

## Connector Readiness 2016

### OPERS selects Medicare Connector Administrator

The Ohio Public Employees Retirement System has selected OneExchange, a Towers Watson company, to administer the OPERS Medicare Connector.

OneExchange will provide retirees with a licensed benefit advisor to help them select a plan on the individual Medicare market. OneExchange is the nation's largest and longest-standing private Medicare exchange. It is not the same as the public exchanges created under the Affordable Care Act.

The OPERS Medicare Connector administered by OneExchange will conduct an open enrollment period in the fall of 2015 for a benefit period commencing in January 2016. It will provide all services required to operate the Connector, including helping our retirees enroll in an individual Medicare plan and managing the Health Reimbursement Account.

By transitioning to the Connector, OPERS is offering retirees increased flexibility, more choice and an opportunity to save money while keeping the same or improved level of health coverage.

Retirees will receive personalized help choosing a medical and drug plan to supplement traditional Medicare that best suits their needs by working with a licensed advisor.

For more information on the Connector and how it will work, please visit [www.opers.org](http://www.opers.org) to read the most recent OPERS blog post and view a video featuring OPERS Executive Director Karen Carraher and OPERS Health Care Director Marianne Steger addressing this announcement.

The OPERS Medicare Connector open enrollment will begin in October 2015 for plan year 2016. Next summer, OneExchange will launch the enrollment communication campaign to our retirees and will facilitate educational sessions about the Connector.

### Table of contents

OPERS selects Medicare Connector Administrator 1	Watch your mail for the OPERS Medicare Connector Readiness Kit 2	Legislature OKs measure for retirees without premium-free Medicare Part A 3	Changes to prescription drug coverage 4
Celebrating the holidays and living well with diabetes 5	Learning the advantage of Medical Homes 6	Making smart health care choices 7	Payments from Retiree Medical Account 7
			Planning for end of life 8

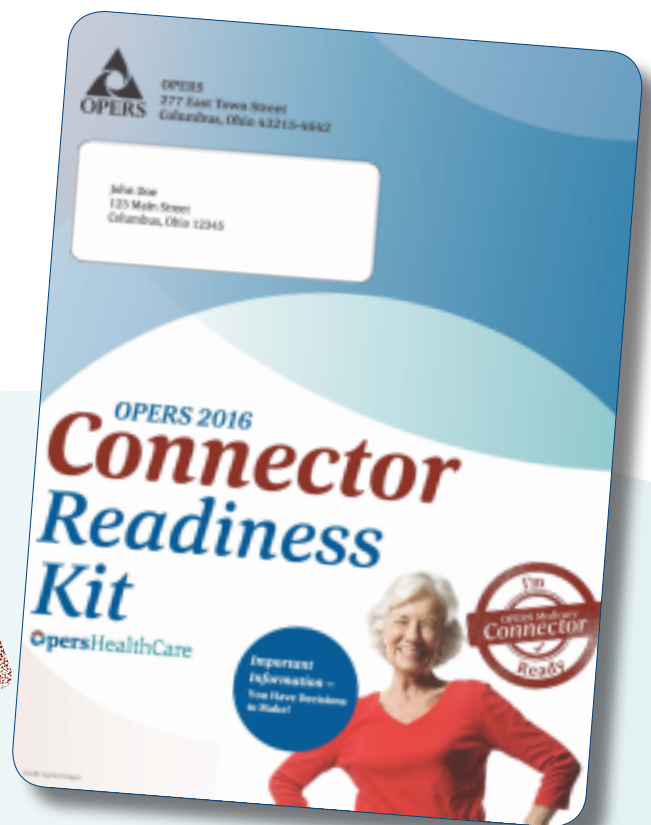


## Watch your mail for the OPERS Medicare Connector Readiness Kit

2015 is the year for eligible retirees to prepare for the transition from an OPERS-sponsored medical plan to the OPERS Medicare Connector in 2016. OPERS will be sending a Connector Readiness Kit to eligible retirees in late January. The goal of this Kit is to provide retirees with various “tools” to help prepare for the Connector transition. Included are the following:

- Personalized Allowance Statement - Located on the back of the Kit's cover letter, this statement indicates the monthly allowance amount a retiree (and their spouse, if applicable) will receive to purchase medical and prescription drug coverage on a reimbursement basis
- Calendar - This 12-month calendar provides key 2015 dates and information
- Activity Page - Some fun activities to test Medicare knowledge

- Medicare Brochure - A great resource to keep handy that explains and illustrates the different parts of Medicare
- Refrigerator magnet - Tips for avoiding Medicare fraud and identity theft
- Folder - For keeping all Connector Readiness materials in one convenient location



### ***Are you Connector Ready?***

OPERS recently launched dedicated OPERS Medicare Connector web pages on OPERS.org. These pages feature basic information on what the Connector is and why OPERS chose to make this change. Sections include Medicare basics, enrollment and the Health Reimbursement

Account (HRA) allowance. Also featured are additional resources including a “Retirees Like Me” section and access to helpful videos and articles. You can access the OPERS Medicare Connector web section by visiting [www.opers.org/connector](http://www.opers.org/connector) or by using the links on the OPERS.org homepage.



## Legislature OKs measure for retirees who do not qualify for premium-free Medicare Part A

The Ohio legislature recently approved a provision that will allow participation in the OPERS Medicare Connector by OPERS retirees who do not qualify for premium-free Medicare Part A insurance. Lawmakers included the measure in Senate Bill 42. The bill will be sent to Gov. John Kasich for his signature. It will become law 90 days after the governor signs it.

The Medicare Part A law will allow OPERS members who did not contribute to Medicare Part A during their careers to join the Connector.

“We’d like to thank Ohio legislators for their diligent work in making this improvement for our system,” said OPERS Executive Director Karen Carraher. “Through communication with our stakeholders, it was clear that this is a change that will be of great benefit to our retirees.”

The OPERS Board of Trustees this summer recommended that OPERS staff pursue changing the section of Ohio Revised Code that defines how the system provides insurance to retirees over age 65 but who were never given the opportunity to pay into Medicare Part A hospitalization coverage throughout their careers.

Under the new plan, OPERS will reimburse 100 percent of the retirees’ Medicare Part A premium as well as any applicable surcharges when the retiree enrolls in Medicare Part A and selects a plan through the OPERS Medicare Connector. These retirees would then receive an applicable allowance. OPERS also will reimburse 50 percent of the premium for retirees’ spouses, as well as any applicable surcharges.

The Board took this action following demand from our retirees who do not have Medicare Part A that they be allowed to participate in the OPERS Medicare Connector – nearly 3,700 members returned postcards to us in support of the measure this fall.

Ohio law requires OPERS to provide a health care plan to the approximately 6,500 affected retirees.

Please visit [www.opers.org](http://www.opers.org) to watch a video in which OPERS Health Care Director Marianne Steger explains the proposal.

Did you know?



*Retirees participating in the OPERS Retiree Health Care Plan administered by Medical Mutual will receive new identification cards for 2015. Participants should expect to receive these cards prior to the end of the year. In addition, all HealthSpan participants will be enrolled in either Humana (Medicare participants) or Medical Mutual (under 65 participants who are not enrolled in Medicare) effective Jan. 1, 2015 and will receive new ID cards by the end of this year.*



## Changes to prescription drug coverage in 2015 aimed at increasing use of generics

OPERS is changing the Express Scripts prescription formulary in 2015 with the goal of increasing use of generic medications.

### Who is affected by these formulary changes?

Implementation of the new formulary will affect less than 20 percent of Medicare and Non-Medicare recipients. At the individual level, the switch to a new formulary will encourage retirees to use more affordable generics. Participants who are directly impacted by drug coverage changes received a letter in November from Express Scripts listing drug alternatives.

The vast majority of prescriptions filled today are for generic drugs. Generic drugs, by law, must be the same exact drug as brand name counterparts with perhaps a different filler or coloring. In fact many generic drugs are manufactured by the same brand name drug company. Generic drugs are safe and retirees should always choose a generic when available in order to save money for both themselves and the OPERS health care plan.

### What else is changing with my prescription coverage through Express Scripts?

**Deductibles** - The annual brand name drug deductible will change from \$50 to \$100. Generic drug coverage will continue to have no deductible.

**Specialty drug copay** - A new tier has been adopted for formulary specialty drugs. Participant cost share for specialty drugs will be 40 percent (\$60 maximum).

**Out-of-pocket maximum** - The Medicare out-of-pocket maximum is increasing from \$4,550 to \$4,700 and the Non-Medicare out-of-pocket maximum is decreasing from \$4,550 to \$3,250. Change in coverage for Proton Pump Inhibitors (PPI's) - Medicare prescription PPIs, used to treat heartburn and acid reflux, will be covered at the same cost share level as other medications and over-the-counter PPIs will not be covered.

### Why were the changes made?

Changes were needed for the following reasons:

- To be compliant with Center for Medicare and Medicaid Services (CMS) and Affordable Care Act requirements impacting prescription drug plans
- To help participants keep total out-of-pocket costs for prescriptions down
- To help keep health care costs down for OPERS

If you have a question about the 2015 cost for a particular medication, please contact Express Scripts at 1-800-789-7416 (Medicare plan) or 1-866-727-5873 (Non-Medicare).







## Enroll in HEALTHY U Ohio for a healthier you in 2015

### Healthy U Ohio

HEALTHY U Ohio is an evidence-based workshop that gives you tools to successfully manage chronic conditions. Successful management of chronic conditions involves working closely with your doctor and health care team. HEALTHY U can give you the tools and resources to do just that. Visit [www.aging.ohio.gov](http://www.aging.ohio.gov) or contact your area agency on aging by calling 1-866-243-5678 to learn more. The classes are held in your community and are free of charge.

The holiday season is a time of celebration and fellowship. It's also a time for indulgence and temptation. If you are living with diabetes, you know how challenging it can be to eat right and keep your blood sugar in a safe range when there are so many family feasts and tasty goodies to be had.

HEALTHY U Ohio, the state's chronic disease self-management program, offers these tips for a healthy holiday with diabetes:

- Monitor your blood sugar. Follow your doctor's or care manager's instructions for checking your blood sugar, even when your days are less than routine. Avoid the urge to skip a check when you've been indulging – it's important to know how splurging affects you.
- Observe symptoms and know what to do. When your blood sugar level gets very high (hyperglycemia) or very low (hypoglycemia), you may experience symptoms such as dizziness, sweats, shakiness, thirst or fatigue. Know what the symptoms mean and what to do when you experience them.
- Follow a healthy eating plan. Balance indulgences with good choices. For instance, eat a nutritious meal before going to a party to make the treats less tempting.
- Engage in regular physical activity. Make time to exercise, even when you're busy going here and there.

- Managing stress and emotions. Ask for help when you need it and remember to take breaks when you are feeling overwhelmed.
- Deal with sick days, infections and other illnesses. While it may be tempting to “muddle through” celebrations and gatherings when you don't feel well, it's important to know your limitations and take care of yourself when you need it.
- Use prescribed medications in a safe and effective way. Staying on your daily medication schedule can be difficult during the holidays, but is no less important. Remember to always store insulin according to the package instructions.
- Get necessary tests, exams and immunizations. Don't put off important medical care because of busy schedules or long to-do lists. Keep your appointments.

Of the total retiree population enrolled in the OPERS health care plan, more than 25 percent have been diagnosed with diabetes. This is a very large percentage considering that, according to The Centers for Disease Control and Prevention, just over 9 percent of the total U.S. population has been diagnosed with diabetes.





## Learn the advantages of Medical Homes

OPERS encourages those participating in the OPERS Retiree Health Care Plan administered by Medical Mutual to learn the advantages of using a Medical Home. A Medical Home is not a home or building. Rather, it's a team of health care professionals led by a primary care provider (PCP), all working together to provide you with ongoing and comprehensive care for all stages of life – from preventive to chronic and end of life care. The team can include multiple resources from your PCP, specialists, and family members to your area hospitals, home care agencies, and community services.

OPERS believes this new care model is so important in helping you manage your health that the cost for an office visit to a network provider who is recognized as a Medical Home is only \$10 – half the regular copay to a (non-Medical Home) PCP.

### **To take advantage of these lower copays:**

There are more than 1,700 medical home physician providers in Ohio and Northern Kentucky, and this number will continue to grow throughout 2015. Find out if your current PCP is part of a Medical Home by calling Medical Mutual at 1-877-520-6728 or by asking your PCP if he or she is a Medical Home provider.





## Making smart health care choices

Did you know that roughly 30 percent of health care spending in the U.S. is wasted on unnecessary services, including some that may not improve people's health? When it comes to health care, more is not necessarily better. Visit the [OPERS.org](http://OPERS.org) wellness section titled *Making Smart Health Care Choices* for easy access to information and tools that may assist you in making important decisions about your medical care. Whether it's talking to your doctor, deciding to have a particular procedure or simply gaining a higher comfort level about advance care planning, the information included in the new Making Smart Health Care Choices section will improve your knowledge and help you as you make health care decisions.

*Making Smart Health Care Choices* provides many valuable features including a program developed by the American Board of Internal Medicine (ABIM) Foundation called Choosing Wisely. With the support of Consumer Reports Health, Choosing Wisely can help assist you and your doctor in choosing the most appropriate care for you. Informational videos and articles are available to help you with those conversations and decisions.

Visit [www.opers.org](http://www.opers.org) and click on the Making Smart Health Care Choices link under the Retirees section of the website to experience all the great features and information OPERS has provided.

## Payments from Retiree Medical Accounts will be made electronically

In an effort to provide greater service and increased safety for retirees, payments from Retiree Medical Accounts (RMA) are now made through Electronic Funds Transfer (EFT). When you submit a claim to Aetna for reimbursement from your available RMA funds, you will no longer receive a paper check; instead you will receive direct deposit into your banking account. Look for more information regarding this change within your quarterly RMA statements.

Also, due to OPERS health care plan options changing in recent years, OPERS retiree medical accounts will no longer earn interest. In January 2015, any interest earned for 2014 will be deposited into your RMA in one lump sum. After this occurs, your RMA will no longer earn interest for future years.



*If you have questions about your OPERS RMA account, please contact Aetna at 1-888-672-9136.*





## Planning for end of life

Making health care plans for the future is an important step toward making sure you get the medical care you would want, even when doctors and family members are making decisions for you. One step in that direction is having advance directives - a living will and health care power of attorney - in place. Advance directives are legal documents that allow you to spell out your decisions about end of life care ahead of time. After your wishes are documented, let your loved

ones and doctor(s) know they exist and where they are kept, so there are no surprises later.

If you're going to be with your loved ones during the holidays, consider taking advantage of your time together to share your preferences. Doing so won't be easy but having the conversation before something happens and you are not able to communicate with loved ones will help them make tough choices for you and honor your wishes.

**A Living Will** is a legal document that allows you to establish, in advance, the type of medical care you would want to receive if you were to be unable to tell your doctor or family what kind of health care services you would want if you are terminally ill or permanently unconscious.

**A Health Care Power of Attorney** is a legal document that lets you name someone you trust to make health decisions for you if you are unable to do so.

## Important reminder: Medicare Part B reimbursement reduction

**OPERS will begin phasing out the Medicare Part B premium reimbursement in 2015. The reimbursement is being eliminated as part of an overall plan to preserve the OPERS health care plan. Once the OPERS Medicare Connector is implemented in 2016, many retirees will find they have sufficient funds remaining from their Health Reimbursement Account (HRA) allowance to help pay for the Part B premium. If you are currently receiving a Medicare Part B premium reimbursement from OPERS, you will see the first reduction beginning in 2015. Since you are currently receiving this reimbursement as part of your monthly pension deposit, beginning Jan. 1, 2015, your deposit will be \$32.78 less per month than it was in 2014.**

**For those eligible, Medicare Part B premium reimbursements will transition to a \$0 reimbursement in 2017 with the first reduction occurring in 2015.**

**2015 reimbursement: \$63.62**

**2016 reimbursement: \$31.81**

**2017 and after: \$0**



**Ohio Public  
Employees  
Retirement  
System**

277 East Town Street  
Columbus, Ohio  
43215-4642  
1.800.222.7377

Web  
[opers.org](http://opers.org)  
Blog  
[perspective.opers.org](http://perspective.opers.org)

Facebook  
[facebook.com/ohiopers](https://facebook.com/ohiopers)  
Twitter  
[twitter.com/ohiopers](https://twitter.com/ohiopers)