



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

OPERS will provide more information on health care changes in 2013

In November OPERS mailed Comprehensive Guides to Pension and Health Care Changes to all active members and retirees. These guides provided notification of changes to the retiree health care plan adopted by OPERS. These changes include the fact that Medicare-eligible retirees will choose an individual Medicare

participate will be assigned a licensed Medicare advisor who, at no charge, will help the retiree to sort through different plan options and choose a plan that best suits his or her health needs and financial circumstances. Spouses will be eligible to use the services of the connector even after they cease receiving an allowance toward coverage.

Advantage or Medicare Supplement plan via The OPERS Medicare Connector beginning in 2015.

In the weeks since the guides were made available, we have received a number of phone calls and e-mails from retirees seeking more information about the OPERS Medicare Connector. Currently, we have limited details available pertaining to the connector. We do

know that retirees choosing to

We currently have few details about the OPERS Medicare Connector. More information will be provided in 2013.

We've also received many questions regarding the cost of the plans offered by the connector and allowance amounts. Most retirees will be eligible for an allowance to purchase a plan via the connector. The allowance charts and examples within the Comprehensive Guides provide cost estimates, but the costs are based on 2013 rates and will change by 2015.

inside this issue

Payment information no longer available by phone

○ ○ ○ **2**

Educational Opportunities

○ ○ ○ **3**

2013 OPERS retiree health care coverage (Medicare)

○ ○ ○ **4**

2013 OPERS retiree health care coverage (Non- Medicare)

○ ○ ○ **5**

A 'Home' for all your medical needs

○ ○ ○ **6**

Your OPERS account - *On YOUR time!*

○ ○ ○ **8**

Online Health Care Resources

Information on changes to the OPERS health care plan can be found within a variety of online resources. Please visit www.opers.org to access recorded presentations and videos, sign up for seminars and webinars and estimate future health care costs using the Health Care Planning Tool.

More information on health care changes *(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

8 a.m. to 4:30 p.m.

newsfeedback@opers.org

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.

OPERS is not required to provide health care coverage to retirees or their dependents and will only do so at the discretion of the Board of Trustees.

Please remember we have two years before the OPERS Medicare Connector will be up and running. We would greatly appreciate your patience as we work out the details of this new type of coverage. As soon as additional information is available next year, we will publish it within your OPERS newsletter and also on our website, www.opers.org.

Pension payment information no longer available by phone

OPERS discontinued the interactive pension benefit information feature available through our phone system at the end of 2012. This feature was established years ago as a means for retirees to check their payment information outside of normal business hours. However, we can now provide more secure access to this and other information online through our website, www.opers.org.

You can check your personal account information 24 hours a day, seven days a week by logging into your online account at www.opers.org. Simply log in with your username and password and click on "My Account," then "My Benefit." If you have not registered for an online account, visit www.opers.org and click on "Register Now" to get started. You can also call us during normal business hours (Monday – Friday, 8 a.m. – 4:30 p.m.) and we can provide you with your benefit information.

Most banks also provide their customers with access to their deposit information through automated systems. Please check with your financial institution to see what options they offer for checking on your deposits.

Educational opportunities

Face to Face Seminars - The OPERS education staff presents seminars on a regular basis throughout the state. These seminars feature pension and health care content customized for the audience and also include current news and issues. Participants can access our health care vendor representatives and OPERS representatives to ask questions and register for an online account. Please visit www.opers.org and click on the “Seminar Options” section under the heading of “Retirees” for more information or call 1-800-222-7377.

Webinars and recorded presentations – OPERS is currently conducting weekly, “live” web-based seminars and has posted recorded presentations in an effort to provide our membership with an understanding of the upcoming changes to retiree health care coverage. Please visit www.opers.org and click on the “Seminar Options” section under the heading of “Retirees” for more information.

Stay connected

PERSpective - *PERSpective* is an online blog we have created to share our thoughts on important pension-related issues. We hope you will share your thoughts and feedback with us on the blog. Subscribe to *PERSpective* by clicking on the RSS feed logo on www.opers.org, or read it regularly at <http://perspective.opers.org>.

Facebook and Twitter - Nearly 5,400 members and retirees “Like” our Facebook page, which uses the name “Ohio PERS.” We also utilize a Twitter account under the name “ohiopers.” We encourage you to follow us on Twitter by searching @ohiopers and to “Like” us on Facebook in order to receive updates from OPERS within your newsfeed.

eNewsNow - Our mass e-mail system allows us to provide retirees with information more quickly and efficiently than ever before. If you have not received *eNewsNow* messages yet, you are either not registered for online account access, or your current e-mail address is not on file with OPERS. To begin receiving e-mail alerts, register for or log in to your online account and update your contact information. Please also remember to inform us if your e-mail address changes.

2013 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

2013
January 2, 2013
February 1
March 1
April 1
May 1
May 31
July 1
August 1
August 30
October 1
November 1
November 27

2012 Form 1099R and Benefit Recipient Tax Guide

OPERS will mail Form 1099Rs for tax year 2012 by Jan. 31, 2013. Retirees should expect to receive their Form 1099R by Feb. 15, 2013.

OPERS will not be sending a paper copy of the *Benefit Recipient Tax Guide* with your Form 1099R. The publication will still be available to view and print on the OPERS website, www.opers.org. Or, you can contact OPERS to request a paper copy by mail on or after Jan. 31, 2013.

2013 OPERS retiree health care coverage

Medicare Participants

Changes to the OPERS Medicare Part D Prescription Plan in 2013

- In 2013, formulary brand name prescription drugs purchased at a retail pharmacy or through Express Scripts home delivery will be subject to a 30 percent co-insurance.
- Non-Formulary brand name prescription drugs purchased at a retail pharmacy or through Express Scripts home delivery will be subject to a 40 percent co-insurance in 2013.
- Over-the-counter and generic medications in the Proton Pump Inhibitor (PPI) class (treating acid reflux disease and heartburn) will be subject to a 25 percent co-insurance. Brand name PPI medications (available at retail only) will be subject to a 50 percent co-insurance.
- The annual maximum out-of-pocket amount for prescription drugs will change from \$4,700 to \$4,750 in 2013.

Please contact Express Scripts at 1-866-727-5873 with questions about your prescription co-pays and co-insurance in 2013.

New ID cards for Medicare-eligible participants

Mid-December, Humana mailed new ID cards to all Medicare-eligible retirees and spouses participating in the Humana Medicare Advantage Plan (example below).

Please present your new ID card to all providers at the time of service.



Medication Therapy Management Available

OPERS health care plan participants (Medicare and Non-Medicare) who require multiple medications for various conditions may be eligible for an over-the-phone Medication Therapy Management (MTM) program. Eligible members will receive a letter in the mail with information on setting up an appointment for a pharmacy consultation.

MTM participants discuss their medication list with a pharmacy representative and receive a Medication Action Plan that can be shared with their doctor. The action plan will contain information such as cost-savings opportunities, dosage adjustments, and medication adherence tips.

Stay well, get a flu shot

Save time and stay well during the winter months ahead. Get a flu shot as soon as possible. It's a great way to protect yourself and others from the misery of the flu.

You can choose between the traditional shot or a high-dose version designed just for seniors. Both are safe and work well. Talk to your doctor about which is best for you. This is also a good time to ask if you need a pneumonia vaccine.

Protecting yourself is easy. Your doctor can give you the flu shot or tell you where you can get one. Many local health departments, pharmacies, retail clinics, and other organizations offer flu shots. There's no extra cost. When getting your shot, simply show your ID card.

Don't take chances with your health or the health of the people you love. Get a flu shot right away. Then enjoy everything the next few months have to offer without worrying about the flu.

2013 OPERS retiree health care coverage

Non-Medicare Participants

Changes to the OPERS Retiree Health Plan in 2013

- In 2013 OPERS will offer only one level of coverage for non-Medicare participants, the OPERS Retiree Health Plan. This one plan will replace the Enhanced, Intermediate and Basic plans and all non-Medicare participants will be enrolled in it (with the exception of those who have elected to enroll in the Kaiser Permanente plan).
- **Cost-saving, value-based coverage elements introduced in 2013 include:**
 - Lower office visit copay for care received from an NCQA recognized Patient Centered Medical Home
 - Lower office visit copay for primary care physicians and specialists for certain chronic conditions. (Please see article below for more information.)
- In 2013, the Disease Management program for non-Medicare participants will no longer feature programs for pain management, asthma and depression.
- In 2013 participants will need to use a *preferred* network of retail pharmacies in order to pay the lowest copay and co-insurance amounts. To find out if a pharmacy is *preferred*, call the number on the back of your Express Scripts ID card.
- Over-the-counter and generic medications in the Proton Pump Inhibitor (PPI) class will be subject to a 50 percent co-insurance at a preferred retail pharmacy or through home delivery, and a 60% co-insurance at a non-preferred pharmacy.
- The annual maximum out-of-pocket amount for prescription drugs will change from \$4,700 to \$4,750 in 2013.
- With value-based coverage, participants will have a \$0 copay for generic medications treating certain chronic conditions. (Contact Express Scripts for more information.)

Medical Mutual introduces Value Copay Program

In 2013, as part of the new Value Copay Program, your office visit copay will be reduced if you have been or are diagnosed in 2013 with one or more of the following common chronic conditions. The lower copay is applicable for both primary care providers (PCPs) and the select specialists listed below:

Asthma: PCP, pulmonologist;

Chronic Obstructive Pulmonary

Disease (COPD): PCP, pulmonologist;

Congestive Heart Failure (CHF):

PCP, cardiologist;

Coronary Artery Disease (CAD):

PCP, cardiologist;

Depression: PCP, psychiatrist,

psychologist, licensed professional

clinical counselor, licensed

independent social worker;

Diabetes: PCP, endocrinologist,

ophthalmologist, optometrist;

High Cholesterol: PCP, cardiologist;

Hypertension (high blood pressure):

PCP, cardiologist.

The thought behind the new Value Copay Program is that lower out-of-pocket costs will encourage you to see doctors and specialists who will help ensure you're receiving the care you need to manage your condition.

These visits can identify potential problems, prevent your condition from worsening and help avoid a visit to the emergency room or a hospitalization. Managing your condition not only protects your health and keeps your costs down, it lowers OPERS' share of the costs as well.

If you have one or more qualifying chronic conditions and you see

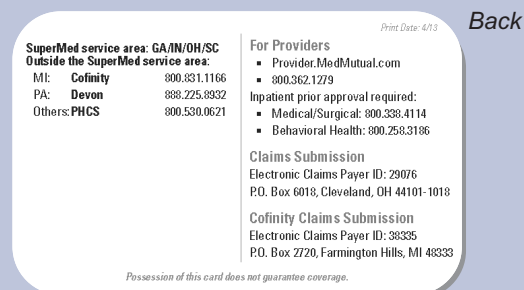
SuperMed Network providers, your copays will be reduced from \$20 to \$10 for your primary care physician, and from \$35 to \$20 when you see an eligible specialist. Certain types of specialists qualify for each condition. Please contact Medical Mutual for details.

Beginning Jan. 1, 2013, take advantage of the Value Copay Program simply by showing your new 2013 Medical Mutual ID card each time you visit your SuperMed Network primary care physician or eligible specialist for one of the eight chronic conditions. The Value Copay Program is not available for other conditions, other specialists or if you see a non-network provider. If you have any questions or need help, please call a Medical Mutual Customer Care Specialist at 1-877-520-6728.

Health care plan vendor ID cards for 2013

All participants enrolled in the OPERS Retiree Health Plan administered by Medical Mutual received new ID cards for 2013. Regardless of age, participants will receive their own ID card. Cards were mailed by Medical Mutual to participants in December.

The new ID cards (shown below) contain copay information based on the new Value Copay Program. See article on page 5 for more details.



All participants enrolled in the Aetna Vision Plan will receive new ID cards for 2013 due to changes within the EyeMed program. Please contact Aetna Vision at 1-866-591-1913 or visit www.aetnavision.com for details.

MetLife, OPERS dental coverage administrator, will not be sending new ID cards for 2013. Express Scripts will not be sending new ID cards either. Please continue to use the most recent cards you were provided.

What is a Patient-Centered Medical Home?

A 'Home' for all your medical needs

Has this ever happened to you? You have an X-ray or blood test for a medical problem and are then referred to another doctor or specialist. When you go to the new doctor two weeks later, they want you to have the same X-ray and blood test all over again.

It's inefficient, uncoordinated and expensive. But that's changing under a new health care model called the Patient-Centered Medical Home (PCMH). It's not a home or a building in the classic sense, but rather a team of health care professionals led by a primary care provider (PCP), all working together to give you comprehensive and coordinated care covering all of your health and wellness needs. This team can include your PCP, specialists, hospitals, home health care agencies, community services and other resources—even your own family members.

OPERS and Medical Mutual believe this new care model is so important to improving your health that we're cutting your office copays in half—from \$20 to \$10—if you receive your care from a SuperMed Network provider who is part of a PCMH recognized by the National Committee for Quality Assurance (NCQA). NCQA is an independent nonprofit organization designed to improve health care quality. You are not required to use providers who are part of a PCMH and you will not be required to pay additional copays if you do not.

The reduced copay for PCMH care begins Jan.1, 2013 and this is how it works:

- To see if your current PCP is part of an NCQA-Recognized PCMH, check 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 participates.
- If you don't have a PCP, consider selecting one who is part of an NCQA recognized Patient-Centered Medical Home. If you do, you'll be eligible for the reduced copay for any office visit.
- If you have a PCP but he or she is not listed on our website as being recognized by NCQA as part of a PCMH, you might consider asking your provider if he or she is pursuing PCMH recognition or would consider doing so in the future. Your inquiry might prompt them to do so.

Direct bill process for OPERS health care premiums changes

Most retirees pay a portion of the full monthly premium for medical and prescription drug coverage and OPERS pays a portion. Additionally, if enrolled in the dental and/or vision programs, you pay the full cost for this coverage. In most cases, your premium for coverage is deducted from your monthly pension payment. However, if your pension benefit is not large enough to cover your health care coverage selections, the amount available from your pension is deducted and the remaining amount is billed directly to you.

For those retirees that are billed directly, there are changes in the process beginning with your January 2013 premium. These changes include:

Who will be billing you?

Currently Medical Mutual provides the billing service for medical premiums deducted from your OPERS monthly pension benefit. Beginning with your January 2013 premium, you will begin receiving billing statements from OPERS.

When will you be billed?

Bills will be mailed a few days prior to the coverage period and are due by the 18th of each month. **Payments received after the 18th of the month are considered late and will result in termination of health care coverage.**

How will you make premium payments to OPERS?

- If you pay by personal check or money order, beginning January mail your payment directly to OPERS at the address listed on page 8.
- If you currently pay by ACH or electronic payment directly from your bank account, please make arrangements to stop this payment after the December premium payment is sent to Medical Mutual. At this time OPERS is unable to accept electronic payments.
- If you currently pay for coverage with a bank check (remitted directly by your bank), please ask your bank to update the payee from Medical Mutual to OPERS after the Medical Mutual December premium payment is sent.

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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277 East Town Street Columbus, OH 43215-4642

Ohio PERS NEWS
YOUR BENEFIT CONNECTION

PRSR STD
US POSTAGE
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COLUMBUS OH
PERMIT NO 177

 Printed in Ohio on paper with a 10% post-consumer content

Your OPERS account - On YOUR time! OPERS provides 24/7 online account access

There is no need to wait until our phone lines are open or a representative is available to access your personal account information. You can do so securely from the comfort of your home, any time you like.

After registering for online account access, retirees can:

- view monthly payment information including withholdings, deductions, etc.
- print a statement verifying current monthly benefit
- view and print 1099s
- view beneficiaries
- perform health care coverage cost estimates
- change banking information

Registration is easy

1. Log on to www.opers.org
2. Click on the "Register for account" link in the Access Your Account section (top, right corner of the home page). You will need your Social Security number and an active e-mail account.

View your 2012 Form 1099-R before receiving it in the mail

Retirees registered for online account access have the ability to view and print their IRS Form 1099-R. OPERS will post the forms to our online account system as they are being mailed, affording some retirees the ability to view and print their tax information sooner than ever before.



Would you like to access your OPERS account online?

WHY WAIT? REGISTER TODAY! Scanning this code with any smart phone code reader application will take you directly to our account access registration page.