



Addendum to the 2012 Employee Benefit Options Guide



State Bird, Scissortailed Flycatcher



State Animal, Buffalo



State Wild Flower, Indian Blanket



State Reptile, Mountain Boomer

During its December 16, 2011, meeting, the Oklahoma State and Education Employees Group Insurance Board adopted new pharmacy benefits for the HealthChoice health plans that are different than the benefits described in the *Employee Benefit Options Guide* for Plan Year 2012. The differences are described below.

- On page 2, under the heading *HealthChoice Pharmacy Benefit*, the following replaces the second bullet:
 - ◆ HealthChoice is changing the pharmacy copay structure and the quantity of medication you can get per copay. Up to a 90-day supply of medication can be purchased at all HealthChoice Network Pharmacies. The HealthChoice Pharmacy Network includes both independent and national chain pharmacies.
 - ◆ To view the list of Preferred medications, see the *HealthChoice Select Medication List* on the HealthChoice website or contact Medco. See Help Lines on page 28.
- The back page of this addendum replaces page 22.

YOUR COSTS FOR NETWORK SERVICES	HEALTHCHOICE HIGH, HIGH ALTERNATIVE, BASIC, BASIC ALTERNATIVE, AND USA PLANS	HEALTHCHOICE S-ACCOUNT PLAN
<p style="text-align: center;">PHARMACY BENEFITS</p>	<p>NETWORK UP TO A 30-DAY SUPPLY OF ANY MEDICATION</p> <ul style="list-style-type: none"> •Generic medication – \$10 copay or cost of medication if less •Preferred brand-name medication – medication cost up to \$60, \$15 copay or cost of medication if less; medication cost more than \$60, 25% up to maximum copay of \$30 •Non-Preferred brand-name medication – medication cost up to \$60, \$30 copay or cost of medication if less; medication cost more than \$60, 50% up to maximum copay of \$60 <p style="text-align: center;">UP TO A 90-DAY SUPPLY OF ANY MEDICATION</p> <ul style="list-style-type: none"> •Generic medication – \$25 copay or cost of medication if less •Preferred brand-name medication – medication cost up to \$120, \$30 copay or cost of medication if less; medication cost more than \$120, 25% up to maximum copay of \$60 •Non-Preferred brand-name medication – medication cost up to \$120, \$60 copay or cost of medication if less; cost of medication more than \$120, 50% up to maximum copay of \$120 <p style="text-align: center;">Specialty Medications</p> <p>Specialty medications are covered for a 30-day supply only when ordered through Accredo Health.</p> <ul style="list-style-type: none"> •Preferred medication - \$60 copay •Non-Preferred medication - \$120 copay <p>Note: All Plan provisions apply. Only costs for Preferred medications purchased at Network Pharmacies apply to the annual \$2,500 out-of-pocket limit. Some medications are subject to prior authorization and/or quantity limitations. If you choose a brand-name medication when a generic is available, you are responsible for the difference in the cost in addition to the copay.</p> <p>Pharmacy out-of-pocket limit - \$2,500 per person using Preferred products at Network pharmacies, then you pay \$0</p>	<p>After combined medical and pharmacy deductible (\$1,500 individual/\$3,000 family) has been met, the pharmacy benefits are:</p> <p>NETWORK UP TO A 30-DAY SUPPLY OF ANY MEDICATION</p> <ul style="list-style-type: none"> •Generic medication – \$10 copay or cost of medication if less •Preferred brand-name medication – medication cost up to \$60, \$15 copay or cost of medication if less; medication cost more than \$60, 25% up to maximum copay of \$30 •Non-Preferred brand-name medication – medication cost up to \$60, \$30 copay or cost of medication if less; medication cost more than \$60, 50% up to maximum copay of \$60 <p style="text-align: center;">UP TO A 90-DAY SUPPLY OF ANY MEDICATION</p> <ul style="list-style-type: none"> •Generic medication – \$25 copay or cost of medication if less •Preferred brand-name medication – medication cost up to \$120, \$30 copay or cost of medication if less; medication cost more than \$120, 25% up to maximum copay of \$60 •Non-Preferred brand-name medication – medication cost up to \$120, \$60 copay or cost of medication if less; cost of medication more than \$120, 50% up to maximum copay of \$120 <p style="text-align: center;">Specialty Medications</p> <p>Specialty medications are covered for a 30-day supply only when ordered through Accredo Health.</p> <ul style="list-style-type: none"> •Preferred medication - \$60 copay •Non-Preferred medication - \$120 copay

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