



Specialty Drugs / Injectable Prescriptions & Out-of-Pocket Maximums **FY09 Plan Year (July 1, 2008 – June 30, 2009)**

Please understand these important distinctions for specialty drugs and injectable prescriptions for FY09 under the State's Self-Funded Plan (the OA Options administered by Great-West Healthcare, now a part of CIGNA), Such administration reflects current trends in the insurance industry for what are very often highly effective and highly useful, but high-cost medications.

OA-750, OA-1500, OA-3000 - Specialty Drugs / Injectables / Infusions

- The co-insurance required to be paid by the member is 30% for specialty drugs, including injectable prescriptions (the plan pays 70%). This is the same co-insurance as in FY08. New for FY09, the State is changing the "not-to-exceed" amounts for the members' co-insurance, increasing from \$250 for a 34-day supply and \$500 for a 90-day supply to **\$300 for a 34-day supply and \$750 for a 90-supply**.
- When these specialty drugs, including self-administered injectables, other than insulin, are **dispensed through a pharmacy**, the member's co-insurance payment **WILL NOT** count towards the out-of-pocket maximum.
- When specialty drugs, including injectables and infusions, but excluding prevention immunizations and diagnostic drugs, are **administered in an office**, the co-insurance payment **WILL** count towards the out-of-pocket maximum.

OA-H - Specialty Drugs / Injectables / Infusions

- Due to the federal regulations surrounding HSA-qualified plans such as the OA-H, prescriptions are not treated separately from medical claims under the OA-H options.
- Under the OA-H option, the full cost of prescriptions must be paid until the deductible is reached, including specialty drugs / injectables / infusions. There are no co-pays for prescriptions.
- These prescription costs count towards the full, medical deductibles in the OA-H option.
- Once the deductible amount is reached, the plan pays a percentage of the costs of the prescriptions.
 - The plan will pay 85% for specialty drugs, including self-administered injectables **dispensed through a pharmacy**.
 - For specialty drugs, injectables and infusions **administered in an office**, the plan will pay 70% of the cost.

Specialty Drugs are defined as: High-cost injectable, infused, oral or inhaled drugs that generally require special storage, handling, dosing and administering, are usually prescribed by a specialist, and require close monitoring of the patient's drug therapy. They may also include biologic agents that have to be customized to an individual. Most are used to treat chronic diseases. Rare genetic diseases, such as cystic fibrosis, hemophilia, or multiple sclerosis were treated with earlier specialty drugs. Now there are specialty drugs for the treatment of more common conditions such as diabetes and rheumatoid arthritis, leading to an increase in use and cost.

FY09 HEALTH PLAN DESCRIPTION FORM – Open Access

		Open Access – 1500		Open Access –3000	
		In-Network	Out-of-Network	In-Network	Out-of-Network
<p>Important Note: This form is not a contract. It is only a summary. The contents of this form are subject to the provisions of the Plan, which contains all terms, covenants and conditions of coverage. Your Plan may exclude coverage for certain treatments, diagnoses or services not noted below. The benefits shown in this summary may only be available if required Plan procedures are followed (e.g. Plans may require Pre-Treatment Authorization or use of specified providers or facilities). Consult the actual Summary Plan Description to determine the exact terms and conditions of coverage. Coinsurance % reflects the amount the Plan will pay.</p>					
Part A: Type of Coverage					
1. Type of Plan	Preferred Provider Organization- Open Access Network				
2. Out-of-Network Care Covered? ¹	Yes, but patient pays more for out-of-network care.				
3. Areas of Colorado where Plan is Available	Plan is available nationally.				
Part B: Summary of Benefits					
4. Plan Year Deductible					
a) Individual	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000
b) Family	\$3,000	\$6,000	\$6,000	\$12,000	\$12,000
	The in-network deductible may not be used to satisfy the out-of-network deductible.	The out-of-network deductible may not be used to satisfy the in-network deductible.	The in-network deductible may not be used to satisfy the out-of-network deductible.	The out-of-network deductible may not be used to satisfy the in-network deductible.	The out-of-network deductible may not be used to satisfy the in-network deductible.
5. Plan Year ² Out-of-Pocket maximum (includes deductible, if any)					
a) Individual	\$3,000	\$6,000	\$5,000	\$10,000	\$10,000
b) Family	\$6,000	\$12,000	\$10,000	\$20,000	\$20,000
	The in-network out-of-pocket maximum may not be used to satisfy the out-of-network out-of-pocket maximum.	The out-of-network out-of-pocket maximum may not be used to satisfy the in-network out-of-pocket maximum.	The in-network out-of-pocket maximum may not be used to satisfy the out-of-network out-of-pocket maximum.	The out-of-network out-of-pocket maximum may not be used to satisfy the in-network out-of-pocket maximum.	The out-of-network out-of-pocket maximum may not be used to satisfy the in-network out-of-pocket maximum.
6. Lifetime Maximum	No lifetime maximum with 2 exceptions: a) surgical treatment of morbid obesity, if Medically Necessary, is covered up to a lifetime maximum of \$7,500 including complications; b) Substance Abuse 60-day inpatient and 60-visit outpatient lifetime maximum.				
7. Covered Providers	Great-West Healthcare Open Access Network, Pharmacy Services provided by Express Scripts® and Vision Services provided by Avesis®. Both are by arrangement with Great-West Healthcare.	All providers licensed or certified to provide covered benefits.	Great-West Healthcare Open Access Network, Pharmacy Services provided by Express Scripts® and Vision Services provided by Avesis®. Both are by arrangement with Great-West Healthcare.	All providers licensed or certified to provide covered benefits.	
8. Medical Professional Services	80% after deductible	60% after deductible	75% after deductible	50% after deductible	
9. Office Visits	80% after deductible	60% after deductible	75% after deductible	50% after deductible	
10. Scheduled Preventive Care					
a) Children	90% not subject to deductible	70% not subject to deductible	90% not subject to deductible	70% not subject to deductible	
b) Adults	90% not subject to deductible	70% not subject to deductible	90% not subject to deductible	70% not subject to deductible	
11. Maternity					
a) Prenatal care	80% after deductible	60% after deductible	75% after deductible	50% after deductible	
b) Delivery & Inpatient well baby care	80% after deductible	60% after deductible	75% after deductible	50% after deductible	
c) Delivery professional services	80% after deductible	60% after deductible	75% after deductible	50% after deductible	

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12. Prescription Drugs	a) & b) & c) subject to \$150 per member Rx deductible before copays apply, waived for generics		a) & b) & c) subject to \$150 per member Rx deductible before copays apply, waived for generics.	
a) Retail Copays - Generic - Preferred - Non-Preferred	\$10 \$25 \$50 (30-day supply)	Not Covered	\$10 \$25 \$50 (30-day supply)	Not Covered
b) Mail Order Copays - Generic - Preferred - Non-Preferred	\$25 \$62.50 \$125 (90-day supply)	Not Covered	\$25 \$62.50 \$125 (90-day supply)	Not Covered
c) Self-admin. Injectables disp. thru pharmacy	Plan pays 70%. Member share not to exceed \$300 per 34-day supply or \$750 per 90-day supply.	Not Covered	Plan pays 70%. Member share not to exceed \$300 per 34-day supply or \$750 per 90-day supply.	Not Covered
d) Injectables admin. in office or OP facility	70% after deductible (Plan Year deductible – see #4 above.)	Not Covered	70% after deductible (Plan Year deductible – see #4 above.)	Not Covered
The Prescription Drug Program has been designed to encourage the use of generic medications. If a generic drug is available, but the preferred drug is dispensed (whether by your request or upon a physician specifying “Dispense As Written”), you are required to pay the applicable preferred copayment PLUS the difference in cost between the generic and preferred drug. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity and stability as preferred drugs.				
13. Inpatient Hospital	80% after deductible	60% after deductible	75% after deductible	50% after deductible
14. Outpatient / Ambulatory Surgery	80% after deductible	60% after deductible	75% after deductible	50% after deductible
15. Other services				
a) Laboratory	80% after deductible	60% after deductible	75% after deductible	50% after deductible
b) X-ray	80% after deductible	60% after deductible	75% after deductible	50% after deductible
c) MRI / PET / CAT scans	80% after deductible	60% after deductible	75% after deductible	50% after deductible
b) & c) subject to Pre-Treatment Authorization				
16. Emergency Care³	80% after deductible	60% after deductible	75% after deductible	50% after deductible
17. Ambulance				
a) Ground	80% after in-network deductible, maximum benefit \$1,000 per trip.		75% after in-network deductible, maximum benefit \$1,000 per trip.	
b) Air	80% after in-network deductible, maximum benefit \$10,000 per trip.		75% after in-network deductible, maximum benefit \$10,000 per trip.	
18. Urgent Care³	80% after deductible	60% after deductible	75% after deductible	50% after deductible
19. Biologically Based Mental Health⁴ Care	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness	Covered same as any other illness

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20. Other Mental Health Care		Maximum 45 full/90 partial days for inpatient services and 30 visits for outpatient services per Plan Year. Number of days and visits applies to both in and out-of-network; combined with Substance Abuse.			
	a) Inpatient care b) Outpatient care	80% after deductible 80% after deductible	60% after deductible 60% after deductible	75% after deductible 75% after deductible	50% after deductible 50% after deductible
21. Substance Abuse		Maximum 45 full/90 partial days for inpatient and 30 visits for outpatient per Plan Year. Number of days and visits applies to both in and out-of-network; combined with other Mental Health. Lifetime maximum 60 full days for inpatient and 60 visits for outpatient. Other Mental Health is not subject to the 60-day or 60-visit lifetime limit, but inpatient days and outpatient visits for such services do apply to and reduce the 60-day or 60-visit lifetime limit for Substance Abuse.			
	a) Inpatient rehab. b) Outpatient	80% after deductible 80% after deductible	60% after deductible 60% after deductible	75% after deductible 75% after deductible	50% after deductible 50% after deductible
22. Physical, Occupational & Speech Therapy		80% after deductible, maximum 20 visits per Plan Year for each therapy. The number of visits applies to both in and out-of-network.			
	a) Inpatient b) Outpatient	80% after deductible 80% after deductible, maximum 20 visits per Plan Year for each therapy. The number of visits applies to both in and out-of-network.	60% after deductible 60% after deductible, maximum 20 visits per Plan Year for each therapy. The number of visits applies to both in and out-of-network.	75% after deductible 75% after deductible, maximum 20 visits per Plan Year for each therapy. The number of visits applies to both in and out-of-network.	50% after deductible 50% after deductible, maximum 20 visits per Plan Year for each therapy. The number of visits applies to both in and out-of-network.
23. Durable Medical Equipment		80% after deductible, maximum of \$5,000 per Plan Year for in and out-of-network expenses combined. (Prosthetic devices are not subject to the \$5,000 maximum and do not reduce the \$5,000 maximum.)			
	a) Inpatient b) Outpatient	80% after deductible 80% after deductible, maximum of \$5,000 per Plan Year for in and out-of-network expenses combined. (Prosthetic devices are not subject to the \$5,000 maximum and do not reduce the \$5,000 maximum.)	60% after deductible 60% after deductible, maximum of \$5,000 per Plan Year for in and out-of-network expenses combined. (Prosthetic devices are not subject to the \$5,000 maximum and do not reduce the \$5,000 maximum.)	75% after deductible 75% after deductible, maximum of \$5,000 per Plan Year for in and out-of-network expenses combined. (Prosthetic devices are not subject to the \$5,000 maximum and do not reduce the \$5,000 maximum.)	50% after deductible 50% after deductible, maximum of \$5,000 per Plan Year for in and out-of-network expenses combined. (Prosthetic devices are not subject to the \$5,000 maximum and do not reduce the \$5,000 maximum.)
24. Medical Supplies		80% after deductible	60% after deductible	75% after deductible	50% after deductible
25. Oxygen		Included in Hospital			
	a) Inpatient b) Outpatient	80% after deductible	60% after deductible	75% after deductible	50% after deductible
26. Transplants		80% after deductible	Not Applicable (Transplants must be in-network.)	80% after deductible	Not Applicable (Transplants must be in-network.)
27. Home Health Care <i>Subject to Pre-Treatment Authorization</i>		80% after deductible, 60 visits per Plan Year. Maximum includes in and out-of-network visits.			
		60% after deductible, 60 visits per Plan Year. Maximum includes in and out-of-network visits.	60% after deductible, 60 visits per Plan Year. Maximum includes in and out-of-network visits.	75% after deductible, 60 visits per Plan Year. Maximum includes in and out-of-network visits.	50% after deductible, 60 visits per Plan Year. Maximum includes in and out-of-network visits.
28. Hospice		80% after deductible, 30 days per Plan Year. Number of days applies to both in and out-of-network.			
	a) Inpatient b) Outpatient	80% after deductible, 30 days per Plan Year. Number of days applies to both in and out-of-network. 80% after deductible, 91 days per Plan Year. Number of days applies to both in and out-of-network.	60% after deductible, 30 days per Plan Year. Number of days applies to both in and out-of-network. 60% after deductible, 91 days per Plan Year. Number of days applies to both in and out-of-network.	75% after deductible, 30 days per Plan Year. Number of days applies to both in and out-of-network. 75% after deductible, 91 days per Plan Year. Number of days applies to both in and out-of-network.	50% after deductible, 30 days per Plan Year. Number of days applies to both in and out-of-network. 50% after deductible, 91 days per Plan Year. Number of days applies to both in and out-of-network.

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29. Skilled Nursing Facility Care	80% after deductible 30 days per Plan Year. Number of days applies to both in and out-of-network.	60% after deductible 30 days per Plan Year. Number of days applies to both in and out-of-network.	75% after deductible 30 days per Plan Year. Number of days applies to both in and out-of-network.	50% after deductible 30 days per Plan Year. Number of days applies to both in and out-of-network.
30. Dental Care	Not covered	Not covered	Not covered	Not covered
31. Vision Care AVESIS NETWORK- please see page 112 of the summary plan description for details on this benefit.	After \$50 copay, Plan pays 100%. One exam every Plan Year. No benefit for hardware, but a discount is available through Avesis@ network.	After \$50 copay, Plan pays 100% up to \$35. One exam every Plan Year. No benefit for hardware.	After \$50 copay, Plan pays 100%. One exam every Plan Year. No benefit for hardware, but a discount is available through Avesis@ network.	After \$50 copay, Plan pays 100% up to \$35. One exam every Plan Year. No benefit for hardware.
32. Chiropractic Care and Acupuncture	80% after deductible, maximum benefit \$750 per Plan Year per benefit. Maximum applies to both in and out-of-network visits.	60% after deductible, maximum benefit \$750 per Plan Year per benefit. Maximum applies to both in and out-of-network visits.	75% after deductible, maximum benefit \$750 per Plan Year per benefit. Maximum applies to both in and out-of-network visits.	50% after deductible, maximum benefit \$750 per Plan Year per benefit. Maximum applies to both in and out-of-network visits.
33. Significant Additional Covered Services				
a) Hearing Aids	100% after deductible, limited to \$500 every 3 years. Maximum applies to both in and out-of-network.	100% after deductible, limited to \$500 every 3 years. Maximum applies to both in and out-of-network.	100% after deductible, limited to \$500 every 3 years. Maximum applies to both in and out-of-network.	100% after deductible, limited to \$500 every 3 years. Maximum applies to both in and out-of-network.
b) Infertility	80% after deductible, maximum benefit \$2,500 per Plan Year. Limit applies to both in and out-of-network.	60% after deductible, maximum benefit \$2,500 per Plan Year. Limit applies to both in and out-of-network.	75% after deductible, maximum benefit \$2,500 per Plan Year. Limit applies to both in and out-of-network.	50% after deductible, maximum benefit \$2,500 per Plan Year. Limit applies to both in and out-of-network.
Part C: Limitations and Exclusions				
34. Period During which Pre-Existing Conditions are not Covered	Not applicable. Plan does not impose limitation periods for pre-existing conditions.			
35. What Treatments & Conditions are excluded Under this Policy?	See Summary Plan Description for list of exclusions.			
Part D: Using the Plan				
36. Does the enrollee have to obtain a referral for specialty care in most or all cases?	No	No	No	No
37. Is Pre-Treatment Authorization required for surgical procedures and hospital care (except in an emergency)?	Yes. See Summary Plan Description for list of procedures.	Yes. See Summary Plan Description for list of procedures.	Yes. See Summary Plan Description for list of procedures.	Yes. See Summary Plan Description for list of procedures.
38. If the provider charges more for a covered service than the Plan normally pays, does the enrollee have to pay the difference?	No	Yes	No	Yes
39. What is the main customer service number?	1-888-ST8-OFKO (1-888-788-6326)			

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40. Whom do I write/call if I have a complaint or want to file a grievance?	Call the Great-West Customer Service Department at (1-888-788-6326)	
41. Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Submit Appeals form to: Great-West Healthcare Attention Appeals/Grievance 8525 E. Orchard Road, 4T3 Greenwood Village, Colorado 80111	
42. To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small group, or large group; and if it is a short-term policy	Policy Number: 179528 Self-funded large group.	
43. Does the Plan have a binding arbitration clause?	No	
44. What is the cost of this Plan? a) Employee Only b) Employee + Child(ren) c) Employee + Spouse d) Family	Rates are available on the Benefits website www.colorado.gov/dpa/dhr/benefits .	

¹Network refers to a specified group of physicians, hospitals, medical clinics and other health care providers that your Plan may require you to use in order for you to get any coverage at all under the Plan, or that the Plan may encourage you to use because it pays more of your bill if you use network providers (i.e. go in-network) than if you don't (i.e. go out-of-network).

²Out-of-pocket maximum. The maximum amount you will have to pay for allowable covered expenses under a health Plan, which may or may not include the deductible or copay, depending on the contract for that Plan. Mental Health Expenses do not apply to the out-of-pocket (does not include Biologically based Mental Health).

³Emergency Care means the sudden, and at the time, unexpected onset of a health condition that requires immediate medical attention, where failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy. Urgent care means situations that are not life threatening but require prompt medical attention to prevent serious deterioration in a member's health.

⁴Biologically Based Mental Health means: schizophrenia, schizo-affective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder and panic disorder.