#### Medicare

## Why is my Medicare Part B reimbursement amount decreasing?

Your Medicare Part B reimbursement amount will be reduced to \$31.81 per month in 2016. This reduction is part of the gradual elimination of the reimbursement. You'll be reimbursed \$31.81 per month in 2016 and then \$0 in 2017 and after.

#### I don't qualify for premium-free Medicare Part A. Do I need to sign up?

Yes. You will receive information from OPERS in the mail by the end of September and follow up communications throughout 2015. These communications will inform you of when you need to apply for Medicare Part A through SSA. You will be automatically enrolled in the OPERS Humana Interim Medicare Plan effective Jan. 1, through June 30, 2016 and select a plan through OneExchange to become effective July 1, 2016. If you are re-employed in an OPERS position, you must be enrolled in Medicare Parts A and B to be eligible to remain in the Human Interim Medicare Plan July 1, 2016 and after.

#### Non-Medicare

#### Why are premiums increasing?

As part of the health care changes approved in 2012, retirees will experience a greater premium cost share in 2016 due to the allowance percentage transition. Health care inflation could also contribute to an increased premium. In 2016, premium allowances for spouses, surviving spouses and children of retirees with less than 20 years of service credit will begin the transition to a zero dollar allowance by 2018. This will result in substantial premium increases for participants under age 65 and not yet eligible for Medicare. To help offset these increases, the OPERS Board approved a temporary premium reduction for retirees.

#### What is Healthy U and how do I get the \$50 incentive?

Healthy U is in-person community workshop offered by the Ohio Department of Aging and Ohio's area agencies on aging.

These workshops span six weeks. Participants can learn strategies to effectively manage symptoms of their conditions and live the life they want to live. To learn more and find a workshop starting soon near you, visit www.aging.ohio.gov/services or call your local area agency on aging at 1-866- 243-5678. When you sign up, be sure to tell them that you are enrolled in the OPERS Retiree Health Plan. You will receive a \$50 Retiree Medical Account (RMA) incentive from OPERS if you complete a Healthy U workshop as long as the workshop begins Jan. 1, 2016 or after.

#### Why can't I get my diabetic supplies/medications for free in 2016?

Recently, OPERS conducted a study to measure the effectiveness of the Medical Mutual Disease Management program. The results showed that overall the program did not improve how participants manage their chronic conditions including COPD, diabetes, chronic heart failure and coronary artery disease. Therefore, OPERS decided to end our program for all conditions as of Dec. 31, 2015. If you have any of these conditions, your generic medications will still be covered with a \$0 copay in 2016. Starting Jan. 1, 2016, diabetic brand medications/supplies will be covered like any other brand medication, subject to the deductible and cost sharing.

#### Who is eligible for the OPERS Income Based Discount program (IBD)?

In order to be eligible for the IBD program in 2016, the original member must have 20 years or more of qualifying service credit and be age 60 or have 30 years of health care qualifying service credit at any age. In addition, their total household income must be at or below 200 percent of the Federal Poverty Level on their 2014 federal income tax return. Medicare HRA participants are not eligible because their group medical/pharmacy plan will terminate Dec. 31, 2015.

# I am currently in a Medical Mutual Disease Management program. Will I receive my \$50 incentive?

Yes, as long as the participant has been accepted into the Medical Mutual Disease Management program, he or she will be eligible for a \$50 incentive for each qualifying activity not to exceed \$100 in a rolling twelve month period. Medical Mutual will accept self-referrals into the program up until Dec. 1, 2015.

#### Why did my brand deductible go up? Why do I have a generic deductible?

In 2016, the brand deductible will increase from \$100 to \$200 in an effort to prepare participants for what they will experience with an individual Medicare D plan available through the OPERS Medicare Connector. In 2016, the standard deductible for an individual Medicare D Plan is \$360. We have instituted a \$100 generic deductible for the same reason and because some generic medications are becoming more expensive in the marketplace.

#### Why did the co-insurance for my specialty medication go up to \$150 per month?

The co-insurance max for specialty medications is increasing to a \$150 maximum for a 30 day supply in an effort to better prepare our Medicare participants for what they will experience with individual Medicare D plans available through the OPERS Medicare Connector. The typical coinsurance for specialty medications is 33 percent for these plans.

## Why isn't OPERS covering over-the-counter (OTC) Proton Pump inhibitor (heartburn) medications in 2016?

There are many OTC options available and, as of 2015, this was the only class of OTC medications covered by the OPERS plan. In 2016, coverage for OTC Proton Pump Inhibitors will be discontinued. Generic PPI medications are covered at the generic copay level.

#### Why are deductibles and out-of-pocket maximums increasing in 2016?

OPERS is required to be compliant with Affordable Care Act (ACA) provisions that state that our combined medical and prescription out of pocket cannot exceed a certain dollar amount. Because of these provisions, we chose to increase our out-of-pocket maximum for the Medical Mutual plan and decrease the out-of-pocket maximum for the Express Scripts plan in 2016.

## How can I find a medical home (PCMH) provider in my area?

First, determine if your current Primary Care Physician (PCP) is part of an NCQA Recognized medical home by using the online provider search tool on MedMutual.com, and look for the designation: "NCQA—Patient-Centered Medical Home" under the Awards and Recognition section. Or, call a Medical Mutual Customer Care Specialist at 1-877-520-6728 and ask if your PCP is a Patient-Centered Medical Home. If you current PCP does not have this designation, you can use these same tools to locate a physician in your area designated as a Patient-Centered Medical Home.

### Why did OPERS do away with the chronic condition copay in 2016?

Chronic condition copays were part of our value based insurance design. Recently, OPERS conducted a study to measure the effectiveness of the Medical Mutual Disease Management program. The results showed that overall the program did not improve how participants manage their chronic conditions including COPD, diabetes, chronic heart failure and coronary artery disease. Therefore, OPERS decided to discontinue lower copays for office visits for those with chronic conditions. Their copays will be the same as the rest of our participants' enrolled in Medical Mutual.

#### What is the "coverage maximum" for lab tests being introduced in 2016?

A "coverage maximum" refers to the maximum amount Medical Mutual will pay for certain lab tests under the plan in 2016.

Here's how the coverage maximum works:

- If a network provider's contracted rate with Medical Mutual is at or below the coverage maximum for one of the 40 identified lab tests, you will only pay your normal out-of-pocket responsibility.
- If a network provider's contracted rate is above the coverage maximum for one of the 40 identified lab tests, you will pay more. You will pay your normal out-of-pocket responsibility plus the difference between the coverage maximum and the provider's contracted rate.

#### Can I appeal the coverage maximum for lab tests or can exceptions be made?

This coverage maximum applies only to participants in the Super Med network (primarily Ohio). If you reside in an area that does not have a sufficient number of providers offering the identified lab tests at or below the coverage maximum, an exception could be made. Please contact Medical Mutual for further information.

#### Where can I find a list of which lab tests will be subject to coverage maximums?

In September or October 2015, Medical Mutual will mail participants a list of the 40 identified lab tests. Once you have the list, you can visit the Medical Mutual website and access your personal account. From there, you can use the My Care Compare tool to determine what providers charge for each lab test.

#### **All Participants**

#### What is the deadline for making changes during open enrollment?

Changes can be made by phone or by completing and mailing the open enrollment form. This form must be received at OPERS by Oct. 31, 2015.

#### Why doesn't my child's name show on my open enrollment statement?

Children's names aren't printed on the open enrollment statement due to space constraints. However, children's names will show on the application unless you cover more than four children. We cannot list more than four children due to space constraints.

#### I am re-employed in an OPERS-covered position. Will my coverage automatically continue?

If you are re-employed in an OPERS position and you are under age 65 and not enrolled in Medicare, you and your non-Medicare dependents will be automatically enrolled in the Medical Mutual Interim Plan. This coverage is identical to the MMO plan for those not re-employed. If a participant is eligible for Medicare and enrolled in Medicare Parts A and B, they will not be automatically enrolled in an OPERS group plan. These retirees can choose to enroll in our group Humana Interim Medicare Plan by completing their open enrollment application and mailing it to OPERS by Oct. 31, 2015.

#### What happens if I cease being re-employed in an OPERS-covered position?

<u>Non-Medicare -</u> Coverage for those re-employed in an OPERS –covered position is identical to the MMO plan for those who are not re-employed, so no action is necessary.

<u>Medicare-eligible - OPERS</u> must receive notification from your employer before we can officially change your status from re-employed to not re-employed. This notification will trigger correspondence from OPERS that will inform you of your plan options through OneExchange and your monthly Health Reimbursement Arrangement (HRA) amount.

I thought eligible spouses were supposed to receive an allowance through 2017, but my open enrollment statement indicated that my spouse will have her coverage terminated as of Dec. 31, 2015. Why?

Your spouse has primary coverage available through another Ohio retirement System (ORS). Please refer to the letter you recently received for more information (OPERS sent a letter to all retirees with affected spouses during the first week of September). All spouses and surviving spouses (Medicare or Non-Medicare) who have primary coverage available through another ORS will have OPERS group medical/pharmacy coverage terminated as of Dec. 31, 2015. All Medicare-eligible spouses and surviving spouses who have primary coverage available through another ORS will have their coverage terminated and will not be eligible for an HRA. All affected spouses and surviving spouses should contact the system where they are eligible for primary coverage to learn more about their coverage options in 2016.