

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 – 750

In-Network Only

Out-of-Network Only

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.

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 b) Family	\$750 \$1,500 The in-network deductible may not be used to satisfy the out-of-network deductible.	\$1,500 \$3,000 The out-of-network deductible may not be used to satisfy the in-network deductible.
5. Plan Year Out-of-Pocket maximum ² a) Individual b) Family	\$3,000 \$6,000 The in-network out-of-pocket maximum may not be used to satisfy the out-of-network out-of-pocket maximum.	\$6,000 \$12,000 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, Pharmacy Services provided by Express Scripts® 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
9. Office Visits	80% after deductible	60% after deductible
10. Scheduled Preventive Care: a) Children b) Adults	90% not subject to deductible 90% not subject to deductible	70% not subject to deductible 70% not subject to deductible
11. Maternity a) Prenatal care b) Delivery & Inpatient well baby care c) Delivery Professional services	80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible
12. Prescription Drugs Level of coverage and restrictions on prescriptions a) Retail Copay - Generic - Preferred - Non-Preferred b) Mail Order Copay - Generic - Preferred - Non-Preferred c) Self-admin. Injectables disp. thru Pharmacy d) Injectables admin. in office or OP facility	a), b) and c) subject to \$150 per member RX deductible before copay applies; does not apply to generics. \$10 \$25 \$50 (30 day supply) \$25 \$62.50 \$125 (90 day supply) Plan pays 70%. Member share not to exceed \$300 per 34-day supply or \$750 per 90-day supply Plan pays 70%	Not Applicable Not Applicable Not Applicable Not Applicable

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.

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	In-Network	Out-of-Network
13. Inpatient Hospital	80% after deductible	60% after deductible
14. Outpatient / Ambulatory Surgery	80% after deductible	60% after deductible
15. Other services		
a) Laboratory	80% after deductible	60% after deductible
b) X-ray	80% after deductible	60% after deductible
c) MRI / PET / CAT scans	80% after deductible	60% after deductible
<i>b) & c) subject to Pre-Treatment Authorization</i>		
16. Emergency Care	80% after deductible	60% after deductible
<p>“Emergency 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.</p>		
17. Ambulance		
a) Ground	80% after in-network deductible, maximum benefit \$1,000 per trip.	
b) Air	80% after in-network deductible, maximum benefit \$10,000 per trip.	
18. Urgent Care	80% after deductible	60% after deductible
<p>“Urgent Care” means situations that are not life threatening but require prompt medical attention to prevent serious deterioration in a member’s health.</p>		
19. Biologically Based Mental Health³ Care	Covered same as any other Illness	Covered same as any other Illness
20. Other Mental Health Care	Maximum 45 full/90 partial days inpatient services and 30 visits for outpatient services per Plan Year. Maximum number of days and visits combined with Substance Abuse.	
a) Inpatient care	80% after deductible	60% after deductible
b) Outpatient care	80% after deductible	60% after deductible
21. Substance Abuse	Maximum 45 full/90 partial days inpatient services and 30 visits for outpatient services per Plan Year. Number of days and visits are combined with Other Mental Health care. Lifetime maximum 60 full days for inpatient and 60 visits for outpatient. Other Mental Health Care 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	80% after deductible	60% after deductible
b) Outpatient	80% after deductible	60% after deductible
22. Physical, Occupational & Speech Therapy		
a) Inpatient	80% after deductible	60% after deductible
b) Outpatient	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, 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		
a) Inpatient	80% after deductible	60% after deductible
b) Outpatient including supp.	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, 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	Plan pays 80%	Not Applicable
25. Oxygen		
a) Inpatient	Included in Hospital	Included in Hospital
b) Outpatient	80% after deductible	60% after deductible
26. Transplants	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.
28. Hospice		
a) Inpatient	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.
b) Outpatient	80% after deductible 91 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.

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Open Access– 750		
	In-Network	Out-of-Network
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.
30. Dental Care	Not covered	Not covered
31. Vision Care AVESIS NETWORK- please see page 112 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.
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.
33. Significant Additional Covered Services a) Hearing Aids b) Infertility	100% after deductible, limited to \$500 every 3 years. Maximum applies to both in and out-of-network. 80% after deductible, maximum benefit \$2,500 per Plan Year. Limit 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. 60% 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	
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.	
38. If the provider charges more for a covered service than the Plan normally pays, does the enrollee have to pay the difference?	Not if the provider participates with Great-West Healthcare.	
39. What is the main customer service number?	1-888-ST8-OFCO (1-888-788-6326)	
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/Grievances 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	

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Part E: Costs

- 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 their 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.

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.