



For all OPERS health care plan participants.

# 2017 Open Enrollment Bulletin

NEW OPEN ENROLLMENT DATES FOR 2017: OCT. 15 THROUGH DEC. 7

## What you need to know about OPERS Open Enrollment for 2017

### MEDICARE-ELIGIBLE PARTICIPANTS

Open Enrollment for 2017 will look very different for Medicare-eligible retirees who selected an individual Medicare plan through OneExchange last year. The initial enrollment process with OneExchange for 2016 was a one-time process. **If you are happy with the plan you selected, you do not need to contact OneExchange. Your plan selections for 2016 will automatically carry over into 2017.**

**If you would like to explore alternate medical and/or prescription drug plans, you can do so by calling OneExchange at 1-844-287-9945 between Oct. 15 and Dec. 7.** Please be sure to read page 2 for details about re-establishing any automatic or recurring reimbursement arrangements.

You will still receive Open Enrollment materials from OPERS for your optional vision and dental coverage. There will be no changes to the coverage under these plans for 2017.

**New Open Enrollment dates: 2017 Open Enrollment for both Medicare and Non-Medicare OPERS retirees will be held between Oct. 15 and Dec. 7.**

### NON-MEDICARE PARTICIPANTS

For non-Medicare participants or those participating in the Humana Interim Plan, 2017 Open Enrollment will look much like it has in past years. **If you are happy with your current coverage and don't need to make any changes, you do not need to contact OPERS. Your 2016 coverage will automatically carry over into 2017.**

**If you would like to make adjustments to your optional vision and/or dental coverage or add or drop a dependent for 2017, you may do so by contacting OPERS between Oct. 15 and Dec. 7.** OPERS will send you a detailed Open Enrollment packet containing a cost statement, Open Enrollment Guide and an Open Enrollment Change Form in October. These materials will explain how to make adjustments to your coverage for 2017.

*Please see page 5 for details about premiums and coverage under the OPERS Retiree Health Plan (Medical Mutual PPO Plan and Medical Mutual Interim Plan) in 2017.*

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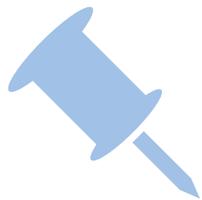
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# Open Enrollment For OPERS Medicare Connector Participants

Retirees who enroll in a plan through the OPERS Medicare Connector will receive an allowance in a Health Reimbursement Arrangement that the retiree (and spouse) can use to reimburse the cost of qualified medical expenses. Under this model, OPERS retirees have more affordable health care options than ever before.

Participants will no longer receive a Medicare Part B reimbursement from OPERS in 2017.



**BE AWARE: Other insurance companies and brokers will send materials and try to call you. Remember that you must maintain your current plan enrollment or enroll in a new plan through OneExchange to receive your HRA.**

## IMPORTANT HRA REMINDERS FOR 2017

Retirees will receive the second installment of the OPERS furnished \$300 annual HRA deposit in January. This annual deposit will continue through 2018. Monies can be used toward out-of-pocket expenses that may incur as retirees transition to new health care plans and as new reimbursement arrangements are established. There is a \$2.33 administrative fee applied each month to cover the cost of administering the account.

## Open Enrollment

### For retirees who selected a 2016 plan through the Connector

#### ENROLLMENT



##### Do Nothing

If you are happy with your 2016 medical and/or prescription drug coverage plans, no action is needed. Your plan(s) will automatically carry over into 2017.



##### Action Required

If you would like to make a change to a new medical or prescription drug plan, call OneExchange between Oct. 15 and Dec. 7, 2016 to review plan options. Selecting a Medigap plan may require medical underwriting.



##### Action Required

If you are changing medical plan carriers, you will need to set up plan premium auto reimbursement if applicable. Automatic reimbursement will not change over between carriers.

#### REIMBURSEMENTS



##### Do Nothing

If you have set up auto reimbursement for plan premiums through OneExchange in 2016 and you do not change plans, these arrangements will continue into 2017.



##### Action Required

You will need to resubmit recurring premium claim forms to OneExchange for your 2017 Medicare Part B premium and OPERS vision and dental premiums. When submitting the reimbursement request for the Medicare Part B premium, list the full payment amount.

If you are new to selecting a plan through the Connector, be sure to carefully read the materials that OPERS and OneExchange will mail to you. Materials offer step-by-step instructions for each phase. You may call OneExchange at 1-844-287-9945 with any questions.

## Cost to cover a spouse in 2017

### 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, and if the spouse is currently enrolled in a medical plan through OneExchange that coverage will automatically continue. Allowances for Medicare-eligible spouses will also continue to be incrementally reduced to \$0 by 2018.

However, many retirees will find they have sufficient allowance dollars remaining to pay for a spouse's premium.

There are resources available for Medicare-eligible participants to learn more about what is available to them. See below.



## RESOURCES FOR MEDICARE-ELIGIBLE PARTICIPANTS

### OneExchange

1-844-287-9945

[medicare.oneexchange.com/opers](http://medicare.oneexchange.com/opers)

### Medicare

1-800-MEDICARE

(1-800-633-4227)

[medicare.gov](http://medicare.gov)

### Ohio Senior Health Insurance Information Program (OSHIIP)

1-800-686-1578

[insurance.ohio.gov](http://insurance.ohio.gov)

### Ohio Department of Insurance Consumer Services

1-800-686-1526

[insurance.ohio.gov](http://insurance.ohio.gov)

### Medicare Fraud Reporting Ohio Department of Aging

1-800-266-4346

[aging.ohio.gov](http://aging.ohio.gov)

### Ohio Department of Job and Family Services

1-800-324-8680

[jfs.ohio.gov/ohp](http://jfs.ohio.gov/ohp)

### Ohio Department of Health

1-800-342-0553

[odh.ohio.gov](http://odh.ohio.gov)

### Health Insurance Marketplace

1-800-318-2596

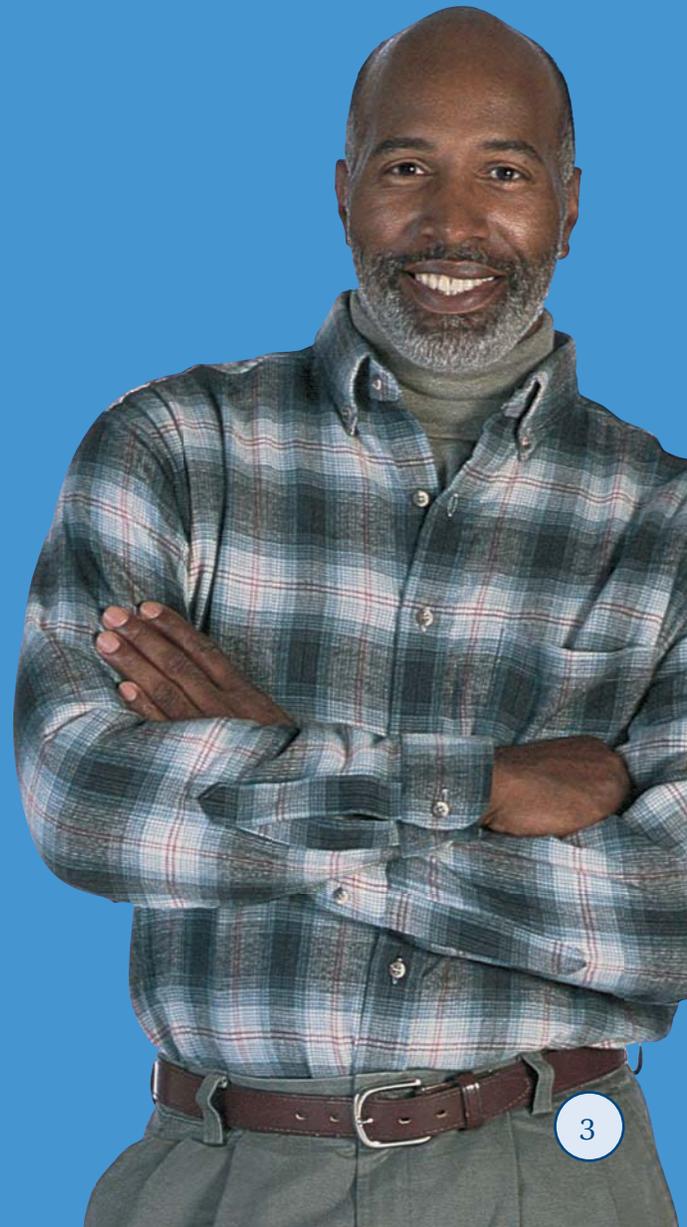
[healthcare.gov](http://healthcare.gov)

### U.S. Department of Health & Human Services Office of Inspector General

1-800-HHS-TIPS

(1-800-447-8477)

[stopmedicarefraud.gov](http://stopmedicarefraud.gov)



# WAYS TO SAVE ON PRESCRIPTION MEDICATIONS

## Use your resources

Leverage money left over in your Health Reimbursement Arrangement (HRA). For example, you may use it to reimburse out-of-pocket drug costs, medical deductibles, co-insurance, copays and premiums.

- **Know your options.** Prescription drugs are commonly categorized into buckets or tiers from generic options to specialty medications. Be sure to ask your doctor if a generic version of your prescribed medication is available and right for you.

- **Change it up.** If you are taking a specialty medication, consider the following:
  - Changing to a drug covered by Medicare Part B, typically administered in a doctor's office or hospital.
  - Switching to lower cost oral or self-injectable traditional, specialty or biosimilar drugs.
  - Taking advantage of individualized counseling and education sessions provided by specialty pharmacies.

## Humana Interim Plan

The Humana Interim Plan is the plan OPERS provides 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.

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

The Humana Interim Plan will provide secondary coverage, after Original Medicare (Parts A and B) has paid. If enrolled in the Humana Interim Plan, effective Jan. 1, 2017, please give your Medicare card to providers along with your Humana identification card.

See page 8 for prescription drug coverage.

## 2017 Humana Interim Plan Chart

2017 Humana Interim Medicare Plan	
Annual deductible	\$500
Total out-of-pocket maximum	\$1,350
Office visit copay (primary)	4%
Office visit copay (specialist)	8%
Emergency room/urgent care	\$50
Preventive services	100%
Skilled nursing/hospice	100% / 95%
Other medical services	4%

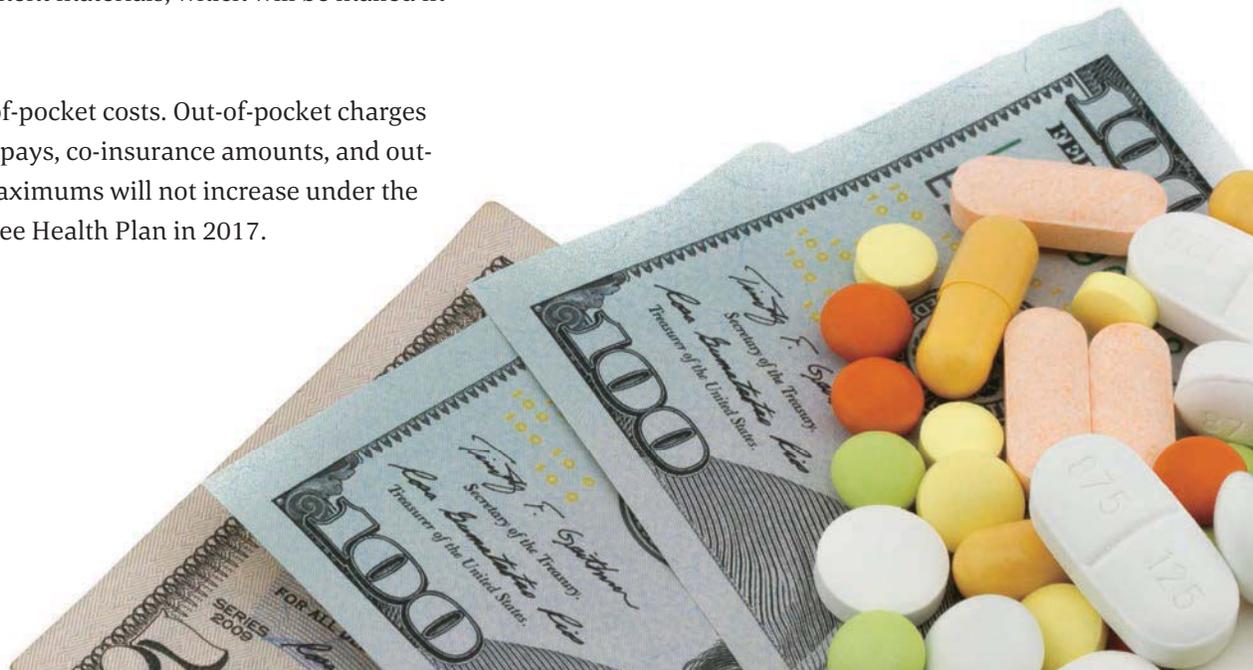
# Open Enrollment for Non-Medicare Participants

## NON-MEDICARE PREMIUMS WILL RISE IN 2017

The costs for health care services across the country continue to rise, at times even faster than the cost of living. Unfortunately, OPERS is not immune to these increasing costs. Use of services and expensive new treatments combine to continually increase the cost for OPERS to provide health care coverage options.

In addition to rising health care costs, OPERS is still making adjustments as part of plan changes adopted in 2012 to preserve the health care fund for the future. Plan participants will experience a higher premium cost in 2017. The increase in premiums can be attributed to three factors:

1. A decrease in allowance amount. For the majority of non-Medicare retirees, the percentage of the plan cost paid by OPERS (allowance) has decreased to 82 percent from 89 percent. Your exact 2017 premium will be included within your personalized open enrollment materials, which will be mailed in October.
2. Steady out-of-pocket costs. Out-of-pocket charges including copays, co-insurance amounts, and out-of-pocket maximums will not increase under the OPERS Retiree Health Plan in 2017.
3. An increase in the overall cost for OPERS to provide a medical plan for non-Medicare retirees. This increase can be attributed to:
  - OPERS covering non-Medicare retirees for seven years on average, from when employer coverage ends and Medicare coverage begins.
  - Approximately one-fourth of the OPERS non-Medicare retirees receive a disability benefit which translates to high utilization of health care services.
  - The cost of specialty drugs used to treat chronic conditions such as cancer and rheumatoid arthritis continuing to rise, which impacts the cost of the non-Medicare health plan.



**Tip:** When receiving lab services, keep the coverage maximum in mind. The coverage maximum is the most your health plan will pay for certain lab services. You can go to any network lab provider. But, to save money, go to one whose rates match or are below the coverage maximums. For more information, visit [Medmutual.com](http://Medmutual.com) or call 1-877-520-6728.

# Open Enrollment for Non-Medicare Participants *(continued)*

As OPERS continues to provide a quality non-Medicare health plan, we cannot shoulder the rise in health care costs without passing some cost increases on to participants. Broken-down, this is how it impacts you:

## Meet Henry

Henry is 62 years old and retired after working 30 years in an OPERS-covered position. Below is a snapshot of what it will cost to provide health insurance to Henry and how much he will pay in 2017:

**\$1,066** Full monthly cost of the OPERS Retiree Health Plan

Original Allowance Amount		Premium Reduction*		Total Amount Paid by OPERS
\$874	+	\$74	=	\$948
82%	+	7%	=	89%

**\$118** Henry's share. This is the average monthly premium that the majority of non-Medicare retirees will pay toward the OPERS Retiree Health Plan.

*Retiree premiums will vary based on age and years of service retirement.*

*\* \$74 reflects 2017 premium reduction. Premium reduction does not apply to spouses, surviving spouses, dependents or re-employed retirees.*

The average monthly premium shown here includes a premium reduction that OPERS is applying between 2016 and 2018 to help retirees adjust to cost increases due to inflation and the plan design changes we made to avoid the Cadillac tax. This reduction does not apply to spouses, surviving spouses, dependents or re-employed retirees. *If it weren't for this reduction, your monthly premium in 2017 would be significantly higher.*

## How dependents may be impacted in 2017

If you are covering a non-Medicare spouse or child, their 2017 premium will increase considerably. This is due to the continued reduction in allowance amount and overall plan cost increases. For more information on alternative options for covering your dependent(s), turn to page 9.



## What is the Cadillac Tax?

Originally set to take effect in 2018 but postponed until 2020, the Cadillac tax is a 40 percent excise tax assessed to employers and sponsors of health plans whose coverage value exceeds certain thresholds. If we keep our non-Medicare health plan unchanged, the tax would cost tens of millions of dollars each year. OPERS has opted to introduce gradual changes to the health plan over time, rather than impose large changes in 2020. We have also been hard at work seeking a permanent repeal of the tax.

## 2017 OPERS Retiree Health Plan Highlights (Non-Medicare)

- Co-insurance and copays will not change in 2017 for both the OPERS Retiree Medical Mutual PPO Plan and the Medical Mutual Interim Plan.
- The Medical Mutual Interim Plan for non-Medicare, re-employed retirees is identical to the OPERS Retiree Medical Mutual PPO Plan.

### OPERS Retiree Health Plan administered by Medical Mutual PPO/Medical Mutual Interim Plan

2017 OPERS Retiree Health Plan	2017
Deductible (in-network)	\$1,000
Total (in-network) out-of-pocket maximum	\$4,900
Deductible (out-of-network)	\$2,000
Total (out-of-network) out-of-pocket maximum	\$7,000
Office visit copay (medical home)	\$15
Office visit copay (primary care physician or PCP)	\$25
Office visit copay (specialist)	\$40
Inpatient copay	\$150
Emergency room	\$150 (emergency) \$250 (non-emergency)
Preventive services	100%
Skilled nursing/hospice	100%
Other medical services	25% co-insurance



**Ways to Save:** Medical Mutual offers *My Care Compare*, an easy-to-use tool identifying service providers in your area offering the lowest costs for laboratory services, X-rays, MRIs and CT scans, physical therapy and even some surgeries. My Care Compare can be used to identify lab service providers whose rates match or fall below the coverage maximums. Visit [medmutual.com](http://medmutual.com) to learn more.

# Non-Medicare Prescription Drug Plan

## 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 2017.

*New this year: A lower cost tier specific for biosimilar/generic specialty medications.*

More details will be available in your open enrollment packet which will be mailed to your home in October.

For more information, visit [Express-Scripts.com](http://Express-Scripts.com) or call 1-866-727-5873.

2017 Non-Medicare Prescription Drug Plan	2017
Retail pharmacy network	55,000 pharmacies
Annual deductible(s)	\$100 (generics) \$200 (brands)
Formulary	High performance
Generics	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
Non-formulary brand	NOT COVERED
Specialty drugs - Brand	40% co-insurance \$150 max
Specialty drugs - Biosimilar/Generic	40% co-insurance \$100 max
Value-based insurance design (VBID) - Generics for chronic conditions including asthma, COPD, heart disease, hypertension, high cholesterol, depression and diabetes	\$0
Generic PPIs - Medications treating acid-reflux and heartburn	50% co-insurance \$25 retail min \$62.50 mail min
Annual out-of-pocket maximum	\$1,950 (per ACA limits)



### Tip: Goodrx.com

Compare prices and print free coupons for diabetic testing supplies and prescription medications. Visit [www.goodrx.com](http://www.goodrx.com) to start saving today.

## Spouses (including surviving spouses) not yet eligible for Medicare

Allowances for spouses not yet eligible for Medicare will continue to be incrementally reduced to \$0 by 2018. As a result, some retirees may decide the premium to cover a spouse not yet eligible for Medicare in 2017 is more than they can comfortably afford. Please realize there are a number of options available through the Health Care Marketplace, commonly referred to as Exchange plans. Additionally, depending on income level, some may qualify for substantial help from the federal government to pay for a plan via the marketplace.

The Ohio Department of Insurance provides a wealth of information for the public on their website, [insurance.ohio.gov](http://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 [ehealthinsurance.com](http://ehealthinsurance.com).

### Other resources include:

**Health Insurance Marketplace**  
[healthcare.gov](http://healthcare.gov)  
1-800-318-2596

**Ohio Department of Insurance Consumer Services**  
[insurance.ohio.gov](http://insurance.ohio.gov)  
1-800-686-1526

**Ohio Department of Aging**  
[aging.ohio.gov](http://aging.ohio.gov)  
1-800-266-4346

**Ohio Department of Medicaid**  
[jfs.ohio.gov/ohp](http://jfs.ohio.gov/ohp)  
[medicaid.ohio.gov](http://medicaid.ohio.gov)  
1-800-324-8680

## Non-Medicare Health and Wellness

### RMA incentive program is coming to a close.

Due to low program participation, Nov. 30, 2016 will be the last date a participant can enroll in a wellness program or complete the 2016 health assessment to qualify for a \$50 wellness Retiree Medical Account (RMA) program incentive. A variety of health and wellness programs will continue to be offered to help you manage your health.

- **QuitLine:** free telephone coaching, education and nicotine replacement therapy to help participants quit tobacco use for good.
- **Lifestyle Coaching:** a telephone and Web-based coaching program helping participants make lifestyle changes to improve their well-being such as lose weight, start an exercise program and manage stress.

- **Case Management:** provides assistance to participants with medically complex or chronic conditions. Registered Nurse Case Managers partner with doctors to develop and implement an individualized plan of care that promotes safe and cost-effective care.

**Healthy U Ohio:** a series of in-person workshops held locally, where attendees can learn strategies to prevent or manage symptoms associated with chronic conditions like arthritis, diabetes, chronic pain and others. More information is available at [aging.ohio.gov](http://aging.ohio.gov) or by calling your local area agency on aging at 1-866-243-5678. When you sign up, be sure to tell them you are enrolled in the OPERS Retiree Health Plan.

Look for more information in this fall's OPERS retiree newsletter about new wellness programs coming in 2017!



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 the wellness section titled Making Smart Health Care Choices at [opers.org](http://opers.org) for easy access to information and tools that may assist you in making important decisions about your medical care.



## Seminar Event/Dates

### LIVE EVENTS FOR NON-MEDICARE PARTICIPANTS

#### Learn about OPERS health care coverage in 2017

The OPERS education team will be holding optional seminars around the state to help non-Medicare retirees learn about their health care coverage for 2017.

#### Space is limited and registration is required.

Review the dates and locations to find an event that works for you. Registration can be completed online by signing in to your account at [opers.org](http://opers.org) or by calling 1-800-222-7377. You must have an OPERS online account to register online.

The non-Medicare Open Enrollment seminar presentation (*slideshow with audio*) will be available on the OPERS website in October.

#### Listen in from your living room

If it is not convenient to travel to an Open Enrollment seminar, you can attend a “live” online webinar from your home. Open Enrollment webinars will be held in October. Visit the Educational Opportunities for Retirees page on [opers.org](http://opers.org) to register for a webinar.

Oct. 17 Mentor 1 p.m.	Oct. 26 Lancaster 1 p.m.	Nov. 2 Columbus 1 p.m.
Oct. 19 Independence 10 a.m.	Oct. 26 Strongsville 1 p.m.	Nov. 3 Bellville 1 p.m.
Oct. 20 Lima 1 p.m.	Oct. 27 Cincinnati 1 p.m.	Nov. 3 Toledo 1 p.m.
Oct. 20 Findlay 1 p.m.	Oct. 27 Portsmouth 1 p.m.	Nov. 3 Fremont 10 a.m.
Oct. 25 Youngstown 1 p.m.	Nov. 1 West Columbus 1 p.m.	Nov. 9 Cambridge 1 p.m.
Oct. 26 Akron 1 p.m.	Nov. 1 Worthington 1 p.m.	Nov. 9 Dayton 1 p.m.
		Nov. 16 Westchester 1 p.m.



# Important 2017 Open Enrollment Reminders

## OPEN ENROLLMENT PERIOD CHANGE

Non-Medicare and Medicare Open Enrollment will be held between Oct. 15 and Dec. 7. This was changed in effort to better align with Medicare open enrollment.



### Watch your mailbox for these Open Enrollment communications

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, 2017.

To help participants make informed decisions regarding their health care coverage in 2017, OPERS will mail an Open Enrollment packet in October. Within the packet, non-Medicare participants will find an Open Enrollment Guide. The guide features in-depth coverage details for 2017. 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 retirees who selected an individual Medicare plan through the OPERS Medicare Connector in 2016 will receive a 2017 Vision and Dental Coverage Guide, a personalized Open Enrollment Statement showing their monthly HRA amount for 2017, a personalized Health Care Open Enrollment Change Form and a brochure containing documents OPERS is required to send annually. OneExchange will send retirees a newsletter in October that will include information about their Open Enrollment opportunities.

Medicare-eligible retirees and dependents will make medical and prescription plan changes through OneExchange and, if enrolled in OPERS vision and/or dental plans, make those changes through OPERS, if necessary.

Open Enrollment packets will be sent to plan participants and those who have previously waived coverage beginning late September. Mailing of the packets will continue over two weeks. All participants should receive their packet by mid-October.

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

Households including 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.

### Optional vision and dental coverage in 2017

OPERS will continue to offer optional vision coverage administered by Aetna and dental coverage administered by MetLife in 2017 to Non-Medicare and Medicare retirees and their dependents. Both vision and dental plans will experience a slight reduction in premium costs compared to 2016 in both high and low coverage options.

**Non-Medicare and Medicare Open Enrollment will be held between Oct. 15 and Dec. 7.**



# How OPERS is helping

## Working for change in the health care industry

OPERS is always challenged with how to help reduce the impact of cost increases for our retirees as much as we can. We continue to exercise our voice for retirees and have been working hard to impact change in the health care industry.



### What are we doing about rising health care costs?

*One answer: fighting for more affordable biosimilar drugs.*

OPERS participates in the Public Sector HealthCare Roundtable to share a larger voice on topics such as drug pricing, biosimilar, trends and plan design.

Today only two biosimilar drugs have been approved in the United States. Biosimilar drugs are generic versions of specialty drugs, or biologics, used to treat illnesses such as rheumatoid arthritis, Crohn's disease, multiple sclerosis and a variety of cancers. That's why we are fighting to increase the number of these drugs approved by the Food and Drug Administration (FDA) so our retirees can have access to life-saving, life-changing medicines that are more affordable. Biosimilars increase drug competition and can drive down prices for other medicines. We are working to make sure seniors on a limited income can have improved access to more affordable drugs. Over the next 10 years, 11 biosimilar drugs are expected to come to market, which could save OPERS an estimated \$134 million.

## Important Contact Information



### Aetna Vision

1-866-591-1913  
aetnavision.com

### Express Scripts

1-866-727-5873  
express-scripts.com

### Humana

1-877-890-4777  
humana.com/opers

### Medical Mutual

1-877-520-6728  
medmutual.com

### MetLife Dental

1-888-262-4874  
metlife.com/dental

### OneExchange

1-844-287-9945  
medicare.oneexchange.com/opers



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Retirement  
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Columbus, Ohio  
43215-4642  
1.800.222.7377

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opers.org  
Blog  
perspective.opers.org

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facebook.com/ohiopers  
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twitter.com/ohiopers