

2016 Open Enrollment Bulletin

OPERS announces updates to health care plan for 2016

As members of the OPERS Board of Trustees, we realize how important access to meaningful health care coverage is to your retirement security. Though providing health care coverage is not required by law, we continually search for solutions to meet the challenges of funding health care coverage for our retiree population in today's marketplace.

In 2016, retirees under age 65 will face some increased costs as we make necessary adjustments to our medical plan coverage in response to changing federal laws. Medical-plan deductibles, out-of-pocket costs and copays will rise, as will deductibles for and the cost of many pharmaceutical products.



Ken Thomas, Chair
Health Care Committee
OPERS Board of Trustees

OPERS is beginning to shift some costs to non-Medicare participants in preparation for the proposed Cadillac tax provision of the Affordable Care Act. This tax is scheduled to become effective in 2018. Without making changes designed to reduce the aggregate value of the plan, OPERS could face millions of dollars of excise tax in future plan years. To help minimize

the effects of these increases, OPERS is making gradual changes over the next three years, rather than impose large changes in 2018.

To help retirees enrolled in the Medical Mutual plan adjust to these cost increases, OPERS is providing a partial premium reduction over the next three years. This reduction does not apply to spouses, surviving spouses, dependents or re-employed retirees. Your 2016 premium may also fluctuate due to the allowance percentage transition and health care inflation. Your exact 2016 premium costs will be included in your open enrollment materials, which we will distribute in September.

This open enrollment season is an exciting time for our Medicare-eligible retirees who will be choosing an individual Medicare plan with the help of OneExchange for 2016. These retirees will have more affordable plan choices than ever before and will receive an allowance in a health reimbursement account after enrolling in a plan.

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OPERS announces updates to health care plan for 2016

(continued)

The OPERS-dedicated phone line and website are open and OneExchange representatives are available to answer questions and, most importantly, schedule your enrollment call for later this fall. If you haven't scheduled your enrollment call, do it now for the best selection of dates and times.

Please read this bulletin carefully. It provides details on the OPERS health care plan for 2016 and also features important reminders for Medicare-eligible retirees about the changes to the open enrollment process this year.

On behalf of the entire Board of Trustees and OPERS staff, I would like to thank you for your support and feedback as we continue our efforts toward providing both our current and future retirees with responsible, meaningful and

affordable health care coverage. We value each and every one of you and truly appreciate the challenging circumstances we all face in today's health care marketplace. Please don't hesitate to reach out to OPERS with questions or concerns. We're here to assist you in any way we can.

Thank You,

Ken Thomas, Chair
Health Care Committee
OPERS Board of Trustees



For non-Medicare retirees in 2016

Important changes to the medical plan for 2016

- Participation in the Healthy U program will be added to the list of activities that earn non-Medicare participants a \$50 Retiree Medical Account (RMA) deposit.
- The Disease Management program, including free brand medications and testing supplies for diabetes, will be discontinued in 2016.
- OPERS will adopt a coverage maximum policy for 40 common lab tests to help keep lab costs down. (applies only to participants using Medical Mutual's SuperMed network)
- In-network and out-of-network annual deductibles and maximum out-of-pocket amounts will increase.
- Premiums for enrolled children will change from a multiple child rate to a per child rate.
- All office visit copays are increasing.
- Other in-network medical services co-insurance is increasing to 25 percent.

In an effort to allow participants to adjust to higher costs and plan design changes, OPERS is providing a partial premium reduction over the next three years. This reduction does not apply to spouses, surviving spouses, dependents or re-employed retirees. The open enrollment statement you receive in September will reflect this reduction.

OPERS Retiree Health Plan *administered by Medical Mutual*

This chart is a basic overview of medical coverage for non-Medicare retirees participating in the OPERS Retiree Health Plan in 2016. More detail will be available in your open enrollment packet

which will be mailed to your home in September. Please see page 5 for information on prescription drug coverage for non-Medicare plan participants in 2016.

	2015	2016
Deductible (In-network)	\$850	\$1,000
Total (In-network) out-of-pocket max	\$3,350	\$4,900
Deductible (out-of-network)	\$1,500	\$2,000
Total (out-of-network) out-of-pocket max	\$4,500	\$7,000
Office visit copay (medical home)	\$10	\$15
Office visit copay (primary care physician or PCP)	\$20	\$25
Office visit copay (specialist)	\$35	\$40
Office visit copay (chronic conditions)	\$10 (PCP) \$20 (specialist)	Discontinued
Inpatient deductible	\$150	\$150
Emergency room	\$150 (emergency) \$250 (non-emergency)	\$150 (emergency) \$250 (Non-emergency)
Preventive services	100%	100%
Skilled nursing/hospice	100%	100%
Other medical services	20% Co-insurance	25% Co-insurance



For non-Medicare retirees in 2016

Important changes to the prescription drug plan for 2016

All co-insurance percentages feature a maximum retail amount. Please see chart on page 5.

- In 2016, there will be an annual deductible in the amount of \$100 for generic drugs and \$200 for brand name drugs.
- Instead of a co-payment, generic drugs will be subject to a 20 percent co-insurance if filled at a Preferred Pharmacy and a 25 percent co-insurance if filled at a non-Preferred Pharmacy.
- Coverage for Specialty Drugs will go from a 40 percent co-insurance with a \$60 maximum to a 40 percent co-insurance with a \$150 maximum.
- OPERS will discontinue offering free brand medications and testing supplies for diabetes. These medications and supplies will be subject to a 30 percent co-insurance, same as a formulary brand medication.
- Over-the-counter Proton Pump Inhibitor (PPI) medications will not be covered.
- Generic PPI medications will be subject to a 50 percent co-insurance.
- The annual out-of-pocket maximum will be reduced from \$3,250 to \$1,950 per Affordable Care Act guidelines.



Re-employed Retirees – Non-Medicare

A “**re-employed retiree**” is defined as - *An OPERS retiree drawing their pension while at the same time being employed by an OPERS-covered employer who is paying into OPERS* . In order to protect the “retiree-only” status of our health care plan, we will enroll re-employed retirees in a separate plan called the Medical Mutual Interim Plan. The features and coverage for this plan are exactly the same as the OPERS Retiree Health Care Plan described on page 3. However, re-employed retirees will receive a different identification card from Medical Mutual for 2016. Additional detail and the cost to participate in the Medical Mutual Interim Plan will be provided within your open enrollment packet in September. You will be able to find additional information regarding re-employment in an OPERS-covered position on the OPERS website, www.opers.org, in September.

Retirees considering re-employment in an OPERS-covered position should contact OPERS first to be certain they have a complete understanding of the impact re-employment could have on their OPERS health care coverage.





For non-Medicare retirees in 2016

OPERS Retiree Health Plan Prescription Drug Coverage administered by Express Scripts

The chart on this page is a basic overview of the prescription drug plan for anyone participating in an OPERS group health care plan (administered by

Medical Mutual or Humana) in 2016. More detail will be available in your open enrollment packet which will be mailed to your home in September.

	2015	2016
Retail pharmacy network	55,000 pharmacies	55,000 pharmacies
Annual deductible(s)	\$100 (brands only)	\$100 (generics)* \$200 (brands)*
Formulary	High performance	High performance
Generics	\$4 retail/\$10 mail	20% Co-insurance \$4 min/\$8 max retail \$10 min/\$20 max mail
Formulary brand	30% Co-insurance \$30 min/\$60 max retail \$75 min/\$150 max mail	30% Co-insurance \$30 min/\$60 max retail \$75 min/\$150 max mail
Non-formulary brand	NOT COVERED	NOT COVERED
Specialty drugs	40% Co-insurance \$60 max	40% Co-insurance \$150 max
Value-based insurance design (VBID) - Generics for chronic conditions	\$0	\$0
VBID - Diabetes items for disease management participants	\$0	30% Co-insurance \$30 min/\$60 max retail \$75 min/\$150 max mail
OTC/generic PPIs (heartburn meds)	50% Co-insurance \$15 retail/\$40 Mail min	No OTCs, Generic 50% Co-insurance \$25 retail \$62.50 mail min
Brand PPIs	NOT COVERED	NOT COVERED
maximum out-of-pocket	\$3,250	\$1,950 (per ACA limits)

**For retirees not eligible for premium-free Medicare Part A, the annual deductible for 2016 is \$0 for both generics and brands.*



For non-Medicare retirees in 2016

A New Way to Save Money on Lab Costs in 2016

A coverage maximum is the maximum amount Medical Mutual will pay for certain lab tests done by SuperMed network providers. A coverage maximum is one way to tackle the wide range of prices providers charge for the same service with no added value.

Beginning Jan. 1, 2016, this is how the coverage maximum will work:

1. If a SuperMed provider's contracted rate with Medical Mutual is at or below the coverage maximum for specific lab services, you will not pay more than your normal out-of-pocket responsibility (such as network deductibles and coinsurance payments).
2. If a SuperMed provider's contracted rate is above the coverage maximum, you will pay your normal out-of-pocket responsibility plus the difference between the coverage maximum and the provider's contractual reimbursement amount.

The goal of this program is two-fold. First, it is designed to encourage labs to lower their prices. Some labs have already reduced their prices in response to the program. Second, it helps to ensure we are not spending valuable health care dollars on extra charges that add no value.

For instance, the coverage maximum for a basic lipid panel (checking cholesterol levels) will be \$10.39. Yet some labs charge as much as \$60. If you choose the higher-cost provider, you will pay \$49.61 in addition to your co-insurance of \$2.60. If you choose a provider that charges at

or below the coverage maximum the most you would pay out-of-pocket for the lab service is your co-insurance amount. Lab services that are provided during an emergency room visit, during an inpatient hospital stay or during an outpatient procedure will be exempt from a coverage maximum.

Beginning Jan. 1, 2016, to find a provider who charges at or below the coverage maximum for a specific lab test, log into the Medical Mutual secure member web site, My Health Plan, at www.medmutual.com and go to the My Care Compare tool. Enter the name of the lab test, and the tool will tell you if the lab test has a coverage maximum, what the coverage maximum is and which providers are charging that price or lower and which are charging more. LabCorp and Quest are two examples of providers you may consider choosing because they typically charge below the coverage maximum.

Medical Mutual will be communicating to participants in the next month with more detail on how this change may impact you in 2016. Included in this information will be the list of lab services that will be subject to the coverage maximum in 2016.





For non-Medicare retirees in 2016

OPERS discontinuing Disease Management Program in 2016

In this world of rapidly rising health care costs, it's important to OPERS that our health care programs have a positive effect on the participants. 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. If you are a non-Medicare participant with diabetes and enrolled in the disease management program before Dec. 1, 2015, brand diabetic medications or supplies will still be covered with a \$0 copay through the end of 2015 only. Starting Jan. 1, 2016, they will be covered like any other brand medication, subject to the deductible and cost sharing.

Although OPERS is ending the Disease Management programs, other wellness and clinical programs will still be available through Medical Mutual:

- **QuitLine:** a free telephone service that gives members the tools they need to quit tobacco use for good.
- **Weight Watchers:** a reimbursement program for attending a Community Meeting series to lose weight.
- **Lifestyle Coaching:** a telephone and web-based coaching program that helps members make life changes to improve their well-being. Each individual has his or her own program that stresses self-responsibility.
- **Case Management:** a program that helps coordinate the care needs of members who have gone through a serious event (such as a stroke or accident) or have an incurable but treatable condition.

If you are a current Disease Management program participant, you will receive a letter later this fall with more information. If you have any questions about the ending of the program, contact Medical Mutual Customer Care at (877) 520-6728.



Become a healthier YOU with *Healthy U Ohio* in 2016 - and earn \$50!

Living a healthy, active life with chronic conditions can be a challenge especially as we age. That's why the Ohio Department of Aging and Ohio's area agencies on aging offer the *HEALTHY U Ohio* program. Through a series of in-person workshops held in your community or online workshops, you can learn strategies to effectively manage your symptoms and live the life you want to live. To learn more and find a workshop starting soon

near you, visit www.aging.ohio.gov/services/evidencebasedhealthyagingprograms/ 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 participate in and complete an in-person *Healthy U* workshop in 2016.



For non-Medicare retirees in 2016

Learn about your 2016 OPERS Non-Medicare health care coverage at a live event

The OPERS education team will be holding seminars around the state to help non-Medicare retirees learn about their health care coverage for 2016. Representatives from Medical Mutual, Express Scripts, Aetna and MetLife will be in attendance.

Dates and locations are listed below. Registration for live seminars is required and space is limited.

You can register by signing in to your online account at www.opers.org or by calling 1-800-222-7377. You must be registered for an online account to register online.

The non-Medicare open enrollment seminar presentation (slideshow with audio) will be available on the OPERS website in September.



Open enrollment seminars

Oct. 1

Mentor, Ohio
10 a.m.

Oct. 1

Lima, Ohio
10 a.m.

Oct. 1

Findlay, Ohio
3 p.m.

Oct. 6

Cleveland East
10 a.m.

Oct. 7

Akron, Ohio
10 a.m.

Oct. 8

Lancaster, Ohio
10 a.m.

Oct. 13

Boardman, Ohio
10 a.m.

Oct. 14

Cleveland South
10 a.m.

Oct. 15

Portsmouth, Ohio
10 a.m.

Oct. 15

West Chester, Ohio
10 a.m.

Oct. 15

Toledo, Ohio
10 a.m.

Oct. 15

Cincinnati, Ohio
3 p.m.

Oct. 19

Worthington, Ohio
10 a.m.

Oct. 19

Columbus, Ohio
10 a.m.

Oct. 20

Belleville, Ohio
10 a.m.

Oct. 21

Fremont, Ohio
10 a.m.

Oct. 22

Beavercreek, Ohio
10 a.m.

If it is not convenient to travel to attend an open enrollment seminar, you can attend a “live” online webinar from your home. Open enrollment webinars will be held every Tuesday in October (Oct. 6, Oct. 13, Oct. 20 and Oct. 27) at 11 a.m. EST. Visit the Educational Opportunities for Retirees page on www.opers.org to register for webinars.



For Medicare and non-Medicare retirees in 2016

OPERS continuing to offer optional vision and dental coverage in 2016

OPERS will continue to offer optional dental coverage administered by MetLife and optional vision coverage administered by Aetna in 2016. Medicare-eligible retirees selecting an individual Medicare plan can choose to enroll in or remain covered by either of these plans. Premiums for enrolled children will change from a multiple child rate to a per child rate. There are no coverage changes to the Aetna vision plan in 2016.

MetLife Dental Plan Changes for 2016:

- The annual maximum (paid by MetLife) will increase from \$1,500 to \$1,750 for in-network coverage and will decrease from \$1,500 to \$1,250 for out-of-network coverage.
- The missing teeth provision is excluded from coverage in 2015. For 2016, this exclusion will be removed.
- The replacement period for crowns and bridges will be extended from eight years to 10 years in 2016.
- Monthly premiums will increase by less than one dollar for both the high and low coverage options.

Cost to cover a spouse in 2016

As part of our plan to preserve health care coverage for all eligible current and future retirees, spouses of recipients who die before or after retirement will no longer assume the retiree's health care allowance.

Spouses (including surviving spouses) enrolled in Medicare Parts A and B

Eligible spouses over age 65 can enroll in an individual Medicare plan with the help of OneExchange for 2016. Allowances for Medicare-eligible spouses will also be incrementally reduced to \$0 by 2018. However, many retirees will find that they have sufficient allowance dollars remaining to pay for a spouse's premium.

Spouses (including surviving spouses) not yet eligible for Medicare

Allowances for spouses not yet eligible for Medicare will be incrementally reduced to a \$0 allowance in 2018. For the first year of the transition (2016 plan year), participants will see

a reduction in their spouse's allowance. Some retirees will decide that the premium to cover a spouse not yet eligible for Medicare is more than they can comfortably afford. Please realize there are a number of options available on the Health Care Marketplace. Additionally, depending on income level, some may qualify for substantial help from the federal government to pay for the plan. The Ohio Department of Insurance provides a wealth of information for insurance consumers on their website, www.insurance.ohio.gov. The site offers a toolkit specifically designed for Ohioans seeking health insurance due to a reduction or termination of employer coverage. Another site that provides coverage and cost comparisons for a variety of carriers is www.ehealthinsurance.com.



For Medicare and non-Medicare retirees in 2016

Spouses eligible for primary health care coverage under another Ohio Retirement System (ORS)

OPERS spouses or surviving spouses who are eligible for, but have waived, primary health care coverage with another ORS (State Teacher's Retirement System, School Employees Retirement System or Ohio Police and Fire Pension Fund) will not have access to the OPERS health care plan after Dec. 31, 2015. This change is being implemented because the waiver agreement between OPERS and the other Ohio Systems will no longer be in place.

Medicare-eligible OPERS spouses who are enrolled in primary health care coverage with another Ohio Retirement System and enrolled in the OPERS plan as secondary coverage will also have their OPERS coverage terminated as of Dec. 31, 2015.

The Centers for Medicare and Medicaid Services (CMS) does not allow Medicare individuals to enroll in two Medicare plans at the same time. Other systems either provide a Medicare plan or a subsidy for a Medicare plan. Spouses receiving their primary health care coverage from an Ohio system other than the one providing their pension may find that more affordable coverage can be accessed through their own pension system.

Spouses affected by this change should contact the Ohio Retirement System from which they are eligible for primary coverage with questions or to enroll in coverage. In September, OPERS will send the affected spouses a letter explaining the impact of this change in further detail.





Choosing an individual Medicare plan with the help of OneExchange

Effective Dec. 31, 2015, OPERS will no longer sponsor a group Medicare Advantage plan or Medicare D prescription plan.

Instead, with the help of a OneExchange Licensed Benefit Advisor, retirees enrolled in both Medicare Parts A and B will select a Medigap (Medicare Supplement) or Medicare Advantage plan and a Medicare D prescription drug plan on the individual Medicare market. There are many affordable plans available on the individual market and the OPERS Medicare Connector will allow OPERS retirees access to more plan choices than ever before.

Each eligible retiree will have an over-the-phone counseling session during which OneExchange will explain all the available plan options. At the end of counseling session, the Licensed Benefit Advisor will connect the retiree to an

Application Data Processor who will complete the enrollment. Enrollment is conducted over the phone so it can be recorded and kept as record for Medicare and the individual carriers. If, after their phone counseling session with OneExchange, a retiree feels they are not yet ready to enroll in a plan and requires additional help, the retiree may call OPERS to discuss other counseling options.

Retirees who enroll in a plan through the Connector will receive an allowance in a Health Reimbursement Arrangement (HRA) account that the retiree (and spouse) can use to reimburse the cost of qualified medical expenses.





For Medicare retirees in 2016

2016 Open Enrollment – What to Expect

- Eligible retirees will enroll in a medical/prescription drug plan using OneExchange, but will still receive an open enrollment packet from OPERS in September. Dental and vision coverage will still be offered through OPERS. Open enrollment material from OPERS for Medicare participants will reflect dental and vision coverage choices only.
- In addition to dental and vision information, the 2016 open enrollment cost statement will provide the monthly Health Reimbursement Arrangement (HRA) deposit amount for the retiree and any eligible spouse and/or dependent.
- OneExchange began sending enrollment materials to eligible retirees in July. Please read these materials carefully and follow the instructions for scheduling your enrollment call and creating a personal profile. You can create an online OneExchange personal profile or a written one using your OneExchange Getting Started Guide.
- In order to make the transition to the OPERS Medicare Connector flow more smoothly, OPERS will furnish enrolled retirees with an additional \$300 deposit to their HRA once annually for the next three years. The additional deposit means that retired OPERS members participating in the Connector will have more money in their accounts to cover out-of-pocket expenses that they'll incur as they transition to their new health care plans and as new reimbursement arrangements are established.
- OneExchange is the HRA administrator for OPERS. This means that OneExchange handles claims processing, communication, and all

other business aspects of administering an HRA on behalf of a client. An administrative fee of \$2.33 will be deducted monthly from each enrolled retiree's HRA. When OPERS determined the monthly allowance, we took the monthly HRA administrative fees into account, ensuring that the monthly allowance amount was sufficient to cover those fees in addition to any eligible medical expenses that are incurred.



Calling OneExchange – What can I expect?

The OneExchange/OPERS phone number (1-844-287-9945) became operational on July 13, 2015. You can now call OneExchange to schedule your enrollment appointment call to take place between October and December.

During your initial call to OneExchange, a representative will ask you a series of questions to verify who you are and to help begin the process of creating a personal profile. It would be helpful for you to have your Medicare card and a list of prescriptions available when you make this call. OneExchange will need this information to help you select a plan during your enrollment call. OneExchange is compliant with all HIPAA regulations, so you can share your personal health care information with them in confidence. The only way OneExchange can help you select the best drug plan for you is to enter your prescriptions into their software designed to pair you with the plan that will save you the most money.

You may also consider allowing a trusted family member or friend to assist you during your enrollment call.



Get ready with OneExchange education events

Get Ready with OneExchange seminars featuring representatives from both OPERS and OneExchange are being held in August and September. You can see the full list of remaining dates and locations and registration information through your OPERS online account by going to www.opers.org and selecting “Tools and Resources” then “Seminars and Counseling” or by calling OPERS at 1-800-222-7377. Because we began advertising these seminars in June,

some sessions are completely full and some have already taken place. You will not enroll in a health plan at these seminars. Attendance is not required.

If you are unable to attend a **Get ready with OneExchange** seminar, you can attend an online webinar from the comfort of your own home. Visit www.opers.org and click on “Educational Opportunities” under the heading of “Retirees” to register for webinars.

Families consisting of both Medicare and non-Medicare OPERS plan participants

Households featuring both Medicare and non-Medicare OPERS plan participants will receive all enrollment information from OneExchange and all non-Medicare enrollment information from

OPERS. Each participant will need to read the information which applies to them carefully and follow the enrollment instructions provided.

Humana Interim Medicare Plan

The Humana Interim Medicare Plan is the plan OPERS will provide for Medicare-eligible retirees who are not eligible to participate in the OPERS Medicare Connector. These retirees include:

- **Medicare-eligible re-employed retirees and their eligible Medicare dependents** - A re-employed retiree is one receiving a pension while also being employed by an OPERS-covered employer who is paying into OPERS.
- **Retirees enrolled in Medicare Part B, but not eligible for premium-free Medicare Part A** – These retirees will participate only until June 30, 2016. By then, they should have enrolled in Medicare Part A and become eligible to select a plan using the Connector. These retirees will also receive more information about enrollment through OneExchange in the near future.

- **Medicare-eligible retirees under age 65 with end-stage renal disease (ESRD)**

The Humana Interim Medicare Plan features the same coverage as the 2015 Humana Medicare Advantage Plan with these exceptions:

- **The annual deductible for 2016 is \$500.**
- **For retirees not eligible for Premium-free Medicare Part A, the annual deductible for 2016 is \$0, not \$500.**
- **This plan will provide secondary coverage, after Original Medicare (Parts A and B) has paid. Effective Jan. 1, 2016, please give your Medicare card to providers along with your new Humana identification card.**



For Medicare retirees in 2016

Prescription drug coverage will be the same as the OPERS Retiree Health Plan Prescription Drug Plan (detailed on page 5) with the exception of a \$0 deductible for retirees not eligible for premium-free Medicare Part A.

available in your open enrollment packet which will be mailed to your home in September. Please see page 5 for information on prescription drug coverage for all retirees participating in an OPERS group health care plan in 2016.

This chart is a basic overview of medical coverage for Medicare retirees participating in the Humana Interim Medicare Plan. More detail will be

	2015 Humana Medicare Advantage Plan	2016 Humana Interim Medicare Plan
Annual deductible	\$250	\$500*
Total Out-of-pocket maximum	\$850	\$850
Office visit co-pay (primary)	4%	4%
Office visit co-pay (specialist)	8%	8%
Emergency room/urgent care	\$50	\$50
Preventive services	100%	100%
Skilled nursing/hospice	100%/95%	100%/95%
Other medical services	4%	4%

* For retirees not eligible for Premium-free Medicare Part A, the annual deductible for 2016 is \$0.



2016 Open Enrollment – General Information

2016 Open Enrollment - Oct. 1 – Oct. 31, 2015

Open enrollment for the OPERS group medical plans and the optional dental and vision plans will be held from Oct. 1 – Oct. 31, 2015. During this time, eligible retirees may add or change coverage for themselves and/or their eligible dependents. Changes made during the open enrollment period will become effective Jan. 1, 2016.

To help participants make informed decisions regarding their health care coverage in 2015, OPERS will send an open enrollment packet in September. Within the packet, non-Medicare participants will find an *Open Enrollment Guide*. The guide features in-depth coverage details for 2016. The packet will also contain a personalized *Open Enrollment Statement*, a personalized *Health Care Open Enrollment Change Form* and a brochure containing documents OPERS is required to send annually.

Medicare-eligible recipients making the transition to an individual Medicare plan in 2016 will receive a 2016 Dental and Vision Coverage Guide, a personalized *Open Enrollment Statement* showing their monthly HRA amount for 2016, a personalized *Health Care Open Enrollment Change Form* and a brochure containing documents OPERS is required to send annually. Also, please remember to call OneExchange at 1-844-287-9945 to schedule your enrollment appointment as soon as possible.

Open enrollment packets will be sent to plan participants beginning the first week of September. Mailing of the packets will continue over two weeks. All participants should receive their packet by late September.

If you are eligible to participate in the OPERS health care plan but waived coverage at retirement, you will receive a personalized *Open Enrollment Statement* and a *2016 Open Enrollment Guide* during the month of September.





2016 Open Enrollment – General Information

Important Contact Information for All Participants

Aetna Vision

1-866-591-1913

www.aetnavision.com

Express Scripts

1-866-727-5873

www.express-scripts.com

Humana

www.humana.com/opers

Medical Mutual

1-877-520-6728

www.medmutual.com

MetLife Dental

1-888-262-4874

www.metlife.com/dental

OneExchange

1-844-287-9945

www.medicare.oneexchange.com/opers



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