

Ohio PERS NEWS

Your Benefit Connection

News and information for retired members of the Ohio Public Employees Retirement System

Our commitment to retirement security for all will continue in 2011

A message from Chris DeRose, CEO

It's difficult to believe that 2010, our 75th year as a retirement system, has nearly come to a close. Our focus this year has been on the future and providing Ohio's public employees with a secure retirement and access to health care coverage -- for the next 75 years and beyond.

Due to a number of factors, including the 2010 elections, legislation to enact pension plan changes was not introduced this year. However, we have not wavered on our commitment to see



Chris DeRose

legislation introduced and passed. We have already begun reaching out to request that the next General Assembly act on these changes as early in the year as possible.

Between the recommended pension changes, state budget pressures and continued comparisons between public pensions and private sector benefits, 2011 promises to be a pivotal year. OPERS will need the support and involvement of our retiree population more than ever before. We will need to ensure that returning and newly elected officials, as well as the general public understand how vital OPERS pensions and access to health care coverage are -- not only to public employees but to Ohio's economy as a whole. OPERS provides the state of Ohio with an economic engine fueled by benefit and health care payments all across the state.

In 2010, the OPERS Board and staff concentrated their efforts on seeking the introduction of legislation to enact a series of incremental changes to the current benefit plan. The changes are designed to maintain the strength of the pension system and allow continued contributions to the health care trust fund. When approved, the recommended changes

will build on previous actions by the Board to maintain secure retirement benefits, prepare for the longer life expectancies of retirees, and preserve access to health care coverage.

inside this issue

2011 Benefit Payment Dates

2

The Right Help at the Right Time

3

Don't be the last to know - Online Communications

4

Legislative update

5

OPERS Health Care 2011 - Medicare plan participants

6

OPERS Health Care 2011 - Non-Medicare plan participants

8

2010 Board election results

12



commitment to retirement security in 2011 *(continued from page 1)*

OPERS NEWS – Your Benefit Connection is a quarterly newsletter providing news and information to more than 160,000 age and service retirees, disability benefit recipients and survivor benefit recipients of the Ohio Public Employees Retirement System. This publication allows us to communicate vital information concerning retirement benefits and health care coverage to our retirees and also educate them on the services we provide.

CONTACT INFORMATION:

www.opers.org

1-800-222-7377

Monday - Friday

7:30 a.m. to 5:00 p.m.

newsfeedback@opers.org

As we begin the new year, it will be critical for our retirees and members to monitor our website closely. As legislation is drafted and introduced, we will post updates to the site regularly. Important news, legislative activity and requests for retiree and member support will be communicated via the website and also through special e-mail news bulletins. In order to receive these news bulletins, please be sure you are registered for My Benefits System (MBS) so we can communicate with you on a more frequent basis. You will also be able to keep your e-mail address updated through MBS. Our newsletter will still be provided, covering events that occurred in the previous four months.

Thank you for your continued support of OPERS. I wish you and your families a happy and healthy new year.

2011 benefit payment schedule

Pension benefit payments will be issued on the first business day of the month. If that day falls on a weekend or holiday, payments will be issued on the last business day of the previous month (except January when, for tax purposes, the payment must be issued on the first business day of the month).

 *Clip & Save* 

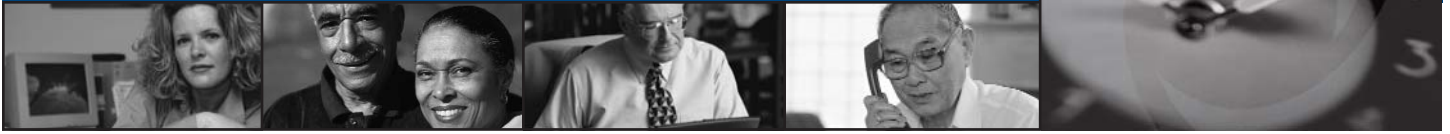
2011
January 3, 2011
February 1
March 1
April 1
April 29
June 1
July 1
August 1
September 1
September 30
November 1
December 1
January 3, 2012

It is your responsibility to be certain that OPERS has your current address on file. If OPERS is not made aware of address changes, we cannot guarantee that you will receive important information pertaining to your OPERS account.

This newsletter is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for the federal or state law, namely the Ohio Revised Code, the Ohio Administrative Code, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Ohio General Assembly, regulation of the Ohio Public Employees Retirement Board, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney.

THE RIGHT HELP AT THE RIGHT TIME

Helping our retirees understand how to best utilize OPERS services



The Right Help At The Right Time is a new series of articles OPERS has designed to help retirees understand how to best utilize the member service options we provide.

Over the past few years, we have introduced several new service options including some online, self-service tools. These tools are available to provide you with information and answers beyond our call center or office hours. We encourage you to register for My Benefits System (MBS) to receive information about your account at any time.

Our goal in making these changes is to maintain a level of customer service while serving an ever-increasing number of customers. Our member and retiree populations have grown steadily in recent years and are projected to continue rising for the foreseeable future.

Each article within this series will focus on one area of customer service offered by OPERS. We'll describe how the service option has changed in recent years and how retirees can access the information they need in the most timely manner possible.

Educational Seminars for OPERS Retirees

OPERS offers a general seminar designed exclusively for OPERS retirees and benefit recipients. Topics range from taxation of OPERS pension benefits and re-employment to health care coverage and Social Security.

Retiree health care seminars are also offered and are designed to address the needs of those participating in the OPERS health care plan. Topics include medical/pharmacy coverage, dental and vision coverage, preventive coverage and wellness programs. Beginning in 2011, OPERS will offer two different retiree health care seminars for Medicare and non-Medicare retirees.

Open enrollment seminars are also offered each fall to help retirees understand any changes affecting the OPERS health care plan for the following year. A complete schedule is

available online and within the summer retiree newsletter each year.

Attending a retiree seminar -

Seminars fill up quickly and there are a limited number of spots available. For this reason, we recommend retirees attend no more than one seminar per year. This will allow for more attendees to participate, especially as the retiree population begins to swell throughout the next few years.

Receive the most current information regarding your retirement benefits -

The best way to be certain you're up-to-date on news regarding your retirement benefit is to register for My Benefits System (MBS) and receive e-mail news alerts and online publications. Retirees are also encouraged to regularly check the OPERS website for news updates, revised forms, streaming video, and

other available resources.

Alternatives to attending a retiree seminar -

A variety of resources are easily accessible on the OPERS website. The site provides instant access to a number of online publications, which you can view or print. Certain publications can also be ordered online for mail delivery. Also, if you can't attend a retiree health care or open enrollment seminar, audio/visual presentations are available online.

Note: In an effort to cut costs, OPERS will no longer be offering lunch and refreshments during any seminars.

You can register for seminars using My Benefits System (MBS) at www.opers.org or by calling 1-800-222-7377.

Don't be the last to know

Take advantage of OPERS' online communication options

Stay connected to OPERS by registering for MBS

OPERS is committed to offering online communication options whenever possible. Communications via e-mail have increased, online application processes have been introduced, and we offer online publications including newsletters. Register for MBS and be one of the first to receive news about your retirement benefits.

E-mail news alerts – OPERS now offers news alerts via e-mail, which provides timely information in a fast and efficient manner. Alerts will be sent when the need arises to communicate important issues to our retiree population quickly. Registering for MBS will automatically register you to receive these important e-mails.

Electronic publications - Online communications offer immediacy, cost savings and a positive impact on the environment. Online publications offer instant access to a variety of information from newsletters and leaflets to updated forms and health care guides. Log in to MBS and select the "My Contact Info" tab to set your correspondence preferences to online.

E-mail address - If you change your e-mail address, you can update your contact information on MBS to ensure you continue receiving important news regarding your retirement. Log in to MBS and select the "My Contact Info" tab. The first box on the page allows you to be sure your e-mail address is correct. If not, click on "Edit" (on right side of box) and enter the correct address. Updating your e-mail address on MBS is fast, secure and doesn't require you to fill out a number of forms. You can also use this same feature to update your mailing address.

MBS Registration

Don't be the last to receive important news alerts from OPERS. Stay connected by registering for MBS today! Here's how:

1. Log on to www.opers.org
2. Click on the MBS "Register" button in the top, right corner of the home page. You will need your social security number and an active e-mail account. MBS will guide you through the registration process.

No Internet access at home? *Try your local library!*

Not having a home computer doesn't mean you can't take advantage of online services from OPERS and many other organizations. Most, if not all, public libraries offer Internet access to patrons at no charge.

Library personnel can help you to establish a free e-mail account through services such as Google mail or Yahoo mail. Many libraries offer basic computer training - some even offer classes designed specifically for seniors. Check out the offerings at your local library and be online in no time.

Legislative update

The Patient Protection and Affordable Care Act – PPACA (a.k.a. health care reform) signed into law by President Obama March 23, 2010 has numerous provisions that may impact the OPERS health care plan from 2011 to 2018. Because this legislation is very complex, OPERS continues to analyze the legislation and its impact on our plan in future years. We have received numerous questions from retirees regarding this legislation and have provided answers to those questions below based on our analysis to date.

Q: How is OPERS assessing how the new health care legislation will impact retirees and OPERS?

A: OPERS has spent months analyzing the legislation in collaboration with actuaries and legal counsel to recognize the impact on OPERS. The welfare of our retirees and the solvency of the OPERS health care fund are our main priorities when analyzing the legislation. Our Board's intent is to continue providing a plan which helps improve or maintain the health of current and future OPERS retirees while complying with all applicable provisions of the legislation.

Q: Will the health care reform legislation require retirees to pay tax on their health insurance?

A: No. Health care reform legislation will not require retirees receiving health care through a retirement system to pay taxes on their health insurance. The current legislation requires employers to display the value of health insurance on employees' W-2 forms for information purposes, but it will not be considered taxable income. This provision will only affect retirees if they are re-employed, either in the private or public sector, and receiving a W-2 form. More information can be found on the OPERS website or by visiting www.irs.gov.

Q: I understand that Medicare Advantage Plans may experience changes in 2012. What will the OPERS Medicare Advantage Plan look like in the future?

A: At this time, we are unable to provide a complete answer to this question. OPERS continues to be in close contact with Humana, our Medicare Advantage Plan administrator, and we are continuously monitoring federal health care and budget legislation in order to determine Medicare Advantage plan designs, funding levels and network requirements for 2012 (and beyond).

Q: What is the Early Retiree Reinsurance Program?

A: As part of the Patient Protection and Affordable Care Act, the federal government will provide \$5 billion to be

used by the Centers for Medicare and Medicare Services (CMS) to reimburse claims for early retirees (age 55 – 64) and their dependents, who are otherwise not eligible for Medicare. This program will reimburse 80 percent of annual claims dollars between \$15,000 and \$90,000 per year for services that Medicare Parts A, B, and/or D would cover. Once the \$5 billion have been dispersed there will be no further reimbursements from this program.

Q: Is OPERS part of the Early Retiree Reinsurance Program?

A: Yes. OPERS submitted its application on the very first day CMS accepted applications and we received notice in the initial release from CMS that OPERS had been approved (with 3,600 other organizations) to participate in the Early Retiree Reinsurance Program.

Q: What are the health care exchanges that I have heard about?

A: Health care reform legislation includes a requirement for health care exchanges to be up and running by Jan. 1, 2014. The intent of these exchanges is to reduce the number of uninsured by providing individuals one place to compare health care coverage levels and prices and then choose the plan that's best for them.

Q: Will these health care exchanges be available to OPERS health care program participants?

A: The health care exchanges are to be up and running no later than Jan. 1, 2014 for those purchasing individual health care plans or who are participating in plans with less than 100 people. Exchanges may be available to companies with more than 100 employees by 2017. It is not yet clear if and/or when those currently participating in the OPERS health care plan may participate in these health care exchanges.

Medicare-eligible health care plan participants

What you need to know for 2011

OPERS Medicare Part D Prescription Plan

OPERS is pleased to partner with Express Scripts and offer our Medicare-eligible retirees the OPERS Medicare Part D Prescription Plan. Medicare-eligible participants enrolled in the Humana Medicare Advantage Plan, Kaiser and the Medical Mutual Enhanced Plan will participate in this plan effective Jan. 1, 2011.

To help prepare our plan participants for this transition, the chart below illustrates some of the differences between the current (2010) Express Scripts prescription plan and the OPERS Medicare Part D Prescription Plan. Prescription co-pays will remain the same as in 2010. Please contact Express Scripts at 1-800-789-7416 with questions.

Plan Feature	2010 Express Scripts Prescription Plan	2011 OPERS Medicare Part D Prescription Plan
Day Supply	Retail pharmacy – max. 30 day supply Curascript Pharmacy – max. of 90 day supply Express Scripts Mail Order – max. 90 day supply	Retail pharmacy – max. 31 day supply Retail pharmacy – max. of 90 day supply for maintenance generic and brand medications Curascript Pharmacy – max. 31 day supply Express Scripts Mail Order – max. 90 day supply
Medication Therapy Management	No Medication Therapy Management program available.	A free service that allows an Express Scripts pharmacist to review your medications to be sure they are appropriate, safe and effective and to lower the risk of drug interactions and possible harmful side effects.
Formulary	2010 Express Scripts National Preferred formulary	2011 Express Scripts “National Preferred Medicare-approved” formulary (Contact Express Scripts for a copy)
Coverage Gap	No deductible and no coverage gap	Unlike most Medicare D plans, OPERS Medicare D plan has no deductible and no coverage gap (“donut hole”).
Annual Out-of-Pocket Maximum	No Annual Out-of-Pocket Maximum	\$4,300 calendar year, maximum out-of-pocket, per participant (100% coverage after \$4,300 has been spent in co-pays/co-insurance)
Medications used to Treat Diabetes	Humana, Medical Mutual and Kaiser participants – regular co-pays	Humana and Medical Mutual participants – covered at no cost to the participant, \$0 co-pay Kaiser participants – regular co-pays
Diabetic Testing Supplies	Humana participants – 4 percent co-insurance Medical Mutual and Kaiser participants – \$0 co-pay	Humana, Medical Mutual and Kaiser participants – \$0 co-pay

Explanation of Benefits (EOB)

Another change participants in the OPERS Medicare Part D Prescription Plan will notice is a monthly Explanation of Benefits (EOB). Participants will receive an EOB each month beginning in February 2011. A monthly EOB is required by Medicare and will show a cost breakdown for your pharmacy spending and coverage for each month. If you have any questions once you receive your EOB, please contact Express Scripts.

Save by using the Express Scripts mail order pharmacy

In 2011, the co-pay for a 90-day supply of medication through the Express Scripts mail order pharmacy is two and a half times the retail co-pay for a 31-day supply. You will pay three times the retail co-pay for a 90-day supply of medication through a Medicare-approved retail pharmacy for most medications.

Medicare-eligible health care plan participants

What you need to know for 2011

OPERS Medicare Part D Prescription Plan Low Income Subsidy

Medicare provides “Low Income Subsidy (LIS)” to pay prescription drug costs for plan participants who have limited income and resources. This program helps pay for premiums (if applicable) and co-payments or co-insurance.

If you qualify for the LIS, Express Scripts will send you a letter titled “Important Information for those who Receive Extra Help Paying for their Drugs.” This letter will provide you with details concerning any assistance that you have qualified for. If your eligibility status for LIS changes during the year, Express Scripts will send you an additional notification that describes your new subsidy.

If you are approved for LIS in 2011:

1. Your “premium” reimbursement, if applicable, will be sent by check to you each month from Express Scripts. It can range from \$7.90 to \$31.60 and will be mailed on the tenth day of each month.

2. Your “co-payments/co-insurance”, if applicable, may be lowered. This will happen automatically at the pharmacy after your eligibility has been approved by the Social Security Administration (SSA) and sent to Express Scripts.

If you feel you may qualify for LIS, but were not notified by Express Scripts, you can apply by calling the Social Security Office at 1-800-772-1213, between 7 a.m. to 7 p.m., Monday through Friday.

2011 Medicare B Reimbursement

The OPERS Board of Trustees voted in November to cap the OPERS 2011 Medicare B reimbursement amount at \$96.40 beginning Jan. 1, 2011. Per Social Security Administration (SSA) guidelines, if you do not receive an SSA benefit, your Medicare B premium will be at least \$115.40 in 2011.

If you receive an SSA benefit, your Medicare B premiums will remain at \$96.40 in 2011 with the following exceptions:

- Your household income, as defined by SSA, is above \$85,000
- You are a recent Medicare B enrollee after Jan. 1, 2010
- You receive Medicaid
- You pay an SSA late enrollment penalty

For more information visit www.socialsecurity.gov

New ID cards for Medicare-eligible participants

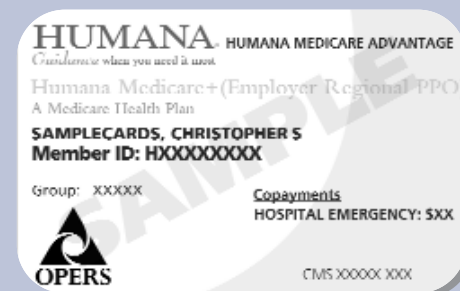
By mid-December, Express Scripts will mail a welcome packet to all Medicare-eligible retirees and spouses participating in the OPERS Medicare Part D Prescription Plan in 2011. The packet will contain a new Express Scripts ID card which looks like the example shown here.

Please use this card when filling prescriptions at a retail pharmacy. Participants covering family members that are not yet eligible for Medicare will need to keep their current (2010) Express Scripts ID card. Family members will continue to use their current card to fill prescriptions at a retail pharmacy in 2011.

Participants in the Humana Medicare Advantage Plan will also receive new ID cards in December (example at right.)



Each individual covered by the OPERS Medicare Part D Prescription Plan will receive their own ID card.



Non-Medicare health care plan participants

What you need to know for 2011

2011 Express Scripts Non-Medicare Deductible and Co-Insurance

Formulary and non-formulary brand name prescription medications (retail and mail) will be subject to an annual \$50 deductible in 2011. This means that non-Medicare plan participants will pay the first \$50 associated with brand name prescription costs. After the deductible is met, a new co-insurance structure will apply. To help participants make this transition with minimal confusion, we have provided an example below.

Joe is an OPERS retiree without Medicare who participates in the OPERS health care plan (Enhanced level). Joe's doctor prescribes a **formulary brand medication** to help lower his cholesterol. **A 30 percent retail co-insurance with a \$30 minimum and \$60 maximum applies to this medication.**

In 2010, Joe paid \$20 at his local, retail pharmacy for a 30-day supply. The explanation below illustrates what Joe will pay for his first 30-day supply at a retail pharmacy in 2011.

Actual cost of the brand medication:	\$90
Annual brand deductible:	\$50
Balance after deductible:	\$40
30% co-insurance (\$12) <u>OR</u> \$30 minimum	\$30
Total retiree out-of-pocket for first fill of brand medication in 2011:	\$80

After the deductible is met, Joe will pay the 30 percent co-insurance for his brand medication for the remainder of the calendar year.

Actual cost of the brand medication: \$90
30% co-insurance (\$27) OR \$30 minimum \$30

Joe could save money on his prescriptions by asking his doctor to prescribe a generic alternative and/or using the Express Scripts mail pharmacy which features a flat co-pay rather than a co-insurance for brand medications. Please contact Express Scripts at 1-866-727-5873 with questions about your prescription co-pays and co-insurance in 2011.

2011 Express Scripts ID Cards

OPERS health care plan participants who are not yet eligible for Medicare will **not** receive a new ID card from Express Scripts for 2011. Please continue to use your current ID card.

In 2011, for the first time, families could have members participating in both the OPERS Medicare Part D Prescription Plan and the non-Medicare prescription plan. OPERS retirees and/or participating in the OPERS Medicare Part D Prescription Plan in 2011 will receive a new ID card from Express Scripts in December. Non-Medicare participants should continue to use their current Express Scripts ID card even if it only has the retiree's name listed on it.

Change in coverage for Proton Pump Inhibitors (PPI) in 2011

Effective Jan. 1, 2011, the OPERS non-Medicare prescription drug plan will only cover the following over-the-counter and generic medications in the Proton Pump Inhibitor (PPI) class (drugs used to treat acid reflux disease and heartburn):

Over-the-counter (OTC) Prilosec, OTC Omeprazole, OTC Zegerid, and OTC Prevacid 24-hour
 (\$5 Retail co-pay; \$12.50 Mail co-pay) A prescription is required.

Generic Omeprazole, Pantoprazole and Lansoprazole
 (\$25 Retail co-pay; \$62.50 Mail co-pay)

Participants will pay the full cost for any brand name PPIs including Nexium, Prevacid, Aciphex, Prilosec, Protonix, Zegerid and Dexilant. Brand name PPIs are also only available through a retail pharmacy.

All OPERS health care plan participants

What you need to know for 2011

The OPERS health care plan will cover Zostavax, the shingles vaccine, in 2011

Beginning Jan. 1, 2011, Zostavax, the shingles vaccine, will be covered under the OPERS health care plan. There are two parts to coverage of Zostavax - the vaccine itself and the administration of the vaccine.

Depending upon the participant's age or Medicare status, who administers the vaccine (a certified pharmacist, doctor or other health care provider), and how the provider submits the claim to Humana or Medical Mutual, determines the participant's out-of-pocket costs. The most common means for obtaining Zostavax in 2011 is as follows:

Humana Medicare Advantage Plan Participants

- The vaccine will be available to Medicare-eligible plan participants through the OPERS Medicare Part D prescription drug plan.

- Medicare participants who obtain Zostavax from a retail pharmacy will need to obtain a prescription for the vaccine from their doctor and will be expected to pay a vaccination administration fee (typically \$20) plus their pharmacy co-pay.

- Medicare-eligible participants who are interested in obtaining Zostavax from a pharmacy should visit Express-Scripts.com. The site features a list of pharmacies employing pharmacists certified to administer the vaccine, or they can call an Express Scripts

Patient Care Advocate at the phone number listed on their prescription card.

Medical Mutual (MMO) Plan Participants

- The vaccine will be covered under the MMO medical plan at 100 percent if the participant is 60 years of age or older.

- There will be no co-payment if the only service provided by the participant's doctor is the Zostavax vaccine.

- If the participant sees their doctor for another health reason and obtains the Zostavax vaccine at the same time, they will be responsible for their normal cost-share (co-payment or co-insurance) for the office visit and will pay nothing for the Zostavax vaccine.

Further questions on this coverage, including additional means for obtaining Zostavax, should be directed to either Humana or Medical Mutual.

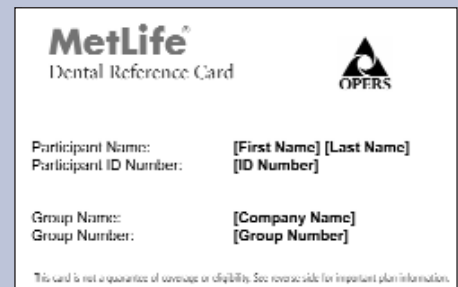
Kaiser Permanente Plan Participants

- Zostavax is covered at 100 percent if provided by the plan participant's primary doctor.

New ID cards for dental and vision coverage participants

Participants enrolled in the optional vision and/or dental plans will receive new ID cards in December.

The cards for the Aetna Vision Plan and the MetLife Dental Plan will look like the examples below.



Note: Aetna Vision Preferred provides a reimbursement benefit if participants choose to go to a non-EyeMed provider for routine eyecare. Please contact Aetna at 1-866-591-1913 for more information.

Health care seminars for retirees

The 2011 OPERS retiree health care seminar schedule is listed below. These seminars are designed to address the needs of those participating in the OPERS health care plan. Topics include medical/pharmacy coverage, dental and vision coverage, preventive coverage and wellness programs. Each seminar will also feature a question and answer session at the end.

Registration is required and seminars do fill quickly. Please register by calling OPERS at 1-800-222-7377 or visiting www.opers.org to register using My Benefits System (MBS). All seminars last approximately two hours.

2011 - Medicare Retirees, 10:00 a.m.

Akron Jan. 28 June 17	Columbus (Plain City) May 6	Mentor April 15 Dec. 2
Athens June 24	Columbus (Reynoldsburg) Aug. 19	Miamisburg March 18
Cambridge May 20	Dayton July 15	Perrysburg March 25 Nov. 17
Canton Nov. 11	Huron June 10	Portsmouth June 3
Cincinnati March 11 Aug. 26	Independence Jan. 21 Sept. 9	Ravenna (Rootstown) Aug. 5
Cleveland (Westlake) July 22	Lima April 1 Aug. 12	Youngstown April 22
Columbus (OPERS) Feb. 18 Dec. 9	Mansfield (Bellville) Feb. 25 July 29	

2011 - Non- Medicare Retirees, 1:00 p.m.

Akron June 17	Columbus (OPERS) Feb. 18	Lima Aug. 12
Athens June 24	Columbus (Plain City) May 6	Mansfield (Bellville) July 29
Canton Nov. 11	Dayton July 15	Mentor April 15
Cincinnati March 11	Independence Jan. 21	Perrysburg March 25
		Youngstown April 22

OPERS wellness program combines better health and rewards

*Actively engaging in the improvement of your health has never been easier – or more rewarding! OPERS has combined health and reward. That's right. Your health is so important to OPERS and to the future of the OPERS health care program that OPERS will give you money --- **up to \$100 per year** --- deposited into a Retiree Medical Account (RMA) when you participate in the OPERS health management program.*

OPERS offers a number of ways for you to improve your health and earn up to \$100 per year into your RMA:

Get an Annual Physical Exam – An annual exam allows your doctor to identify potential health concerns early on and formulate a plan for reducing your risk of developing more serious health problems like diabetes and heart disease.

Complete the Health Assessment – Learn about your health risks by completing a health assessment. You can use this information to prepare a plan for reducing risks, including taking advantage of the OPERS health management program offerings described below.

Complete a Wellness Program – After you complete the health assessment, you may be eligible to participate in a wellness program which could include working with a health coach by phone on health risks like diet and exercise. Depending upon your Medicare status and health plan, you may be able to participate in Weight Watchers, take advantage of QuitLine (smoking cessation program) or participate in the Silver Sneakers fitness programs (Humana participants).

- OR -

Actively participate in a Disease Management Program – If you have a chronic condition like diabetes or heart disease, a specially trained disease management coach will work with you one-on-one to help you manage your condition in between doctor visits.

You can earn \$50 for any of the above activities, up to \$100 in RMA deposits in a 12-month period. With a balance in your RMA, Aetna will reimburse you for qualified expenses such as, deductibles, co-pays and co-insurance amounts that would not be covered by your medical or pharmacy plan.

Please note: It takes up to eight weeks before your incentive earnings will be available in your RMA. Please contact Aetna with questions regarding the administration of your RMA.

See the next page for an example of how the reward system works.

Three easy steps to better health and rewards

Step 1 Complete

Complete and/or earn incentive-eligible activities

Step 2 Receive

RMA deposit – Eight weeks later

Step 3 Redeem

Obtain reimbursement for eligible expenses

How did Jan Complete, Receive and Redeem?

Jan is a Medicare-eligible OPERS retiree participating in the Humana Medicare Advantage Plan. Jan learned that OPERS will provide an incentive if she completes a health assessment and a wellness program. Jan is in fairly good health, but knows there are steps she could take to be healthier.

Jan calls Humana and completes a health assessment over the phone. Completing an assessment qualifies her for a \$50 deposit into a Retiree Medical Account (RMA). Through conversations with the Humana representative, Jan finds out that she also qualifies for a nutrition wellness program.

Humana notifies OPERS that Jan has completed her health assessment. OPERS deposits the \$50 incentive into an RMA established in Jan's name and then informs Jan of the deposit.

In the weeks to follow Jan is contacted by Humana to begin a series of coaching calls aimed at improving her nutrition. Over the next 12 months, Humana works with Jan, assisting her in reaching pre-determined nutrition goals. She eventually completes her program and is awarded with another \$50 deposit into her RMA.

During the course of the year Jan has paid prescription co-pays equal to \$35. Jan downloads a claim form from the Aetna website, completes the form and sends it, along with copies of her prescription co-pay receipts, to the address on the claim form. Aetna receives the form, confirms that Jan has enough funds in her RMA to be reimbursed and sends a check to Jan for her prescription co-pays.

Jan not only feels better, but she has received reimbursement for eligible health care expenses as well.

Ohio PERS Board of Trustees

The 11-member Ohio PERS Board of Trustees is responsible for the administration and management of Ohio PERS. Seven of the 11 members are elected by the groups that they represent (i.e., college and university non-teaching employees, state, county, municipal, miscellaneous employees, and retired members); the Director of the Department of Administrative Services for the state of Ohio is a statutory member, and three members are investment experts appointed by the Governor, the Treasurer of State, and jointly by the Speaker of the Ohio House of Representatives and the President of the Ohio Senate.

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Ohio PERS NEWS

YOUR BENEFIT CONNECTION

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2010 OPERS Board Election Results

This year's election for the OPERS Board of Trustees seat representing state employees was won by Matthew Schulz. Schulz will begin serving his four-year term Jan. 1, 2011.

The retiree, college/university employee and municipal employee seats were uncontested races and thus no election was conducted. Sharon Downs, Kimberly Russell and Ken Thomas will begin new four-year terms Jan. 1, 2011.

2011 OPERS retiree seminars

This three-hour seminar is designed exclusively for OPERS retirees and benefit recipients. Topics range from taxation of OPERS pension benefits and re-employment to health care coverage and Social Security. There is no cost to attend and you may bring a guest. Please register your guest's name when you enroll yourself. You can also register for this seminar using My Benefits System (MBS) at www.opers.org.

2011 RETIREE SEMINARS

Cincinnati East Aug. 23	Dayton/ Miamisburg June 15	Perrysburg July 19
Cincinnati North/ West Chester May 17	Eastlake July 12	Strongsville May 3
Columbus OPERS April 19 July 6 Sept. 8	Independence Aug. 9	Youngstown/ Boardman April 5