \$62.95                                  | \$188.86              |
| Spouse            | \$118.61                                 | \$118.61              | \$118.61                                 | \$118.61              |
| Child             | \$35.25                                  | \$32.25               | \$35.25                                  | \$32.25               |

## Section E - Prescription drug plan *(continued)*

### Contribution rates if you began receiving OP&F benefits on or after July 25, 1986

This chart outlines the monthly contributions for which you are responsible and the subsidized portion that OP&F pays for coverage. The figures shown may vary slightly due to rounding.

|                   | Not Eligible for Medicare                |                       | Medicare Eligible                        |                       |
|-------------------|--|-----------------------|--|-----------------------|
|                   | Benefit recipient's monthly contribution | OP&F's monthly amount | Benefit recipient's monthly contribution | OP&F's monthly amount |
| Benefit recipient | \$62.95                                  | \$188.86              | \$62.95                                  | \$188.86              |
| Spouse            | \$177.91                                 | \$59.30               | \$177.91                                 | \$59.30               |
| Child             | \$52.88                                  | \$17.63               | \$52.88                                  | \$17.63               |

### Prescription drug plan coverage

The OP&F-sponsored prescription drug plan allows you and your enrolled dependents to purchase medications for a copayment at either a retail location or, for the greatest savings, through the mail.

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

#### Retail pharmacies

Whether at home or traveling, you will have easy access to one of UnitedHealthcare's participating retail pharmacies. The retail pharmacy is best used to purchase medications that you take on a short-term or immediate need basis. You will still save money when purchasing medications at a retail pharmacy for long-term medication, but the copayments will be higher than through mail order.

You will have lower out-of-pocket expenses by purchasing your medications at a participating retail pharmacy. In addition, when you use a participating retail pharmacy, you will have no deductible or claim forms to file.

#### Mail-service pharmacy

UnitedHealthcare's pharmacy plan uses Medco for the administration of the mail-order benefit. For a greater copayment 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 and no waiting for reimbursement. Simply mail your prescription and copayment directly to Medco by Mail for processing. Once received, our mail-order service processes the script within two business days and will send to the member's home. Prescription refills can be ordered over the telephone, through the mail or Internet.

## Section F - Voluntary dental and vision coverage

This section refers to Page 6 of 9 of your ACPF

Routine dental and vision care services are not covered under the OP&F-sponsored health care benefit coverage. To supplement your health care benefit coverage, you have the option of enrolling in separate voluntary dental and vision coverage each year. UnitedHealthcare will continue to offer the voluntary dental and vision coverage in 2009.

In 2009, OP&F will continue to offer voluntary dental and vision coverage as a separate benefit, with separate contribution amounts. The preprinted information on Page 6 of your ACPF indicates who is enrolled in voluntary dental and vision coverage for 2009. In this section, please verify, enroll or terminate coverage for you and your dependents. If you wish for your voluntary dental and vision coverage to remain the same throughout 2009, you do not need to complete any part of Page 6 of your ACPF.

### Voluntary dental and vision coverage contribution amounts for 2009

The monthly contributions deducted from your benefit payment beginning January 1, 2009, are shown below. These rates are for voluntary dental and vision coverage only. If the amount of your monthly voluntary dental and vision coverage contribution exceeds the amount of your monthly OP&F benefit payment, OP&F will bill you for the outstanding balance on a monthly basis.

### Monthly contribution rates for voluntary dental and vision coverage

|   | UnitedHealthcare<br>Dental | UnitedHealthcare<br>Vision |
|---|----------------------------|----------------------------|
| Benefit recipient<br>(including survivors)  | \$24.95                    | \$5.48                     |
| Benefit recipient<br>and spouse             | \$47.06                    | \$10.29                    |
| Benefit recipient<br>and child(ren)         | \$49.02                    | \$10.09                    |
| Benefit recipient,<br>spouse and child(ren) | \$81.93                    | \$15.63                    |

### Enrolling in voluntary dental or vision coverage

Once you enroll in voluntary dental or vision coverage, you cannot terminate your coverage until December 31, 2009, unless there is a valid change in your family status. You and your enrolled dependents must remain in your selected coverage throughout the entire year and have monthly contributions deducted from your benefit check.

### Waiving voluntary dental or vision coverage

If you wish to waive voluntary dental or vision coverage for yourself or your dependents, you will not have another opportunity to re-enroll until the 2010 Annual Change Period, unless there is a valid change in your family status.

### Voluntary dental and vision coverage for 2009

Please make sure all of the information in the chart on Page 6 of your ACPF is correct.

### Voluntary dental coverage

The OP&F-sponsored voluntary dental plan carrier will be UnitedHealthcare in 2009 which 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.

You and your enrolled dependents may choose to use any dentist you prefer; however, you will have less out-of-pocket expenses by using a participating network dentist. Orthodontia services are not covered under the UnitedHealthcare plan. Other exclusions and limitations may apply. Contact UnitedHealthcare Customer Service at 888-832-0964 for more information.

## Section F - Voluntary dental and vision coverage

(continued)

### 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 MaxMultiplier (CMM)

Consumer MaxMultiplier allows you to carry forward a portion of your unused annual dental maximum into an account for future use. For additional information, please see dental information included in this packet.

### Voluntary dental coverage

As shown below, you and your enrolled dependents will have less out-of-pocket expenses by using a network dentist. For a listing of network dentists in your area, please visit [www.myuhcdental.com](http://www.myuhcdental.com) or call 888-832-0964.



|                      |   | UnitedHealthcare Dental    |                             |
|----------------------|---|----------------------------|-----------------------------|
|                      |   | Network                    | Non-network                 |
| <b>Benefit class</b> | Deductible                                | \$50 single / \$150 family | \$100 single / \$300 family |
|                      | Calendar year maximum per person          | \$1,500                    | \$750                       |
| <b>I</b>             | 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%                         |
|                      | Oral surgery (after deductible)           | 80%                        | 50%                         |
| <b>II</b>            | Minor restorative (after deductible)      | 80%                        | 50%                         |
|                      | Periodontics (after deductible)           | 80%                        | 50%                         |
|                      | Endodontics (after deductible)            | 80%                        | 50%                         |
|                      | Prosthodontics (after deductible)         | 50%                        | 30%                         |
| <b>III</b>           | Major restorative (after deductible)      | 50%                        | 30%                         |

# Section F - Voluntary dental and vision coverage

(continued)

## Voluntary vision coverage

The OP&F-sponsored voluntary vision plan carrier, UnitedHealthcare Vision\*, 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), all at low out-of-pocket costs to you and your eligible dependents. You also will have access to discounts for vision correction surgery and cosmetic extras that may not be covered under this vision plan.

You and your dependents may visit any of the many UnitedHealthcare Vision providers through the national network. You pay a minimal copay at the time of service for the exam, lenses and frames. Plan provides coverage for lenses in eyeglasses or contacts every 12 months, but not both.

## Voluntary vision coverage chart

This chart is a summary of some of the benefits available. For a complete listing of benefits, contact UnitedHealthcare Customer Service at 888-832-0964.

|                                     | UnitedHealthcare Vision   |
|-------------------------------------|---|
| <b>Vision Feature</b>               |   |
| 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 + 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

## Section G – Employer/Retiree-sponsored health care or prescription drug coverage

This section refers to Page 7 of 9 of your ACPF

OP&F currently subsidizes (pays a portion of) your health care and prescription drug benefits. However, under certain circumstances, OP&F will not subsidize your health care benefits, and you may be required to pay the full premiums on the following page.

### Eligible for health care or prescription drug coverage through an employer

- **Employed and eligible for health care or prescription drug coverage through an employer**  
If you or your spouse is employed and eligible for health care or prescription drug coverage through the employer, you will be eligible to participate in the OP&F-sponsored health benefit plan. You will be responsible, however, for paying the full premium for the coverage that you select.
- **Retired and eligible for health care or prescription drug coverage through an employer**  
If your spouse is eligible for health care or prescription drug coverage through his or her retirement system, he or she will be eligible for the OP&F-sponsored health care benefit plan. You will be responsible, however, 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 22.
- **Dependent only coverage**  
If your dependents are not eligible for health care or prescription drug coverage through you or your spouse's employer, you may enroll your eligible dependents in the OP&F-sponsored health care or prescription drug benefit plans without enrolling yourself. In order to receive any dependent subsidy, UnitedHealthcare requires documentation that coverage is not available for your dependents through your employer.

### Loss of coverage through employer

If you lose health care or prescription drug coverage through your employer, you then will 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 from the employer upon receipt. 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 benefit coverage, UnitedHealthcare will coordinate your benefits with the other plan. To determine how those benefits will be handled, please contact UnitedHealthcare at 888-832-0964.

### Full premiums for OP&F-sponsored health care and prescription drug coverage

The chart on Page 20 describes premiums for the 2009 health care coverage if you or your eligible dependents are non-Medicare eligible, early Medicare, Medicare A only, Medicare B only or an OP&F retiree residing outside of the United States. This chart also describes premiums for the 2009 prescription drug coverage for all benefit recipients and their dependents enrolled in the OP&F-sponsored prescription drug benefit plan. Figures shown may vary slightly due to rounding.

## Section G – Employer/Retiree-sponsored health care or prescription drug coverage *(continued)*

|                   | Not Eligible for Medicare             |   | Medicare Eligible                     |   |
|-------------------|---------------------------------------|---|---------------------------------------|---|
|                   | Full premium for health care coverage | Full premium for prescription drug coverage | Full premium for health care coverage | Full premium for prescription drug coverage |
| Benefit recipient | \$634.95                              | \$251.82                                    | See Medicare Supp. Plan               | \$251.82                                    |
| Spouse            | \$420.34                              | \$237.21                                    | See Medicare Supp. Plan               | \$237.21                                    |
| Child             | \$219.69                              | \$70.51                                     | See Medicare Supp. Plan               | \$70.51                                     |

|                   | Non-AARP Eligible                     |   |
|-------------------|---------------------------------------|---|
|                   | Full premium for health care coverage | Full premium for prescription drug coverage |
| Benefit recipient | \$205.77                              | \$251.82                                    |
| Spouse            | \$173.46                              | \$237.21                                    |
| Child             | \$173.46                              | \$70.51                                     |

If you or your dependents are 65 and older and employed or retired with coverage available through such employer or retirement plan, you will pay the full premium of the Medicare supplemental plan you enroll in through AARP Health Care Options.

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

**Medicare eligible:** You and your eligible dependents who are age 65 and older are Medicare eligible and enrolled in Medicare Parts A and B.

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

## Section H - Health care and prescription drug discount program

This section refers to Page 8 of 9 of your ACPF

In 2009, OP&F will grant a 30 percent discount on the monthly contributions for health care and prescription drug benefits if you are enrolled in the OP&F-sponsored health care and prescription drug benefit plans and meet mandatory criteria. Each year, you must submit a new application and required paperwork to apply for the discounted rate.

### Eligibility

To be eligible for the contribution discount for 2009, you must have had a total household income in 2007 equal to or less than 200 percent of the poverty level established annually by the U.S. Department of Health and Human Services. As a result, the gross income levels that OP&F will use for the 2009 discount period are indicated below. For example, if there were a total of two people residing in your household in 2007, and your combined income was less than or equal to \$28,000.00, you would be eligible for the discount.

### Eligibility for discount program

Use this table to determine if your 2007 household income makes you eligible for the 2009 medical and prescription drug discount program.

| Size of family unit | Household income less than or equal to |
|---------------------|--|
| 1                   | \$20,800.00                            |
| 2                   | \$28,000.00                            |
| 3                   | \$35,200.00                            |
| 4                   | \$42,400.00                            |
| 5                   | \$49,600.00                            |
| 6                   | \$56,800.00                            |
| 7                   | \$64,000.00                            |
| 8                   | \$71,200.00                            |
| 9                   | \$78,400.00                            |
| 10                  | \$85,600.00                            |

For each additional person, add \$7,200.00

#### 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.

### Application process

If your total household income is equal to or less than the guidelines listed in this section, you can apply for the discount by completing the form printed on Page 8 of the ACPF and attaching a copy of the benefit recipient's signed Federal Income Tax return for the year preceding the year in which the benefit recipient is seeking a discount on the monthly contribution. UnitedHealthcare must receive this form no later than October 31, 2008, for you to be considered for this discount. Please allow adequate time for mail delivery. If UnitedHealthcare does not receive this form by the deadline, you waive any right to request a discount for 2009. There are no retroactive discounts.

If the benefit recipient is not required to file a Federal Income Tax return, please contact UnitedHealthcare for an affidavit at 888-832-0964.

### Notification of approval

Only those applications received by October 31, 2008, will be reviewed. UnitedHealthcare will notify you in writing via the confirmation letter if you have been approved or disapproved for the contribution discount program for 2009. Since OP&F's Board of Trustees reviews the discount program annually, this discount only will be valid for 2009. Each year, you must submit a new application.

## Section I - Other Ohio retirement system benefits

This section refers to Page 9 of 9 of your ACPF

This section addresses people who may receive benefits from another Ohio retirement system (ORS) and do not enroll in an AARP Medicare supplemental plan through AARP Health Care Options. As described below, a person who is eligible to receive health care or prescription drug coverage through another ORS may not be eligible to enroll in the OP&F-sponsored plans.

### Affiliation with another Ohio retirement system

If you are eligible for health care, prescription drug or voluntary dental and vision coverage through one of the other Ohio retirement systems (ORS), you may not be eligible for the health benefit coverage sponsored by OP&F. These systems include: Ohio Public Employees Retirement System, School Employees Retirement System, State Highway Patrol Retirement System and State Teachers Retirement System. The specific impact to benefit recipients, survivors and dependent spouses is discussed below.

### OP&F retirees

If you receive a service retirement or disability benefit from OP&F and another ORS, you can participate in OP&F-sponsored health care, prescription drug, voluntary dental or vision plans if you have the same or more service credit with OP&F. You cannot receive health care benefits from more than one retirement system.

### Surviving spouses

If you receive a statutory survivor benefit from OP&F and are receiving a service retirement or disability benefit from another ORS, you are not eligible to participate in OP&F-sponsored health care, prescription drug, voluntary dental or vision plans. If you are receiving statutory survivor benefits from more than one system, you may only enroll in the OP&F-sponsored health benefit plan if your OP&F effective date is before the other ORS effective date.



### Surviving children

Surviving children have primary health care coverage under the surviving spouse. Children, however, 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 can participate in the OP&F-sponsored health benefit plan coverage.

### Dependent spouses

Dependent spouses who are active members of another ORS can participate in OP&F-sponsored health care, prescription drug, voluntary dental or vision coverage until they retire and become eligible for health care benefit coverage through that retirement system.

### Dependent children

If a child has one parent who is eligible for health benefit coverage through OP&F and another parent who is eligible for health benefit coverage through another ORS, the parent may select OP&F or the ORS for the child's coverage. The child, however, cannot be a dependent of more than one ORS.

## Section J - Signature and acknowledgment

This section refers to Page 9 of 9 of your ACPF

You must sign this section if you are completing and returning the ACPF because you have corrections, applied for the 2009 discount, made changes or need to update your information on file with UnitedHealthcare. If you hold power of attorney or guardianship and sign the ACPF, please provide the supporting documentation, unless previously provided. The documentation will be reviewed by UnitedHealthcare before processing the ACPF.

While UnitedHealthcare does not require you to sign and file the signature validation unless you have changes, corrections or updates, if you do not return a new signature validation or acceptance of the selected benefits sponsored to UnitedHealthcare, this action will constitute your agreement to comply with the terms and conditions of the OP&F-sponsored health benefit plan, as generally discussed in this guide, and serves as a representation that there have been no changes on the form.

Please be sure to sign and date this section so your changes or enrollment can be processed.

**sample**

**Section I — Other Ohio retirement system benefits**

Yes  No Do you receive a pension from any other Ohio retirement system?  
If yes, please mark which Ohio retirement system.  
 Ohio Public Employees Retirement System (OPERS)  
 Ohio State Highway Patrol Retirement System (OSHPRS)  
 School Employees Retirement System (SERS)  
 State Teachers Retirement System (STRS)


Yes  No Does your spouse receive a pension from any other Ohio retirement system?  
If yes, please mark which Ohio retirement system.  
 Ohio Public Employees Retirement System (OPERS)  
 Ohio State Highway Patrol Retirement System (OSHPRS)  
 School Employees Retirement System (SERS)  
 State Teachers Retirement System (STRS)

**Section J — Signature and acknowledgement**

You must sign and timely file this form with UnitedHealthcare if you have corrections, changes or need to update your information on file. If you do not sign and return this form, it will constitute your agreement that your information has not changed and you want to enroll with the elections outlined herein.

To the extent that this Section is signed and timely filed with UnitedHealthcare, I represent to UnitedHealthcare that all the information shown herein or provided by me is true and complete, including any information provided for purposes of filing for the Health Care and Prescription Drug Coverage Discount Program and that no information has been omitted. I further agree that UnitedHealthcare is entitled to recover all losses incurred by OP&F resulting from the foregoing representation being incorrect or incomplete, along with any losses incurred by OP&F relating to the failure to comply with the health care plan requirements or to timely provide requested information or documentation on behalf of myself or my covered person(s) and that any misstatement, misrepresentation or omission may impact my ability to participate in the health care plan sponsored by OP&F.

In all events, the coverages selected herein and the corresponding deduction of contributions from my benefit payments shall continue (subject to changes in the program, coverages, and contributions, as established by the Board of Trustees or Third Party Administrators from time to time) until I have waived my coverage and if my contributions exceed my benefit payment, OP&F must be reimbursed any difference or risk termination of coverage. If waiving coverage, I acknowledge the limited opportunities to re-enroll in the plan.

|   |                   |
|---|-------------------|
| Benefit recipient's signature*  | Date of signature |
|  |                   |

\* If you are signing as a power of attorney (POA) and your name does not appear in the space below, UnitedHealthcare requires a copy of the POA papers and will review them to ensure UnitedHealthcare can accept it for the processing of the form.

To correct your preprinted address, please make corrections to the above.

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Please do not cut or tear this form.

## Section J - Signature and acknowledgment

(continued)

### Benefit recipient contact information

The Annual Change Period is your opportunity to update your address with UnitedHealthcare. If the information shown is inaccurate or you are planning to move soon, please provide the correct information. This will help you receive updated information from UnitedHealthcare about your benefits.

Understanding your benefits under the OP&F-sponsored health benefit plan is essential. OP&F encourages you to attend an Annual Change Period open house in your area. If you are unable to attend one of these open houses, you are welcome to contact UnitedHealthcare using the telephone numbers listed below. To search the physician directory, visit UnitedHealthcare online at **myuhc.com**. OP&F does not carry these directories and cannot fulfill such requests.

### Obtain more information

| Health Care                                      |              |                        |
|--|--------------|------------------------|
| UnitedHealthcare                                 | 888-832-0964 | myuhc.com              |
| AARP Health Care Options                         | 888-832-0964 | www.aarphealthcare.com |
| Prescription Drug                                |              |                        |
| UnitedHealthcare Pharmacy Plan                   | 888-832-0964 | myuhc.com              |
| Voluntary Dental                                 |              |                        |
| UnitedHealthcare Voluntary Dental Plan           | 888-832-0964 | myuhcdental.com        |
| Voluntary Vision                                 |              |                        |
| UnitedHealthcare Voluntary Vision Plan*          | 888-832-0964 | myuhcvision.com        |
| Medicare   |              |                        |
| Centers for Medicare and Medicaid Services (CMS) | 800-633-4227 | www.medicare.gov       |

\*Underwritten by UnitedHealthcare Insurance Company.

## Annual Change Period seminars

UnitedHealthcare has scheduled a series of informational open houses and 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.

### October 2008

#### Oct. 1, 2008

9:00 a.m. to noon  
Ohio University Inn &  
Conference Center  
331 Richland Ave.  
Athens, OH 45701

#### Oct. 2, 2008

9:00 a.m. to noon  
Friends Community Center  
1202 18th Street  
Portsmouth, OH 45662

#### Oct. 3, 2008

9 a.m. to noon  
Christopher's River View  
Conference Center  
30 North Plaza Blvd.  
Chillicothe, OH 45601

#### Oct. 6, 2008

9:00 a.m. to noon and  
1:00 p.m. to 3:30 p.m.  
Doubletree Worthington  
175 Hutchinson Ave.  
Columbus, OH 43235

#### Oct. 7, 2008

9:00 a.m. to noon  
Holiday Inn  
116 Park Avenue West  
Mansfield, OH 44902

#### Oct. 8, 2008

9:00 a.m. to noon  
Ramada Zanesville  
4645 East Pike  
Zanesville, OH 43701

#### Oct. 13, 2008

9:00 a.m. to noon and  
1:00 p.m. to 4:00 p.m.  
Hilton Toledo  
3100 Glendale Avenue  
Toledo, OH 43614

#### Oct. 14, 2008

9:00 a.m. to noon  
Castaway Bay  
2001 Cleveland Road  
Sandusky, OH 44870

#### Oct. 16, 2008

9:00 a.m. to noon  
Holiday Inn Steubenville  
1401 University Blvd.  
Steubenville, OH 43952

#### Oct. 23, 2008

9:00 a.m. to noon and  
1:00 p.m. to 4:00 p.m.  
Holiday Inn Dayton North  
2301 Wagner Ford Rd.  
Dayton, OH 45414

#### Oct. 24, 2008

9:00 a.m. to noon and  
1:00 p.m. to 4:00 p.m.  
Oasis Conference Center  
(Cincinnati Area)  
902 Loveland-Miamiville Road  
Loveland, OH 45140

#### Oct. 28, 2008

9:00 a.m. to noon and  
1:00 p.m. to 4:00 p.m.  
Courtyard Marriott  
4375 Metro Circle NW  
Canton, OH 44720

#### Oct. 29, 2008

9:00 a.m. to noon  
Holiday Inn Hotel &  
Conference Center Boardman  
(Youngstown area)  
7410 South Ave.  
Boardman, OH 44512

#### Oct. 30, 2008

9:00 a.m. to noon and  
1:00 p.m. to 4:00 p.m.  
Holiday Inn Express / Lamalfa  
Conference Center  
(Cleveland area)  
5783 Helsley Rd.  
Mentor, OH 44060

#### Oct. 31, 2008

9:00 a.m. to noon and  
1:00 p.m. to 4:00 p.m.  
Holiday Inn Strongsville  
(Cleveland area)  
15471 Royalton Road  
Strongsville, OH 44136

### Teleconference call

We will be hosting three teleconference calls on Oct. 20, 2008

Time: **9:00 a.m. EST** Dial in: **800-700-7784** Participation access code: **955939**

Time: **2:00 p.m. EST** Dial in: **800-700-7784** Participation access code: **955942**

Time: **7:00 p.m. EST** Dial in: **800-700-7784** Participation access code: **955943**



UnitedHealthcare  
9200 Worthington Rd  
Westerville, OH 43082  
Phone: (888) 832-0964  
Fax: (614) 410-7449