

opersHealthCare

For participants in the OPERS health care plan.

OPERS Medicare Connector enrollment closes Dec. 31, 2015

Effective Dec. 31, 2015, OPERS no longer sponsors the group Humana Medicare Advantage plan or Medicare Part D prescription drug plan. Instead, with the help of a OneExchange Licensed Benefit Advisor, retirees enrolled in both Medicare Parts A and B should have selected a Medicare Advantage plan or a Medigap (Medicare Supplement) Plan and a Medicare D prescription drug plan using the OPERS Medicare Connector. There are many affordable plans available on the individual market and the Connector allows OPERS retirees access to more plan choices than ever before.

Enrollments with the OPERS Medicare Connector close at the end of 2015. **If you are enrolled in both Medicare Parts A and B and haven't enrolled in a plan through OneExchange, please call 1-844-287-9945 as soon as possible.** If you have not enrolled with OneExchange by Dec. 31, 2015, you will not have any coverage to supplement Original Medicare in 2016 and will not have prescription drug coverage.

You will also not have a Health Reimbursement Arrangement established or receive a monthly allowance from OPERS.

OPERS would like to thank our Medicare-eligible retirees for reading the information we've provided, educating themselves by researching available plans and making a plan selection using the OPERS Medicare Connector. OneExchange was charged with enrolling more than 145,000 retirees and dependents in the last 90 days. We apologize if you experienced longer-than-expected wait times before or during your enrollment call. OPERS and One Exchange are doing everything possible to reduce wait times and assist you in this process.

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OPERS Medicare Connector enrollment closes

Dec. 31, 2015 (continued)

Special Connector enrollment schedule for retirees not eligible for premium-free Medicare Part A

Retirees enrolled in Medicare Part B but not eligible for premium-free Medicare Part A will automatically be enrolled in the Humana Interim Medicare Plan until June 30, 2016. By that date, these retirees will need to have enrolled in a Medicare plan using the OPERS Medicare Connector. This group recently received a packet of information explaining how and when to enroll in Medicare Part A and also how to receive Part A reimbursement from OPERS. These retirees will receive more information about enrollment through the OPERS Medicare Connector early next year.

Health care coverage options change for re-employed retirees in 2016

If you are receiving an OPERS pension and have returned to work for an OPERS-covered employer, OPERS requires you to enroll in your employer's health plan if your employer offers coverage to other employees in similar positions. If your employer does not offer health care coverage, OPERS provides coverage options.

In response to Federal health care regulations, coverage options for re-employed retirees have changed for 2016. If you are currently a re-employed retiree, you have received special communications explaining your options. If you require more information, please visit www.opers.org and click on "Re-employment". Or call OPERS at 1-800-222-7377 if you have additional questions.

Important reminder: Medicare Part B reimbursement reduction

If you are currently receiving a Medicare Part B premium reimbursement from OPERS, you will see an additional reduction beginning Jan. 1, 2016. Medicare Part B premium reimbursements will transition to a \$0 reimbursement in 2017. You can receive reimbursement for Medicare Part B premium from your HRA but only for the portion of the premium that is not already reimbursed by another source like OPERS. Many retirees will have enough money leftover in their HRA to use toward the cost of their Medicare Part B premium.

\$ 2015 reimbursement:	\$63.62
2016 reimbursement:	\$31.81
2017 and after:	\$0

Re-employed retirees:

Re-employed retirees participating in the Humana Interim Medicare Plan are eligible to receive reimbursement for a portion of the cost of their Medicare Part B premium. Re-employed retirees participating in a plan they chose through OneExchange, but not receiving an HRA allowance are not eligible to receive reimbursement for the cost of their Medicare Part B premium.



Health Reimbursement Arrangement (HRA) –
Resources, help, education

Once you have enrolled in an individual Medicare plan through the Connector, you may have questions about the HRA and the reimbursement process. Answers to your questions about the reimbursement process can be found by reading OneExchange’s Getting Reimbursed Guide. OneExchange mails these guides within a few days of a retiree enrolling in a plan. If you have enrolled, but haven’t received this guide, please contact OneExchange. The guide is also available at www.medicare.oneexchange.com/opers.

Also, in an effort to educate our retirees on this new process, OPERS will be presenting the “Moving Forward with OneExchange” seminar around Ohio in early 2016. Dates and locations are listed below. The first hour of this seminar will focus on the Health Reimbursement Arrangement and the reimbursement process. The second hour will focus on Connector enrollment for those retirees without premium-free Medicare Part A.



To sign up for a seminar, access your OPERS online account at www.opers.org or call OPERS at 1-800-222-7377.

JANUARY

Cleveland North Independence	Jan. 19,2016
Cleveland South Strongsville	Jan.19 & 20, 2016
Westlake	Jan. 25, 2016
Cincinnati	Jan. 25, 2016
Columbus	Jan. 25 & 26, 2016
Newark	Jan. 25 & 26, 2016
Youngstown	Jan. 26 & 27, 2016

FEBRUARY

Westchester	Feb. 2, 2016
Toledo	Feb. 2 & 3, 2016
Sharonville	Feb. 2 & 3, 2016
Columbus Worthington	Feb. 4, 2016
Cambridge	Feb. 4 & 5, 2016
Mentor	Feb. 9 & 10, 2016
Rootstown	Feb. 9 & 10, 2016
Dayton/Beavercreek	Feb. 16 & 17, 2016
Athens	Feb. 17, 2016
Cuyahoga Falls	Feb. 17 & 18, 2016
Findlay	Feb. 23 & 24, 2016
Akron	Feb. 23 & 24, 2016
Bellville	Feb. 23 & 24, 2016





Tips for Reducing Prescription Drug Costs in 2016

Prescription drugs can be costly and some Medicare-eligible retirees moving to an individual Medicare Part D prescription drug plan in 2016 will see an increase in their out-of-pocket drug costs. OPERS has provided some reminders and tips for reducing out-of-pocket prescription costs below.

Use your resources

If there is money left over in your Health Reimbursement Arrangement (HRA), use it to reimburse out-of-pocket drug costs. In 2016, eligible plan participants will have access to an HRA with monthly deposits made by OPERS that can be used to reimburse medical and prescription plan costs. In addition to a monthly allowance amount, retirees will receive a \$300 lump sum deposit each January through 2018. This lump sum could also be used to offset some of the out-of-pocket prescription drug costs. HRA account balances will roll over from month to month and year to year.

Prescription drugs: Know your options

Prescription drugs are commonly categorized into buckets or tiers. These tiers start with less expensive to more expensive generic options and then move into formulary and non-formulary brand name drugs before topping out with the more costly specialty medications.

Many brand name medications have generic or over-the-counter alternatives. Be sure to ask your doctor if a generic version of your prescribed medication is available and right for you.

Specialty medications are typically high-cost drugs used to treat serious medical conditions such as multiple sclerosis, rheumatoid arthritis and cancer. These drugs are expensive and often require close monitoring, frequent dosage adjustments and special storage requirements.

If you are treating an illness with specialty medications, here are a few tips to help maximize your savings:

Consider changing to a drug covered by Medicare Part B, typically administered in a doctor's office or hospital

Drugs administered in a doctor's office are often processed through Medicare Part B and this could lower your out-of-pocket prescription costs. Talk to your provider to find out if having a provider administer the drug in their office is an option for you.

Consider switching to lower cost oral or self-injectable traditional, specialty or biosimilar drugs

Biosimilar drugs are just coming to the market and are essentially a copy of a drug made by a different company and are expected to be 25 to 30 percent less expensive. Talk to your provider to find out if there are lower cost drug options available to you. You may also ask your pharmacist about drug options and prices, and then talk to your doctor.

Maximize the effectiveness of specialty medications

Take advantage of individualized counseling and education sessions provided by specialty pharmacies. Discuss with a pharmacist how to get the maximum benefit from your specialty medications including, for example, how to manage side effects.



For non-Medicare OPERS Retirees

A New Way to Save Money on Lab Costs in 2016 for participants in the OPERS Retiree Health Plan

You've been hearing a lot lately about how costs for health care services vary. Different providers have different rates. Rates can also vary based on where services are received. OPERS is working with Medical Mutual to help lower the costs of lab tests.

Beginning Jan. 1, 2016, the OPERS Retiree Health Plan administered by Medical Mutual will cover 40 lab tests only up to a certain price, the coverage maximum.

Here's how the coverage maximum works:

- If a laboratory services provider offers a rate that matches or is below the coverage maximum, you will only pay your normal out-of-pocket costs. These costs may include deductibles and co-insurance.
- If a laboratory services provider offers a rate that is above the coverage maximum, you owe the difference between the coverage maximum and your provider's rate in addition to any applicable deductibles and co-insurance. The difference you pay does not count toward your deductible or out-of-pocket maximum.

You can still choose any network lab services provider you want. However, some providers' rates are above the coverage maximum. To save money, use a lab services provider whose rates match or are below the coverage maximum. You can check costs for many health services including lab work by using My Care Compare, Medical Mutual's online tool which compares the rates offered by doctors and health services providers as well as provides coverage maximums for the 40 effected labs. Log into My Health Plan at MedMutual.com/member and click "My Care Compare" under Quick Links to start comparing today.

**Coming to My Health Plan:
A step-by-step video on how to
use My Care Compare to find lab
providers whose rates match or are
below the coverage maximums**





For non-Medicare OPERS Retirees *(continued)*

In November, Medical Mutual sent you a guide with more information about coverage maximums, including:

- A list of coverage maximums for each of the 40 lab tests
- Instructions to access and use My Care Compare
- Instructions on how to talk to your doctor about coverage maximums
- An example of how to figure out your out-of-pocket costs
- Questions and answers about coverage maximums

If you have any questions or would like to request another copy of the guide, call Medical Mutual Customer Care at (877) 520-6728.

When you shop smartly, you save money. Coverage maximums help you and OPERS spend health care dollars wisely. The good news is that once we announced our coverage maximums for lab tests, dozens of labs have lowered their prices.

OPERS discontinuing Disease Management Program in 2016

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 the disease management 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 including a tobacco QuitLine, Weight Watchers, lifestyle coaching and case management.

If you are a current Disease Management program participant, you should have received a letter providing official notice of the termination of the program. If you have any questions, contact Medical Mutual Customer Care at (877) 520-6728.





Important changes to non-Medicare prescription drug coverage

Important changes to non-Medicare prescription drug coverage

Please keep in mind the following changes to the OPERS Retiree Health Plan prescription drug coverage are effective Jan. 1, 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. There is a \$4 min/\$8 max for retail and a \$10 min/\$20 max for mail order.
- 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, which treat heartburn, will not be covered.
- Generic PPI medications will be subject to a 50 percent co-insurance. There is a \$25 min for retail and a \$62.50 max for mail order.
- The annual out-of-pocket maximum will be reduced from \$3,250 to \$1,950 per Affordable Care Act guidelines.



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

Retirees enrolled in the OPERS Retiree Health Plan administered by Medical Mutual will receive a \$50 Retiree Medical Account (RMA) incentive for participating in and completing an in-person Healthy U workshop in 2016.

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 Medical Mutual plan.

Changes made during OPERS Open Enrollment effective Jan. 1, 2016

Any changes made to OPERS medical, dental and vision coverage during open enrollment will take effect Jan. 1, 2016. If you have questions about plan coverage, the 2016 Health Care Coverage Guide is available on the OPERS website, www.opers.org.



Making smart health care choices

When it comes to health care, more is not necessarily better. Visit the wellness section titled Making Smart Health Care Choices at www.opers.org for easy access to information and tools that may assist you in making important decisions about your medical care.

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.

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 Making Smart Health Care Choices section will improve your knowledge and help you as you make health care decisions.

Visit 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.



opersHealthCare



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