

OPERS **Pre-Medicare Retirees: Aging Into Medicare**

We are interested in your feedback! Please share with us your confidence level in understanding each topic **BEFORE** and **AFTER** the presentation has concluded. Place a checkmark in the box that best fits your confidence level.
(1 = Low, 2 = Somewhat Low, 3 = Moderate, 4 = Somewhat High, 5 = High)

Your Confidence Level in Understanding Each Topic	BEFORE the Presentation					AFTER the Presentation				
	1	2	3	4	5	1	2	3	4	5
Difference between Medicare Supplement and Advantage Plans										
When I Should Enroll in Medicare										
When I Should Enroll in an Individual Medicare Plan										
Common Health Care Terms										
How to Prepare for the Enrollment Process										
How I'll Work with Via Benefits										
How I'll Use My HRA										

How did you hear about this presentation?
☐ OPERS Email ☐ OPERS Newsletter ☐ opers.org ☐ OPERS Educational Event ☐ Call from OPERS ☐ Friend/Co-Worker

Welcome!

Please take a moment to complete the **BEFORE the Presentation** section of the survey card.



Pre-Medicare Retirees Aging Into Medicare

Health Care Disclaimer

This presentation reflects current information. There is no promise, guarantee, contract or vested right to access to health care coverage or a premium allowance.

The OPERS Board of Trustees has the discretion to review, rescind, modify or change the health care plan at any time.

Although health care is not a statutory requirement, OPERS understands that meaningful health care is part of a secure retirement.

Who Should be Attending This Presentation?



- **Retirees who are within 15 months of turning age 65**



- **Retirees farther away from turning age 65 run the risk of changes happening from what is being discussed today before you transition**

We're Going to Review the Questions:

1

What's the difference between Medicare Supplement Plans and Medicare Advantage Plans?

2

How do I prepare for the enrollment process?

3

When should I enroll in Medicare?

4

When should I enroll in an individual Medicare plan?

You Will Leave Here Today Understanding:



Common Health Care Terms

Medicare and Plan Options

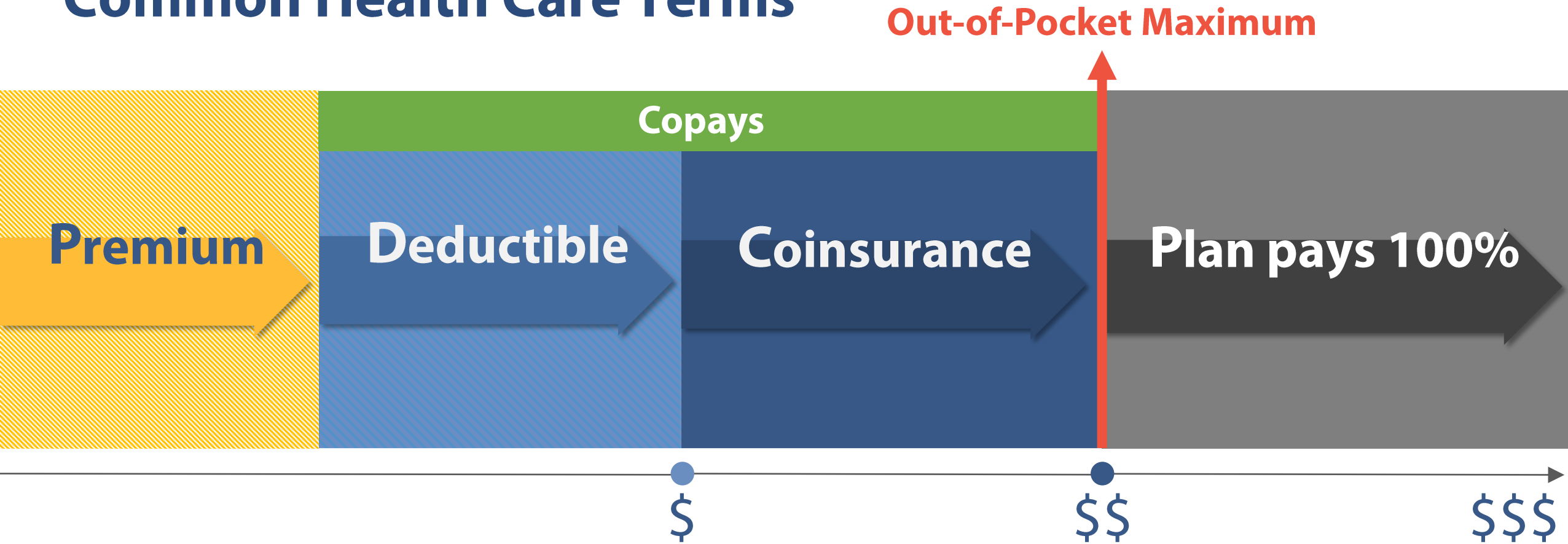
**Health Reimbursement Arrangement
(HRA) Model**

Preparing for Your Enrollment

After Enrollment

FAQs and Resources

Common Health Care Terms



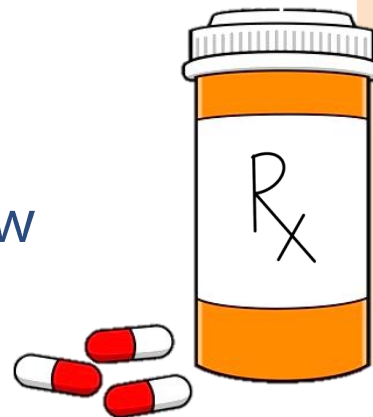
Not all plans are the same – this is an illustration of common terms that you need to know and understand to be a more empowered health care consumer.

Prescription Drugs

What is a formulary?

A formulary is the list of drugs covered by a carrier's insurance plan:

- Many plans have a formulary, where drugs are divided into groups called “tiers”
- In general, the lower the tier, the lower the cost to you
- Make sure you understand what tier your prescriptions fall under and how much you’ll pay for them



Formulary Tiers

Preferred Generic Drugs

Tier 1 \$

Non-Preferred Generic Drugs

Tier 2 \$\$

Preferred Brand Drugs

Tier 3 \$\$\$

Non-Preferred Brand Drugs

Tier 4 \$\$\$\$

Specialty Drugs

Tier 5 \$\$\$\$\$

Common Health Care Terms

Original Medicare

Coverage managed by the federal government. It includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance).

Medicare Advantage

Also known as “Part C,” is a type of Medicare health plan offered by a private company that contracts with Medicare. These plans include Part A, Part B, and usually Part D. Plans may offer some extra benefits that Original Medicare doesn’t cover.

Medigap

Also known as a Medicare Supplement plan, is extra insurance you can buy from a private health insurance company that fills in the “gaps” that Original Medicare Parts A and B do not cover.

Today You Will Leave Here Understanding:



Common Health Care Terms

Medicare and Plan Options

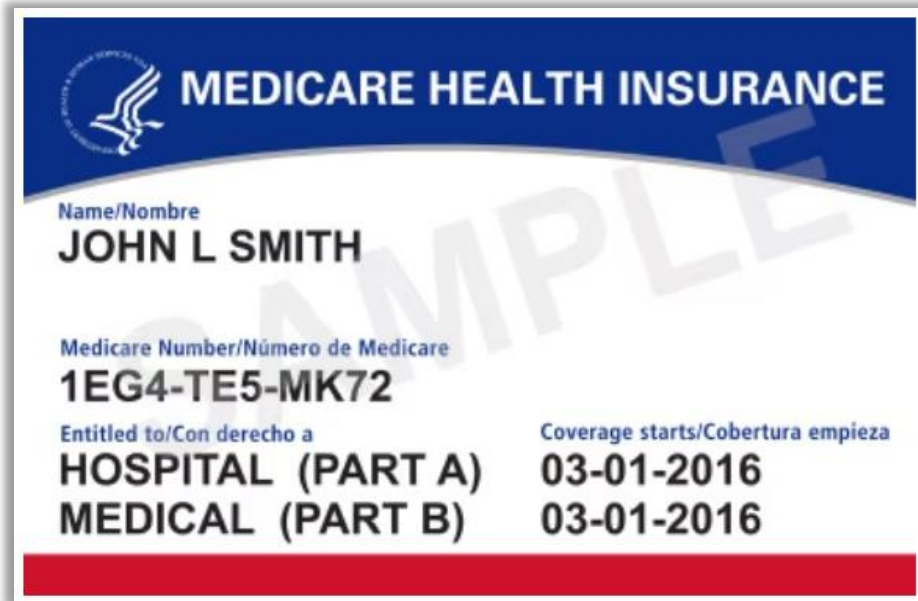
Health Reimbursement Arrangement
(HRA) Model

Preparing for Your Enrollment

After Enrollment

FAQs and Resources

What is Original Medicare?



Medicare is federal health insurance for individuals:

- Age 65 and over
- Under 65 with certain disabilities
- Any age with end-stage renal disease or ALS

Medicare Part A – Hospital Coverage

Coverage includes

Inpatient care in hospitals, some skilled nursing facilities and some home health and hospice care

Coverage does not include

Long-term nursing home stays or non-medical, in-home care

Eligibility needs

40 quarters of Medicare Social Security credit – you may qualify through a spouse's work record

Note

Most public employees pay into Medicare even though they don't pay into Social Security

HOSPITALS



Medicare Part B – Medical Coverage

Coverage includes

Doctor's services (physicians and specialists), outpatient care, some lab work, X-rays, therapy and durable medical equipment

Coverage does not include

Vision or dental

Eligibility needs

Participants are eligible to enroll at the age of 65 or with qualifying illness or disability

Note

The standard monthly premium based on income for 2024 is **\$174.70**. Cost is determined by Social Security and may be higher depending on your income. High income earners should visit [medicare.gov](https://www.medicare.gov) to see their premiums.



For each 12-month period you delay enrollment in Medicare Part B, you will have to pay a 10% Part B premium penalty.



If payment for your Part B premium is ever stopped, you will be disenrolled from your Medigap or Advantage plan.

Medicare Advantage (Part C)

Coverage includes

Offered by private companies approved by Medicare, that will include Original Medicare coverage and often additional coverage. Sometimes covers dental and vision. Most Medicare Advantage plans are MAPDs, which include prescription coverage.

Private Company Plans

Medicare Advantage plans have provider networks like, Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) or Private Fee-for-Service (PFFS) plans.

Medicare Part D

PRESCRIPTIONS

Generic, brand name and specialty drugs at participating retail pharmacies and home delivery.

You will pay a Late Enrollment Penalty for any period of 63 or more days in a row you don't have Medicare drug coverage or other creditable drug coverage.

Medigap (Medicare Supplement)

Coverage includes

Extra insurance you can buy from a private health insurance company that fills in the “gaps” that Original Medicare does not cover.
Prescription drug coverage is not provided.
Individuals who select this generally also select a Medicare Part D prescription drug plan.

Private Company Plans

Medigap plans do not have networks, therefore policy holders can use any provider who accepts Medicare.



Your doctor provides medical service and bills Medicare



Medicare pays the approved portion of the bills and sends remaining amount to Medigap



Your Medigap plan pays the excess left over, according to the plan's terms

Medigap

1 Original Medicare
PARTS A AND B

2 Medigap

3 Rx Coverage
PART D

3 Parts

VS

Medicare Advantage

1 Hospital,
Medical,
and
Prescription
Coverage

All inclusive

Medigap

- Higher monthly premiums
- Lower out-of-pocket cost
- Any state
- No network
- Medicare Part D separate
- Plans and benefits are identical regardless of carrier

VS

Medicare Advantage

- Lower monthly premiums
- Higher out-of-pocket cost
- Your state, by region
- Has network
- Medicare D usually included
- Plans and benefits vary by carrier

Medigap

Medigap plans are **guaranteed issue** during your Initial Enrollment Period - When you turn 65 and enroll in Medicare Parts A and B. This means no medical underwriting.

- Medical underwriting may apply if you select Medigap outside of the Initial Enrollment Period.

VS

Medicare Advantage

Medicare Advantage plans are always **guaranteed issue** (no medical underwriting) for Medicare-eligible individuals who have Medicare Parts A and B.

- Will remain guaranteed issue whenever you are able to enroll in a new plan.

Think about your 80-year-old self. You may be in good health now, but what will your health be in 15 years? Guaranteed Issue Rights look after your future self.

Help With Plan Selection and HRA Administration

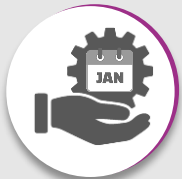
Introducing  VIA BENEFITS®



Help with plan research and enrollment assistance



Help with mediating carrier issues



Provide ongoing support and annual plan evaluation



Manage the reimbursement of claims

Work With a Licensed Benefit Advisor

An unbiased licensed Benefit Advisor will partner with you to understand:

- Your medical and pharmacy needs
- Your lifestyle and budgetary considerations

And help you determine an individual plan that suits your needs



Communications Prior to Enrollment

12 months prior to your 65th birthday

Via Benefits will send you a number of mailings and emails outlining their services, the plan selection process and necessary action steps. They will also reach out to you by phone.



5 months prior to your 65th birthday

OPERS will send you a letter describing the Medicare enrollment process and the requirements for receiving a monthly HRA deposit as a Medicare-eligible OPERS benefit recipient.

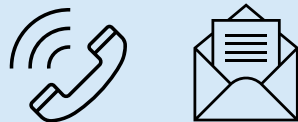


Communications Prior to Enrollment

4 months prior to your 65th birthday

Via Benefits will call you to schedule your enrollment appointment.

They will also mail you an *Enrollment Guide*.



3 months prior to your 65th birthday

Social Security and **Via Benefits** will send notifications to prepare and remind you to enroll in Medicare.



Today You Will Leave Here Understanding:



Common Health Care Terms

Medicare and Plan Options

**Health Reimbursement Arrangement
(HRA) Model**

Preparing for Your Enrollment

After Enrollment

FAQs and Resources

Health Care Allowances From OPERS

OPERS provides eligible retirees with a monthly allowance to be reimbursed for some of the qualified expenses associated with your health care plan.

Allowance Percentages are calculated using your:

- Age at the time of eligibility
- Years of qualified service credit

How Allowances are Calculated

Your OPERS **Base Allowance**, the dollar amount that is used to calculate your **monthly** HRA allowance, will be changing.

Base Allowance (Pre-Medicare)

\$1,200

x

Allowance Percentages range

51% to 90%

=

Allowance Amounts range

\$612 to \$1,080

**Current
Allowance**



**Medicare
Allowance**



Base Allowance (Medicare)

\$350

x

Allowance Percentages range

51% to 90%

=

Allowance Amounts range

\$178.50 to \$315

HRA Allowance Example

Using Average Allowances for OPERS Retirees

37% of retirees 70 -79% allowance	
Average Allowance	\$260
Medigap Plan G	\$205
Part D Rx Plan	\$57
Health Care Premium Total	\$262
Allowance to Premium Ratio	99%

Medicare Recipients Have a Closed HRA

You **must** use Via Benefits to enroll in an individual Medicare medical plan to receive a deposit into a Health Reimbursement Arrangement (HRA)



Via Benefits assists members who contact them to select a plan



They specialize in connecting retirees to plans with an abundance of plan options



Most plans have the ability to report enrollment and payments to Via Benefits



Not all plans available to Medicare participants will be available through Via Benefits.

Reimbursement Process

Via Benefits serves as the HRA administrator. They process your claims and expense reimbursement requests.



OPERS
deposits your
allowance into
your HRA



YOU
must pay eligible
medical expenses
first



YOU
submit a
reimbursement
claim



VIA BENEFITS
will reimburse
you via
direct deposit

Today You Will Leave Here Understanding:



Common Health Care Terms

Medicare and Plan Options

Health Reimbursement Arrangement
(HRA) Model

Preparing for Your Enrollment

After Enrollment

FAQs and Resources

Three Steps to Enrollment

The Three Steps to Enrollment are covered in the
Via Benefits Enrollment Guide

Step 1

PREPARE



Collect your
information and
think about your
needs

Step 2

REVIEW



Review the different
types of individual
medical plans

Step 3

ENROLL



Shop and enroll in
a plan

Three Steps to Enrollment

Step 1

PREPARE



Collect your information and think about your needs

Add this information to your Via Benefits profile at my.viabenefits.com/opers

Personal Information

helps identify you
name, phone, address, SSN

Medicare Information

helps confirm your eligibility
Medicare number, coverage dates

Prescription Information

helps match a plan to your needs
drug name, dosage, quantity

Provider Information

helps find network providers
doctors, hospitals, pharmacy

Three Steps to Enrollment

Step 2

REVIEW



Review the different types of individual medical plans

Review your plan options so you can make an informed selection

Begin by reviewing Medicare Part A and Part B

Then review Medigap and Advantage plans to better understand:

- How they work with Medicare Parts A and B
- How prescriptions are covered
- Their differences in premiums, networks and travel coverage

Three Steps to Enrollment

Step 3

ENROLL



Shop and enroll in a plan

Enroll in coverage – online or by phone



You're not enrolling in a plan with Via Benefits, you're applying for a plan. The carrier will process your plan enrollment.

1. Create an online account
my.viabenefits.com/opers
2. Sign into your online account
Multi-factor verification: "text me" or "call me"
3. Update your profile
Changes in doctors or medications
4. Start shopping
Plans linked at website
5. Enroll

Helpful Tips to Navigate Enrollment

- Make sure your account profile is complete before your enrollment appointment
- Call Via Benefits at your scheduled time
- Your enrollment call will take about 90 minutes
- You can have another person join the call to help you



You will speak with multiple Via Benefits associates during your enrollment call

Enrolling in a Plan and Managing Your HRA

There are three levels of authorization you can grant

Power of Attorney (POA)

Establishes someone to act on your behalf and make decisions about your enrollment

Full Authorization to Release Personal Information

Establishes someone to act on your behalf

Partial Authorization to Release Personal Information

Establishes someone to receive information only

Establish a family member or loved one as an authorized representative by calling Via Benefits

Today You Will Leave Here Understanding:



Common Health Care Terms

Medicare and Plan Options

Health Reimbursement Arrangement
(HRA) Model

Preparing for Your Enrollment

After Enrollment

FAQs and Resources

Communications After Enrollment

Seven to 10 days after submitting your enrollment application

Via Benefits will mail a Selection Confirmation Letter which confirms what was discussed on your call.

Your **insurance carrier** will mail a Plan Acceptance Letter when your application is processed.



Two to three weeks prior to plan coverage effective date

Via Benefits will mail the *Getting Reimbursed Guide* if this is the first time you will be receiving an OPERS HRA deposit.



Communications After Enrollment

Prior to receiving your ID cards

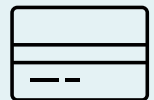
Your **insurance carrier** may send you mailings and emails and may call if they need you to provide additional information to process your enrollment.



4 – 8 weeks after you are enrolled

Your **insurance carrier** will mail your ID cards.

If you need to see a doctor before your cards arrive, find out what the doctor will accept as proof of coverage.



Communications After Enrollment

The Via Benefits Advocate newsletter

- Contains helpful information on Medicare-related topics.
- It is sent twice per year.



Today You Will Leave Here Understanding:



Common Health Care Terms

Medicare and Plan Options

Health Reimbursement Arrangement
(HRA) Model

Preparing for Your Enrollment

After Enrollment

FAQs and Resources

FAQ #1



What happens if I have a balance in my Pre-Medicare HRA?



Your balance will rollover from your Pre-Medicare HRA to your Medicare HRA. There's nothing you need to do.

FAQ #2

Q.

Do you offer plans that cover me in multiple states?

A.

All Medicare-participating providers in the United States accept Medigap policies.

While Medicare Advantage plans cover urgent and emergency services nationwide, non-emergency services are typically restricted to a plan network.

FAQ #3

Q.

If I don't like the plan I enrolled in, when can I change?

A.

Every year, the Open Enrollment period (Oct. 15 – Dec. 7) allows you to change your Medicare Advantage or Medicare Part D Prescription Drug plan.

Medigap policies don't have an Open Enrollment period. You are free to apply for a different policy at any time.

However, after your Guarantee Issue Period, you may have to go through medical underwriting.

FAQ #4



Can my spouse use Via Benefits to research and enroll in a plan?



Yes. Via Benefits helps many people determine an individual plan that best suits their needs.

FAQ #5

Q.

If I need assistance, can someone else speak with a Via Benefits licensed benefit advisor on my behalf?

A.

Yes, but Via Benefits must have your verbal permission or, if you can't provide your verbal permission, someone with your Power of Attorney can complete the enrollment on your behalf.

FAQ #6



Do I need to cancel my current Pre-Medicare plan?



Yes. Your Pre-Medicare plan will not terminate unless you contact the insurance carrier and make the request.

FAQ #7

Q.

What's the difference between the OPERS HRA and an HSA?

A.

The **OPERS HRA** is an account funded by OPERS that provides tax-free reimbursement for qualified health care expenses.

A **Health Savings Account (HSA)** is an individually owned or employer owned account that helps individuals pay for eligible health care expenses associated with a High-Deductible Health Plan (HDHP). Once enrolled in Medicare, contributions can no longer be made.

FAQ #8

Q.

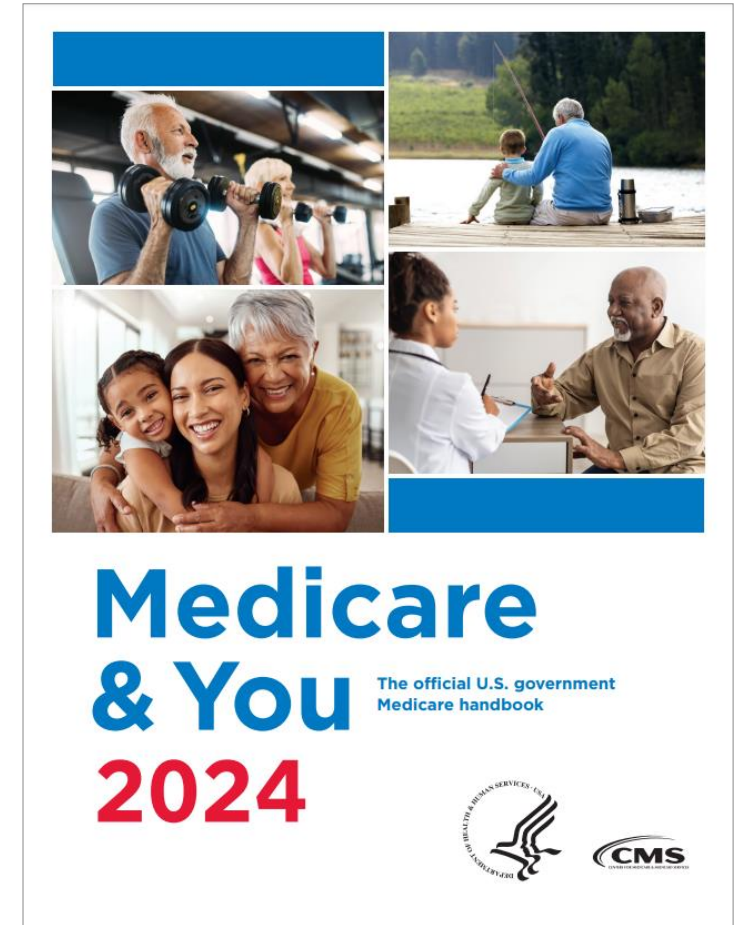
I have the OPERS HRA and an HSA. Can both accounts be used for reimbursement of similar qualified expenses?

A.

Yes, but as is always the case when it comes to tax-advantaged accounts, there's no double-dipping allowed. You cannot pull tax-free money out of an HSA and also seek a tax-free HRA reimbursement for the same medical expense.

Medicare: Important Mailings & Website

- Look for important communications from Social Security about Medicare
- Visit **medicare.gov** for more information about the parts of Medicare, premiums, and what Medicare covers
- Download **Medicare & You**, a comprehensive guide to all things Medicare



OPERS Website

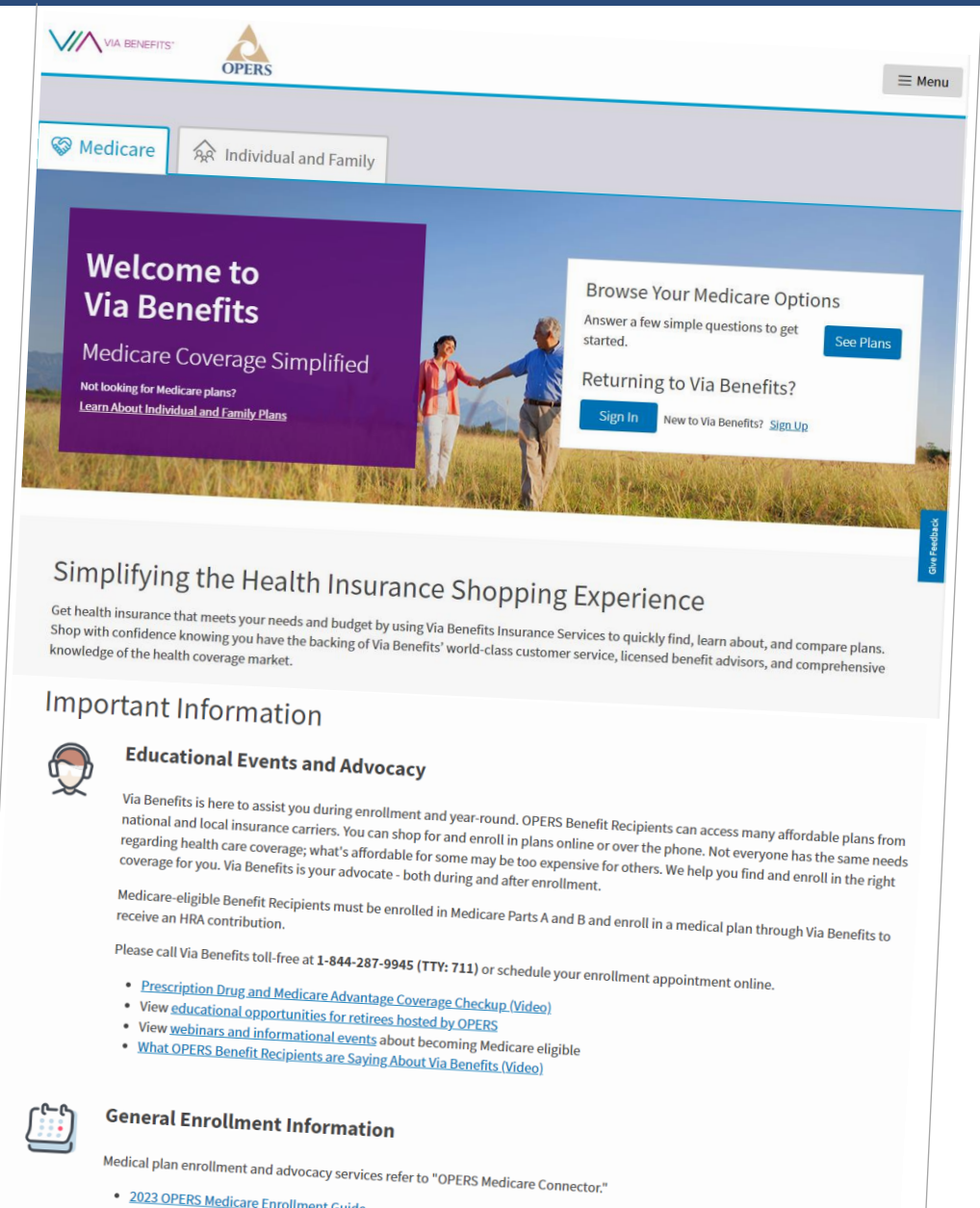
- Visit **opers.org** and navigate to Retired Members/Health Care
- This page provides HRA information, program eligibility, how to find a plan when turning 65 and where to find help
- You'll also find FAQs and links to other resources



The screenshot displays the OPERS website's 'The OPERS Health Care Program' page. At the top, the OPERS logo is on the left, and navigation links for 'Active Members', 'Retired Members', and 'Employers' are on the right. A search bar and an 'Account Login' button are also present. The main header features a photo of a smiling couple and the title 'The OPERS Health Care Program'. Below this, a sub-header reads: 'What you need to know whether you are considering retirement or already receiving an OPERS benefit'. The page is divided into two columns. The left column, titled 'OPERS HEALTH CARE PROGRAM', contains a list of links: 'What OPERS Offers', 'Am I eligible for the OPERS Health Reimbursement Arrangement (HRA)?', 'How and when can I enroll in the HRA?', 'How will I get reimbursed for my health care expenses?', 'How can I find a medical plan when retiring?', 'Am I required to enroll in Medicare?', 'How does the HRA work if I return to employment?', 'OPERS Vision and Dental Plans', 'Frequently Asked Questions', and 'Education & Other Resources'. The right column, titled 'What OPERS Offers', contains two sections. The first section explains that while OPERS is not required to provide health care coverage by law, the Ohio Public Employees Retirement System recognizes its role and provides information about health care options. The second section, titled 'Health Reimbursement Arrangement (HRA)', describes the HRA as an account funded by OPERS for qualified medical expenses and includes a link to 'Learn more about HRA eligibility, enrollment and how to use the HRA.'

Via Benefits Website

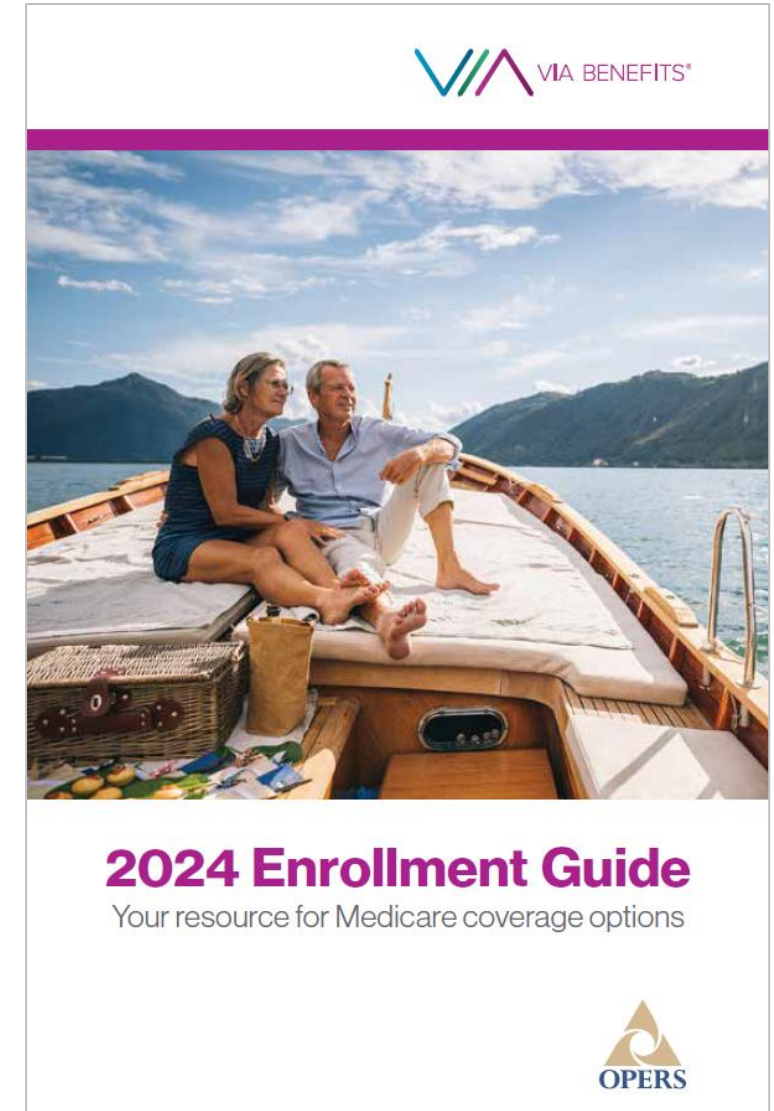
- Visit my.viabenefits.com/opers
- You can begin browsing Medicare plans directly from the website
- You'll find information about other educational events, "how to" videos, expense reimbursement and enrollment



Via Benefits Website

One of the best resources to review as you approach retirement is the **Enrollment Guide**, it covers:

- Getting ready to enroll in coverage
- Understanding your new coverage options
- Three steps to enrollment - PREPARE, REVIEW and ENROLL
- What to expect after enrollment



OPERS Pre-Medicare Retirees: *Aging Into Medicare*

We are interested in your feedback! Please share with us your confidence level in understanding each topic **BEFORE** and **AFTER** the presentation has concluded. Place a checkmark in the box that best fits your confidence level.
(1 = Low, 2 = Somewhat Low, 3 = Moderate, 4 = Somewhat High, 5 = High)

Your Confidence Level in Understanding Each Topic	BEFORE the Presentation					AFTER the Presentation				
	1	2	3	4	5	1	2	3	4	5
Difference between Medicare Supplement and Advantage Plans										
When I Should Enroll in Medicare										
When I Should Enroll in an Individual Medicare Plan										
Common Health Care Terms										
How to Prepare for the Enrollment Process										
How I'll Work with Via Benefits										
How I'll Use My HRA										

How did you hear about this presentation?
☐ OPERS Email ☐ OPERS Newsletter ☐ opers.org ☐ OPERS Educational Event ☐ Call from OPERS ☐ Friend/Co-Worker

QUESTIONS

ANSWERS

Thank you for attending!

Please take a moment to complete the **AFTER the Presentation** section of the survey card.