

The top half of the cover features a photograph of an elderly couple sitting in a grassy field under a clear blue sky. The man, with grey hair and a beard, is wearing an orange polo shirt and has his arms around the woman. The woman, also with grey hair, is wearing a purple top and is smiling. In the background, there are green trees and distant hills.

# OPERS Health Care

*Understanding the Basics:*  
Medicare and the OPERS Medicare Connector  
administered by OneExchange

## Inside this Guide

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## Key terms you need to know and important actions to take

Inside this guide, participants will find helpful information about Medicare and the OPERS Medicare Connector, administered by OneExchange. The guide reviews important steps to take for enrolling in Medicare and a medical/prescription plan supplement, it also addresses

differences between Medigap and Medicare Advantage plans, provides detailed information about the reimbursement process, and much more. Below are some key words you need to know as well as important steps to take with OPERS and OneExchange.

### Key terms

#### **Health Reimbursement Arrangement**

**(HRA)** – An account funded by OPERS that provides tax-free reimbursement for qualified medical expenses such as monthly insurance premiums, Medicare Part B premiums and copays incurred by eligible participants. OneExchange will administer the HRA, and will provide education to the participant on how to use the account and complete the reimbursement process. Refer to Qualified Medical Expenses definition for examples.

**HRA Allowance** – Eligible participants will receive a monthly amount deposited into an HRA upon enrolling in a medical plan through OneExchange. The amount of the allowance is dependent on years of service credit and age at retirement.

**Licensed Benefit Advisor** – An employee who works for OneExchange and provides support to participants in selecting individual Medicare plans, resolving claims issues and changing Medicare plans, if necessary. Licensed Benefit Advisors are licensed by state departments of insurance and must be certified by the health insurance carriers before they can enroll retirees into their products.

**Medicare Advantage plans** – An insurance plan provided by a private insurance carrier that combines coverage for hospital costs, doctor visits and other medical services. Prescription drug coverage is typically included. These plans have lower premiums, but higher costs when individuals access health care. Individuals must be enrolled in Medicare Parts A and B to be eligible for a Medicare Advantage plan.

**Medical Underwriting** – A process through which a Medigap (Medicare Supplement) insurance carrier can ask a retiree about his/her health status — if the participant failed to enroll in a Medicare plan during the enrollment period or within the time frame for special enrollment period (e.g. leaving group coverage or aging into Medicare). Medical underwriting may result in denied coverage or a higher premium due to health status. Participants do not need to be concerned about medical underwriting during enrollment as long as enrollment occurs during the initial enrollment period.

**Medigap (Medicare Supplement) plan** – A private health insurance that supplements or fills in the “gaps” where Medicare Parts A and B leave an individual uncovered. Medigap plans do not have networks. They typically have higher monthly premiums, but little to no out-of-pocket costs. A separate Part D drug plan needs to be selected for prescription coverage.



## Key terms you need to know and important actions to take

### Key terms *(continued)*

**OneExchange** – The company OPERS has chosen to administer the OPERS Medicare Connector and HRA. OneExchange is the longest and oldest Medicare Connector in the country and is a division of Willis Towers Watson, a 100-year-old benefits consulting firm.

**Medicare Connector** – A service offered to OPERS participants enrolled in Medicare Parts A and B that provides individual plan selection assistance. The Connector is administered by OneExchange for OPERS and their Medicare-eligible retirees and dependents. This model offers more affordable choices to Medicare retirees than a group Medicare plan.

**Original Medicare** – Consists of the two original parts of Medicare: Part A (hospital insurance) and Part B (outpatient medical insurance).

**Qualified Medical Expenses** – These are expenses generated by the participants that can be submitted for reimbursement from a retiree's HRA; including medical, prescription, dental and vision premiums, Medicare Part B premiums, and doctor and prescription copays. The IRS defines qualifying expenses.



## Key terms you need to know and important actions to take



### ***"To-do" Checklist: OPERS and OneExchange***

#### **OPERS**

- ✓ Enroll in Medicare Parts A and B (Original Medicare) through Social Security. Remember, this will be a participant's primary insurance since Medicare provides about 80 percent coverage.
- ✓ Provide proof of Medicare Parts A and B enrollment to OPERS. Follow Medicare enrollment guidelines as outlined in this guide. For additional information about signing up for Medicare, contact your local Social Security office, visit [ssa.gov](https://ssa.gov) or call 1-800-772-1213.
- ✓ For more information on the Medicare Connector administered by OneExchange, visit [opers.org](https://opers.org).

#### **OneExchange**

- ✓ Prepare for making medical and pharmacy plan selections by reading the information OneExchange will mail to participants including an enrollment guide.
- ✓ Schedule the enrollment call by calling 1-844-287-9945. This will allow participants to enroll in an individual Medicare plan that supplements Medicare Parts A and B.
- ✓ Setup an online personal profile through OneExchange at [medicare.oneexchange.com/opers](https://medicare.oneexchange.com/opers) by entering essential information, or fill out the personal information in the enrollment guide in advance of the enrollment call.

### **Three items to do:**

- 1 Enroll in Medicare.
- 2 Provide required proof of Medicare enrollment to OPERS.
- 3 Call OneExchange to set up an enrollment call to enroll in supplemental plans.





## Introduction: What to Expect from OneExchange and OPERS

OPERS has partnered with OneExchange to help retirees and eligible dependents find and enroll in an individual Medicare plan. Remember, Original Medicare (Parts A and B) provides the majority of health care coverage. The plan selected through OneExchange supplements Original Medicare. Through OneExchange, participants will be able to choose a plan from

a large number of insurance carriers to ensure the right coverage is selected that best fits the medical, budgetary and lifestyle needs of the retiree and their eligible dependents.

It is important that Medicare-eligible retirees understand what to expect and how to prepare in the months leading up to selecting a plan.



### ***Ready. Set. Prepare.***

- ✓ Create a OneExchange **online personal profile** at [medicare.oneexchange.com/opers](https://medicare.oneexchange.com/opers).
- ✓ Schedule the **required enrollment call** with OneExchange by calling toll-free, 1-844-287-9945.
- ✓ Research **plan options** through OneExchange online at [medicare.oneexchange.com/opers](https://medicare.oneexchange.com/opers).
- ✓ Prior to the enrollment call, OneExchange will mail an **enrollment guide** that features information dedicated to the enrollment process.
- ✓ In the days leading up to the enrollment call, review some of the questions that will be asked as described in the enrollment guide – think about physician and health care provider names, prescription drugs, the number of planned visits and procedures in the next year. For more information about the enrollment process and to view instructional videos, visit [medicare.oneexchange.com/opers](https://medicare.oneexchange.com/opers).

### ***Ready. Set. Enroll.***

- ✓ Make the **required enrollment call to OneExchange**.
- ✓ Make the **premium payment** to the insurance carrier selected – premium payment schedules vary by carrier. The initial monthly payment could be due as early as seven to 10 days after the initial enrollment has been processed.
- ✓ After the enrollment call, participants will receive a **selection confirmation letter** from OneExchange that includes a confirmation number, name of selected insurance carrier and plan selections, premium amount, and coverage effective date.
- ✓ Following the processing of the application, the new plan carrier will mail a **plan acceptance letter** that confirms enrollment into the selected plan and details any other important information.
- ✓ Approximately 10 days after the enrollment call, OneExchange will mail a **Getting Reimbursed Guide** that details the HRA and how to access and manage funds throughout the year.

### **PLEASE REMEMBER**

To schedule an appointment, create an online personal account, research plans and review your Enrollment Guide prior to your enrollment call with OneExchange.



## What to expect from OPERS and OneExchange

### *Other Key Considerations*

**Plan participants must be enrolled in Medicare Parts A and B to enroll in a plan through OneExchange.** Additionally, Medicare Parts A and B coverage must be in place as of the participants plan effective date and can be applied for up to three months prior to the desired effective date. For more information about enrolling in Medicare Parts A or B, contact

the local Social Security office, visit [ssa.gov](https://ssa.gov) or call 1-800-772-1213. Social Security Administration only allows enrollment during specific times of the year. More information about these times can be found on page 9 in this guide.



**Participants must be enrolled in Medicare Parts A and B, enroll in a plan through OneExchange and cannot be re-employed in an OPERS-covered position to receive an HRA allowance. (Refer to page 25 for options for re-employed retirees.)**



**Participants can learn the amount of their allowance in the following ways:**



1. Run an estimate using the health care estimator tool using your online account.
2. Refer to the personalized OPERS packet of information, sent in the months leading up to turning age 65.





## Medicare Basics

Medicare is federal health insurance for those 65 and older, under age 65 with certain disabilities and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare costs vary depending on plan, coverage and the services used. Here are four parts that make up the Medicare program:

	 HOSPITALS <b>Medicare Part A</b>	 OUTPATIENT SERVICES <b>Medicare Part B</b>
<b>Coverage includes</b>	<ul style="list-style-type: none"><li>• Inpatient care in hospitals and some skilled nursing facilities</li><li>• Some health and hospice care</li></ul>	<ul style="list-style-type: none"><li>• Doctor's services (physicians and specialists)</li><li>• Some lab work, x-rays, therapy and durable medical equipment</li></ul>
<b>Coverage does not include</b>	<ul style="list-style-type: none"><li>• Long-term nursing home stays</li><li>• Non-medical, in-home care</li></ul>	<ul style="list-style-type: none"><li>• Vision</li><li>• Dental</li><li>• Nonprescription drugs and supplies</li></ul>
<b>Eligibility needs</b>	<ul style="list-style-type: none"><li>• <b>40 quarters of Medicare social security credit</b>, meaning you and your employer paid for Medicare Part A through payroll deductions, or you worked for a job covered by Social Security.</li></ul> <p>- OR -</p> <ul style="list-style-type: none"><li>• <b>Through a spouse's work record</b>, if you do not have enough quarters to receive Medicare Part A at no cost.</li></ul>	<ul style="list-style-type: none"><li>• You are eligible to enroll at the <b>age of 65</b>.</li><li>• <b>Qualifying illness or disability</b>.</li></ul>
<b>Fact</b>	Most public employees pay into Medicare even though they don't pay into Social Security.	There is a monthly premium based on income.

	 PRIVATE INSURANCE THAT REPLACES TRADITIONAL MEDICARE PARTS A AND B, AND PROVIDES HIGHER COVERAGE <b>Medicare Advantage (Part C)</b>	 PRESCRIPTIONS <b>Medicare Part D</b>
<b>Coverage</b>	<p>- <i>Sometimes Covers</i> -</p> <ul style="list-style-type: none"><li>• Vision &amp; Dental</li><li>• Usually combined with a drug plan (MAPD)</li></ul>	<p>- <i>Covers</i> -</p> <ul style="list-style-type: none"><li>• Prescription drugs including generic, brand name and specialty drugs at participating retail pharmacies and home delivery.</li></ul>
<b>Private Company Plans</b>	<ul style="list-style-type: none"><li>• <b>HMO</b>: Health Maintenance Organizations</li><li>• <b>PFFS</b>: Private Fee-for-Service</li><li>• <b>PPO</b>: Preferred Provider Organizations</li></ul>	<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>Premiums</b>	<ul style="list-style-type: none"><li>• Monthly premiums vary depending on your state, private insurer and if you choose an HMO or PPO for your Medicare Advantage coverage.</li></ul>	<ul style="list-style-type: none"><li>• You will pay a monthly premium. Part D coverage is paid each month.</li></ul>
<b>Fact</b>	<ul style="list-style-type: none"><li>• Medicare Advantage plans have provider networks.</li></ul>	<ul style="list-style-type: none"><li>• Prescription drug coverage is a separate policy for Medigap plans purchased from a private prescription drug company.</li></ul>



## Medicare Basics

### Enrollment

The Social Security Administration allows enrollment in Medicare Parts A and B during certain times depending on an individual's circumstances. While most have access to premium-free Part A coverage, there is a monthly premium for Part B coverage. If participants do not qualify for premium-free Part A, they would need to enroll and pay the Part A premium for which OPERS will reimburse them. All retirees must pay their Part B premium to be eligible for the Medicare Connector.

#### Initial Enrollment Period

- The initial enrollment period for Medicare Parts A and B begins three months before and ends three months after the 65th birthday.
- If eligible for Medicare due to a qualifying Social Security disability or End-Stage Renal Disease, the initial enrollment period depends on the date the disability or treatment began.
- If enrollment in Medicare Part B does not occur during the initial enrollment period, coverage will be delayed and a higher premium will result for coverage. This will occur unless proof is provided of enrollment in current employer coverage or a spouse's current employer coverage.

It is important that participants apply for Medicare through the Social Security Administration three months (or 90 days) before becoming eligible.

#### General Enrollment Period

- If enrollment in Medicare Parts A or B does not occur during the initial enrollment period, there is another opportunity to enroll during the general enrollment period, which runs from Jan. 1 through March 31 each year. Coverage will begin the following July.
- The Social Security Administration assesses a premium surcharge if enrollment does not occur when first eligible.
  - The Medicare Part B monthly premium will increase 10 percent for each 12-month period participants were eligible, but did not enroll in Medicare Part B. This penalty will not expire.
- If participants are not eligible for premium-free Part A, and don't enroll when first becoming eligible, the monthly premium may go up 10 percent. Participants will have to pay the higher premium for twice the number of years one could have had Part A, but didn't enroll. For example, if a participant was eligible for two years and did not enroll, they would be responsible for the higher premium for four years.



## Medicare Basics

### Enrollment continued...

#### Special Enrollment Period

- The special enrollment period applies when age 65 or older and coverage ends through an employer (either own or through a spouse). In this situation, enrollment in Medicare Part B may be delayed without waiting for a general enrollment period or paying the 10 percent premium surcharge for late enrollment.
  - Occurs during the 8-month period that begins with the month employer group health coverage ends or the month employment ends, whichever comes first. (If enrollment does not occur by the end of the eighth month, the general enrollment guidelines apply.)
  - At any time while having employer group health coverage (either own or through a spouse).

#### Annual Medicare Plan Enrollment

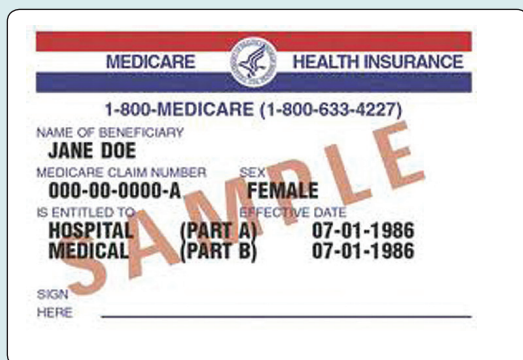
- The annual open enrollment period for Medicare Parts C and D takes place Oct. 15 – Dec. 7. Medicare Part C and Part D are administered by private companies and follow provisions and enrollment guidelines determined by the Centers for Medicare & Medicaid Services.

#### Medicare prior to age 65

Some retirees qualify for Medicare due to a qualifying disability benefit through SSA or due to End-Stage Renal Disease. Members receiving a disability benefit effective on or after Jan. 1, 2014, will have access to health care coverage for the first five years of their disability based on their continued eligibility and receipt of a disability benefit during that time. Health care coverage for disability recipients will continue past the first five years only if:

1. The recipient meets age and service retirement requirements or,
2. The recipient enrolled in Medicare, due to a disability, prior to the end of the five years and prior to reaching age 65. In these instances it is the responsibility of the participant to send OPERS proof of Medicare Part A and Part B coverage immediately.

For participants who are not eligible for premium-free Medicare Part A, please see the special section on page 26.



Copy of Medicare card

#### PLEASE REMEMBER

Recipients must provide proof of Medicare enrollment (a copy of persons Medicare card) to OPERS. If a participant becomes eligible for Medicare before reaching age 65 due to a qualifying Social Security disability or ESRD, it is the individual's responsibility to inform OPERS immediately and send proof of Medicare enrollment.





## Medicare Basics

### Medicare Plan Basics

#### Individual Medicare plans

Medicare Advantage and Medigap (Medicare Supplement) plans provide additional coverage beyond Original Medicare. Understanding the differences between the two plans is important so that the plan that best suits lifestyle needs may be selected.

#### Medigap plans (also known as Medicare supplement plans)

**What is a Medigap plan?** A Medigap plan is private health insurance that supplements or fills in the “gaps” where Medicare Parts A and B leave an individual uncovered. Medicare Parts A and B cover only 80 percent of your medical costs. Medicare generally pays 80 percent after deductibles (annual and/or hospital) leaving the member to pay 20 percent of the cost of medical care after deductibles. As a result, many Americans choose to purchase a Medigap policy.

**What will a Medigap plan cost?** These plans have a higher monthly premium but often have little or no out-of-pocket costs for medical services.

**Who should purchase a Medigap plan?** An individual must be enrolled in both Medicare Parts A and B before applying for a Medigap plan. Medigap plans are most appropriate for people who travel or have medical issues requiring frequent visits to doctors/hospitals. Most times, Medigap plans do not have networks. Therefore, policyholders can utilize any provider who accepts Medicare.

Because Medigap plans do not provide drug coverage, individuals who select a Medigap plan generally also select a Medicare Part D prescription drug plan.

#### Medicare Advantage plans

**What is a Medicare Advantage plan?** Medicare Advantage (MA) plans are private health insurance plans that replace traditional Medicare and must provide the same level of coverage that Original Medicare does. MA plans often provide additional coverage such as prescription, vision, dental and even gym memberships.

**What will a Medicare Advantage plan cost?** Medicare Advantage plans have a lower monthly premium, but often feature higher out-of-pocket costs for medical coverage particularly if you are hospitalized. While monthly costs will be low, MA plan participants will have copays for physician visits, daily hospital deductibles for four to seven days and co-insurance for outpatient services like imaging and testing.

**Who should purchase a Medicare Advantage plan?** An individual must be enrolled in both Medicare Parts A and B before applying for a Medicare Advantage plan. MA plans are most appropriate for people who do not travel and have relatively few medical issues and do not frequently visit physicians or hospitals.

MA plans generally feature a network. Depending on plan type, participants must utilize physicians and hospitals in their network to receive coverage.

A prescription drug plan is often included with a Medicare Advantage plan. In that case, they are called MAPD plans.



## Medicare Basics

### Frequently Asked Questions

#### **I'm turning 65 soon. When do I need to sign up for Medicare Parts A and B?**

**If you already receive Social Security benefits prior to age 65** – In most cases you do not need to sign up for Medicare and you will automatically get Medicare Parts A and B starting the first day of the month you turn 65. You will receive your red, white and blue Medicare card about three months before your 65<sup>th</sup> birthday.

**If are not receiving Social Security benefits upon turning age 65** – You must sign up for Medicare through SSA and your options include applying online at [ssa.gov](http://ssa.gov) or by calling SSA at 1-800-772-1213 to schedule an appointment at your local office. You can sign up for Medicare as early as 90 days prior to your Medicare effective date.

#### **I am retiring after age 65 and I have never signed up for Medicare. When do I need to enroll?**

You may have the chance to sign up for Medicare during a special enrollment period. If you're covered under a **group health plan** based on current employment, you have a special enrollment period to sign up for Part A and/or Part B any time as long as you or your spouse (or family member if you're disabled) is working, and you're covered by a group health plan through the employer or union based on that work.

You also have an 8-month special enrollment period to sign up for Part A and/or Part B that starts the month after the employment ends or the group health plan insurance based on current employment ends, whichever happens first. Usually, you don't pay a late enrollment penalty if you sign up during a special enrollment period.

#### **How do I pay my monthly Medicare Part B premium through Social Security?**

If you will receive a monthly benefit through Social Security, your Medicare Part B premium will likely be deducted from your Social Security check. If you do not receive a monthly benefit through Social Security, you may be billed by Social Security for your Medicare B premiums. In any event, it is your responsibility to contact Social Security directly to set up your payment options.

#### **What if I worked in a job that didn't pay into Social Security?**

**Medicare Part A** – You must have worked 40 credits contributing to the Social Security Administration or paid Medicare tax in order to qualify for premium-free Medicare Part A. However, you may be able to receive Medicare Part A through a spouse's work record if you do not qualify. This can include a current, deceased or divorced spouse in certain circumstances. Please contact SSA for more detailed information regarding these qualifications and we recommend that you sign up for Medicare 90 days before you turn 65. See page 10 for more information.

**Medicare Part B** – Any legal U.S. resident age 65 is eligible to purchase Medicare Part B, regardless of their participation in SSA. Again, we recommend you sign up for Medicare 90 days before you turn 65. However, if you are covered by a group health plan through employment or a spouse, you may be able to consider not enrolling in Medicare Part B until that coverage ends.



## Medicare Basics

### *Frequently Asked Questions Continued...*

**I get lots of brochures about Medicare Advantage plans and Medicare supplement policies in the mail, but I still have questions. Where can I find out more about how these plans and policies work?**

Our OPERS Medicare Connector administered by OneExchange will help you select a plan and explain the difference between plans. You can also get information about these plans from Medicare through either the Medicare telephone helpline or the Medicare website. The Medicare website includes an online “Find and compare plans” tool. The Ohio Department of Insurance at [insurance.ohio.gov](https://insurance.ohio.gov) can help you learn more about these plans, too.

**I’m turning 65, and I’m concerned I can’t afford my Medicare Part B premiums. Where can I get help?**

If you qualify, you can receive financial help with Medicare premiums and other costs, like deductibles and copays. Contact your local Social Security Administration office or state Medical Assistance (Medicaid) program to find out if you qualify for help. OneExchange can also provide assistance.

**Is there a special enrollment period if I have Medicare due to chronic kidney disease?**

Yes, Medicare has specific guidelines if you qualify for Medicare due to End-Stage Renal Disease. You are entitled to Medicare if you will require kidney dialysis or if you will have a kidney transplant. OPERS will be your primary payer before Medicare during a 30-month coordination period that has been established by Medicare. After the 30-month coordination period has expired, Medicare will become your primary payer and OPERS will be secondary. You are encouraged to contact your dialysis center or your physician for assistance in applying for Medicare through the Social Security Administration prior to your dialysis start date or kidney transplant.

**Will Medicare cover me outside of the United States?**

Medicare generally does not cover health care services outside the United States. You must pay for these services at the time the services are rendered and submit an itemized bill to your plan administrator. However, some Medigap plans do provide coverage in foreign countries. If you travel internationally, discuss this with OneExchange.





## Connector Basics

### Who is OneExchange?

OneExchange is the administrator of the OPERS Medicare Connector. They are a resource that specializes in helping participants find and enroll in an individual Medicare plan to supplement the coverage provided by Original Medicare. (Original Medicare covers 80 percent of medical costs, has daily deductibles for hospital stays and does not provide prescription drug coverage).

OneExchange offers one-on-one telephonic consultations to retirees enrolled in Medicare Parts A and B. Licensed Benefit Advisors are available to help select the right supplemental plan to complement each retiree's lifestyle and budgetary need.

Lifestyle and budget concerns are unique to each individual. To help balance additional costs, participants are provided a monthly allowance that is deposited into a Health Reimbursement Arrangement.

HRA funds can be used towards medical and prescription plan premiums, Medicare Part A and Part B premiums, vision and dental premiums, medical deductibles and qualified out-of-pocket medical expenses as allowed by the IRS. (Refer to IRS publication 502 for a full eligible expense list).

### Key Facts ✓

- 1 *Participants must be enrolled in Medicare Parts A and B to enroll in a plan through OneExchange.*
- 2 *Medicare Part B coverage must be in place as of the plan effective date and can be applied for up to three months prior to the desired effective date.*
- 3 *For more information about enrolling in Medicare Part A or B, contact your local Social Security office, visit [ssa.gov](https://ssa.gov) or call 1-800-772-1213.*

For more information about OneExchange, visit [medicare.oneexchange.com/opers](https://medicare.oneexchange.com/opers). You may also find information at [opers.org](https://opers.org) which features additional "Retirees Like Me" scenarios and links to key resources.



## Connector Basics

### *The Health Reimbursement Arrangement*

Once a retiree enrolls in an individual medical plan through OneExchange, a monthly allowance is deposited into a Health Reimbursement Arrangement (HRA). Retirees and spouses receive an HRA allowance deposited in the same account, however in 2018 and beyond, spouses (including surviving spouses) will not receive the allowance. Dollars remaining in the HRA can be used to cover spouse costs.

**The HRA allowance can be used toward the reimbursement of the individual Medicare plan premium. Any remaining allowance can be used to reimburse the cost of any of the following:**

- Medicare Parts A and B premiums
- Medical and prescription plan premiums
- Vision and dental plan premiums
- A spouse's premium
- Qualified out-of-pocket medical expenses

The amount of the HRA monthly allowance depends on years of qualifying service and age when first enrolled in the OPERS health care plan. The monthly allowance amount ranges between \$229 and \$405, with the average being \$337. Rolled into this amount is a \$2.33 administrative fee that is deducted monthly from each enrolled retiree's HRA. Not to worry though – OPERS took this into consideration when determining the monthly allowance amount, ensuring the monthly amount would be sufficient to cover those fees in addition to any eligible expenses that are incurred.

The HRA is a reimbursement process, therefore allowing OPERS to provide the allowance tax-free — this requires participants to pay the premium or expense first and then seek reimbursement from the HRA.

*If an OPERS retiree returns to work in an OPERS-covered position (becoming re-employed), they will not be eligible to receive the HRA allowance or be able to access any funds that may have accumulated in the account. Federal rules state that only retirees can access the HRA, which OPERS uses to reimburse participants for premiums and out-of-pocket expenses. For more information on re-employment and understanding how returning to work may affect your pension payment and health care coverage, visit [opers.org](https://opers.org). (See page 25 for more details.)*

### **Sample HRA activity**

My monthly allowance .....	\$337
Medigap Plan F (medical) .....	-\$191
Medicare Part D Plan (prescription drug) .....	-\$39
<b>Remaining monthly account balance .....</b>	<b>\$107</b>



## Connector Basics

### *The Health Reimbursement Arrangement Process and How it Works*

1

You select an individual medical plan through OneExchange.



2

OneExchange opens your HRA for you.



3

You pay your insurance premium directly to your insurance carrier or you have medical/pharmacy expenses.

- Insurance Carrier
- Hospital
- Doctor

4

You submit your reimbursement claim to OneExchange.



5

OneExchange will process the claim and send you an Explanation of Payment (EOP).\*



6

OneExchange reimburses you from your HRA balance. Your reimbursement will be deposited into your designated bank account.



*\*An EOP details your paid reimbursements, available balance and the amounts you have been reimbursed.*



# Connector Basics

## The Health Reimbursement Arrangement

The below chart illustrates the different types of reimbursement forms, how each form is used, additional documents required and where to send the forms.

Reimbursement forms	How do I use this form?
1 <b>Manual reimbursement claim form</b>	Reimbursement of any qualified out-of-pocket expense. Such as: <ul style="list-style-type: none"><li>• Copays</li><li>• Deductibles</li><li>• Prescriptions</li></ul>
2 <b>Recurring reimbursement claim form</b> (Must be submitted once per calendar year)	Reimbursement of monthly premiums <ul style="list-style-type: none"><li>• Medical</li><li>• Dental (OneExchange or OPERS)</li><li>• Prescription</li><li>• Vision (OneExchange or OPERS)</li></ul>
3 <b>Recurring Medicare Part B claim form</b> (Must be submitted once per calendar year)	Medicare Part B premiums (reimbursable every month throughout the year)

WHERE DO I GET THIS FORM?	WHERE DO I SEND THE FORMS AND DOCUMENTS?
<b>All forms can be obtained from:</b>  <b>OneExchange</b> <a href="https://medicare.oneexchange.com/opers">medicare.oneexchange.com/opers</a> 1-844-287-9945  <b>OPERS</b> <a href="https://opers.org">opers.org</a> 1-800-222-7377	<b>Send all reimbursement forms and supporting documents to:</b>  <b>OneExchange</b> P.O. Box 981155 El Paso, TX 79998-1155  <b>Forms and documents can also be scanned and uploaded at:</b> <a href="https://medicare.oneexchange.com/OPERS">medicare.oneexchange.com/OPERS</a>



## Connector Basics

### Do I need supporting documents?

### Where do I get the supporting documents?

#### Please submit documents that contain the following:

- Covered participant name
- Description of coverage
- Provider name
- Proof of payment
- Date of service

- Explanation of Benefits (EOB) from insurance carrier
- Invoice from provider
- Receipt from pharmacy

#### Please submit documents that contain the following:

- Covered participant name
- Description of coverage
- Provider name
- Proof of payment
- Date of service

- Vision/dental premium receipt from OPERS
- Other docs from insurance carrier

#### Social Security Award letter or Medicare coupon (monthly or quarterly) containing:

- Proof of payment
- Premium type
- Monthly amount
- Participant name
- Date of service

- Award letter from Social Security
- Monthly or quarterly Medicare coupon (billing, invoice)

### About reimbursements

- Sign the form before mailing it to OneExchange.
- Include the retiree's name as the "Account Holder" on the reimbursement forms. The claim will be denied if any other individual is listed on that line.
- Request reimbursement of the full Medicare Part B premium amount in 2017. In 2016, you were required to subtract the amount OPERS reimbursed you toward your premium.
- Provide all the required supporting documents as listed on the above chart.
- Maintain your current direct deposit information with OneExchange or you may fail to receive your reimbursement.

### About HRA allowances

- Spouses (including surviving spouses) will no longer receive an HRA allowance effective Jan. 1, 2018. However, the retiree's allowance can be used to cover the spouse's costs, and many will find they have ample funds remaining to help fund the spouse's premium too.
- HRA balances will roll over from month-to-month and year-to-year. Retirees will receive an extra \$300 annual deposit into their HRA in addition to their monthly allowance.
- If the retiree is re-employed in an OPERS-covered position, the retiree and dependents will not have access to HRA monthly allowances and reimbursements.
- Additional information about the HRA will be mailed approximately 10 days after enrollment is complete.



## Connector Basics – *Retirees like me*

### Meet Maria and Lorenzo.



Maria is retiring and she and her husband Lorenzo recently turned 65. They contacted SSA to enroll in Medicare Parts A and B. Once they received their Medicare card from Social Security, they sent copies to OPERS to confirm their enrollment. Now that they are enrolled in Original Medicare, Maria and Lorenzo called OneExchange to set up their enrollment call so they could enroll in a plan that would have additional health care coverage not covered by Original Medicare.

Prior to making plan selections, Maria and Lorenzo reviewed enrollment materials received from OneExchange. Before scheduling their calls, they researched plans in their area and both set up online personal profiles through [medicare.oneexchange.com/opers](https://medicare.oneexchange.com/opers). Setting up profiles ahead of time with prescription and personal account information allowed their enrollment calls with a Licensed Benefit Advisor to go a little faster because the information was readily available for the advisor.

About a month before they turned 65, they both had their enrollment call with OneExchange and selected different plans based on their individual needs. Here is the process they went through to make their plan decision.

Maria has high blood pressure and arthritis and visits a few different specialists. The specialists have prescribed her a daily medication to help manage her illness and pain. She's on a budget and doesn't feel she can afford high out-of-pocket costs should she get sick. She also prefers not to change doctors. Her husband Lorenzo is in excellent health.

#### **Maria's health care needs:**

- Minimal out-of-pocket costs
- Access to her trusted doctors
- Generic prescription drugs

#### **Lorenzo's health care needs:**

- Access to a full range of health care services, including preventive care
- Coverage that provides a safety net in case of a serious illness
- Access to prescription drug coverage in case he needs medications in the future



## Connector Basics – *Retirees like me*

Maria chooses a plan that fits her best. She determined that a Medigap plan would be most beneficial to her lifestyle. Along with the Medigap plan, she selected a supplement Medicare Part D prescription drug plan coverage. Maria's OPERS allowance will cover her monthly premiums and will use her remaining allowance dollars for her Medicare Part B premium.

Lorenzo picks a Medicare Advantage plan with prescription drug coverage (MAPD) with no monthly premium. He likes the flexibility, but knows if he is hospitalized he will have deductibles to meet.

### **Maria and Lorenzo's Coverage Costs\***

Monthly allowance	\$ 337.00
Medical plan cost - Maria	– \$ 170.00
Prescription plan premiums - Maria	– \$ 30.00
Medical and prescription costs - Lorenzo	– \$ 0
<b>Total monthly remaining allowance dollars</b>	<b>= \$ 137.00</b>
<hr/>	
<b>Total monthly remaining allowance dollars</b>	<b>= \$ 137.00</b>

***Maria will have \$137 remaining to use towards expenses such as her Medicare Part B premium, vision or dental premium, medical deductibles and other qualified medical expenses.***

*\*Example does not include spouse allowance which will end in 2018.*



## Connector Basics – *Retirees like me*

### Meet Sam.



Sam just turned 65 and is retired. He's in good shape and generally healthy. He takes a daily blood pressure prescription drug which costs him about \$25 each month. Sam takes good care of himself and budgets for health care expenses accordingly.

#### Sam's health care needs:

- Access to comprehensive health care services, including preventive care
- Coverage that provides a safety net in case of a serious illness
- Access to specialists if he needs them; he's okay staying within a plan's network
- Access to prescription drug coverage in case he needs additional medications at some point
- Sam does not travel

Sam chooses a plan to fit his lifestyle. He opts for a Medicare Advantage plan that includes prescription drug coverage (MAPD). To qualify for this plan, he must enroll in Medicare Part A and Part B. As part of this plan, he will continue to pay the Part B premium to Medicare. He enjoys a low premium knowing he may have out-of-pocket costs for non-preventive medical care.

#### Sam's Coverage Costs

Monthly allowance	\$ 337.00
– Medical/pharmacy premium cost	– \$20.00
Total monthly remaining allowance dollars	= \$ 317.00
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Total monthly remaining allowance dollars	= \$ 317.00
– Medicare Part B Premium	– \$134.00
Remaining monthly allowance for other health care expenses	= \$ 183.00

***Sam will see his current \$118 health care premium added back to his monthly pension benefit as it will no longer be deducted once he turns 65 and chooses a new plan.***



## Connector Basics

### *Frequently Asked Questions*

#### **Do I need an appointment to enroll in plans through OneExchange?**

An appointment is encouraged but not necessary to enroll. Please call OneExchange at 1-844-287-9945 to set up an appointment or enroll in medical/pharmacy plans. Please have the following with you during your call:

- Medicare card
- Check book
- List of medications
- List of your doctors

#### **What eligible medical expenses can be reimbursed from my HRA?**

Eligible participants can request reimbursement for the following 2017 expenses: Medical and prescription plan premiums

- Medicare Part A premiums
- Medicare Part B premiums
- Medical deductibles
- Qualified out-of-pocket medical expenses as allowed by the IRS
- Vision and dental premiums

#### **How will I request reimbursement for my eligible medical expenses?**

You will request reimbursement from OneExchange – not OPERS and not the insurance carrier. Please refer to the HRA chart on page 18 for more detail on required forms and documentation.

#### **Participants can request reimbursement the following ways:**

- Mail or fax in a paper claim form to OneExchange
- Submit the claim online through your OneExchange Personal Profile
- Set up auto reimbursement through OneExchange

#### **Will OPERS offer a vision or dental plan, or do I need to select the plans through the OPERS Medicare Connector?**

The OPERS Medicare Connector will offer vision and dental plans; however, Medicare-eligible retirees and their dependents will also have the option to enroll or stay enrolled in the OPERS vision (Aetna) and dental (MetLife) plans.





## Re-employment

### *Retirees re-employed by an OPERS employer*

*For those seeking re-employment, qualify for early Medicare, do not currently have premium-free Medicare Part A, or are a spouse.*

#### **Re-employment:**

If members retire and then return to work in an OPERS-covered position, Ohio retirement law requires your employer to offer you coverage if the employer offers coverage to other employees in similar positions. Members cannot waive the employer's plan unless other health coverage is secured (in addition to Medicare), allowing the OPERS health plan to be the secondary payer.

**The Humana Interim Plan is available for re-employed retirees that coordinates with Medicare and your public employer's coverage.**

**Your OPERS premium for the Humana Interim Plan is reduced by your health care allowance.**

OPERS provides an allowance (amount based on age and years of service) to use towards your premium.

If coverage is not offered through the employer, participants must take action by choosing one of the following options for themselves and any Medicare-eligible dependents:

1. Remain re-employed and **enroll in the Humana Interim Plan**. *This option does allow for non-Medicare dependents to be enrolled.*
2. Remain re-employed and **enroll self and Medicare-eligible spouse (if applicable) in an individual Medicare plan through OneExchange without receiving a monthly HRA allowance**. *This option **does not** allow for non-Medicare dependents to be enrolled in an OPERS health care plan with an allowance.*
3. **Terminate re-employment** and enroll in an individual Medicare plan through the Connector and receive the monthly HRA allowance. *This option does allow for non-Medicare dependents to be enrolled in an OPERS health care plan with an allowance.*



For more information on re-employment, read the *Re-employed and Health Care Coverage Fact Sheet* located at [opers.org](https://opers.org).

**For more frequently asked questions on these topics and more, visit [opers.org](https://opers.org).**



## Special Considerations

### *Am I affected?*

#### **Early-Medicare:**

Retirees and dependents may be eligible for Medicare Parts A and B prior to age 65. Once a recipient is eligible for Medicare, OPERS health care automatically becomes secondary/supplemental insurance and the recipient is enrolled in:

- The Humana/Medical Mutual Interim Plan if under age 65
- A plan through the Connector with an HRA, if over 65, have End- Stage Renal Disease and is outside the coordination period
- A plan through the Connector with an HRA, and has a disability

#### **Participants who do not qualify for premium-free Medicare Part A**

All participants enrolling in an individual Medicare plan through OneExchange are required to have both Medicare Parts A and B. Those participants who are not eligible for premium-free Medicare Part A will be required to purchase it prior to enrollment. OPERS reimburses retirees without Medicare Part A for the cost of the Medicare Part A premium.

The reimbursement is 100 percent of the Medicare Part A premium (plus applicable 10 percent surcharge for late enrollment); spouses receive a 50 percent reimbursement of their Medicare Part A premium (including 100 percent of surcharge for late enrollment). Additionally, retirees and spouses receive the HRA allowance; however, like other spouses the spousal allowance will end in 2018. A group plan is not offered as a secondary option should individuals choose to not enroll in a medical/pharmacy plan through OneExchange.



The **Medicare Part A** reimbursement form can be requested by calling OPERS at 1-800-222-7377



## Resources

*Services and organizations that can answer all your questions about Medicare*



**Medicare**  
1-800-MEDICARE  
(1-800-633-4227)  
[medicare.gov](https://www.medicare.gov)



**OneExchange**  
(toll-free) 1-844-287-9945  
[medicare.oneexchange.com/opers](https://www.medicare.oneexchange.com/opers)



**OPERS**  
1-800-222-7377  
[opers.org](https://www.opers.org)



**Ohio Senior Health  
Insurance Information  
Program (OSHIP)**  
1-800-686-1578  
[insurance.ohio.gov](https://www.insurance.ohio.gov)



**Ohio Department  
of Insurance  
Consumer Services**  
1-800-686-1526  
[insurance.ohio.gov](https://www.insurance.ohio.gov)



**Ohio Department  
of Aging**  
1-800-266-4346  
[aging.ohio.gov](https://www.aging.ohio.gov)



**Medicare Fraud  
Reporting  
Pro-Seniors  
(also legal services)**  
1-800-488-6070  
[proseniors.org](https://www.proseniors.org)



**Ohio Department of Job  
and Family Services  
Ohio Medicaid**  
1-800-324-8680  
[jfs.ohio.gov/ohp](https://www.jfs.ohio.gov/ohp)



**U.S. Dept. of Health  
& Human Services Office  
of Inspector General**  
1-800-HHS-TIPS  
(1-800-447-8477)  
[stopmedicarefraud.gov](https://www.stopmedicarefraud.gov)



**Ohio Department  
of Health**  
1-800-342-0553  
[odh.ohio.gov](https://www.odh.ohio.gov)



**Social Security Administration**  
1-800-772-1213  
[ssa.gov](https://www.ssa.gov)



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