

OPERS Open Enrollment Bulletin

OPEN ENROLLMENT IS OCT. 15 THROUGH DEC. 7

2018 Open Enrollment: What you need to know

OPERS continues to believe that health care coverage is an important part of a secure retirement. Even as health care costs continue to rise, we strive to provide comprehensive, competitive health care options for you and future generations. Open Enrollment materials will arrive in homes early October. In the meantime it's important to start thinking about what coverage options are best for you and your family.

Medicare-eligible plan participants

If you are enrolled in a plan through the OPERS Medicare Connector administered by OneExchange, we encourage you to review your 2018 plan details and look for any changes in premiums, coverage and the prescription drug formulary. You will receive notification of changes from your plan carrier. Keep in mind that 2018 is the first year spouses, including surviving spouses, will not receive a monthly HRA allowance. However, **spouses will continue to have access to health care plans through OneExchange and will remain enrolled in their selected plan until coverage is cancelled.** Remember, you can choose

to be reimbursed for your spouse's plan premiums through your HRA. At this time, you may also want to think about any life changes that have occurred or will occur which may affect your decision-making process.

Should you decide to explore a new coverage plan or re-evaluate the appropriateness of your coverage, call OneExchange at 1-844-287-9945 between Oct. 15 and Dec. 7. If you don't wish to make any changes to your current plan, you do not need to contact OneExchange as existing 2017 plan selections will automatically carry over into 2018.

Remember, you must make any plan changes by calling OneExchange. If you do not use OneExchange to select a plan, you will no longer be eligible for HRA dollars. Check out page 2 for other important HRA reminders.

Pre-Medicare plan participants

To continue to offer retirees access to health care coverage, in 2012 OPERS adopted significant changes to the health care program, which will be fully phased-in next year.

In 2018, we will have completed the premium reduction transition. While participant cost share has increased, OPERS is still paying most of the costs for coverage. Spouses will also pay the full cost of coverage, which may influence future plan selection decisions. **If you do decide to keep current plan selections, no action is needed during open enrollment as plans will automatically renew for 2018. Should coverage be selected elsewhere, it is still your responsibility to cancel OPERS medical plan coverage or it will automatically renew.**

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**2018 Open Enrollment dates:
Oct. 15 through Dec. 7**

Open Enrollment

For retirees who select a plan through the OPERS Medicare Connector, administered by OneExchange. Review your current medical and prescription drug plan and evaluate if your needs have changed. Look for changes in premium costs, plan design and prescription drug formulary and determine if you want to explore other plans or evaluate the appropriateness of your current plan. Remember, to remain eligible to receive the HRA allowance, you must enroll in a medical plan through OneExchange. Questions? Contact OneExchange at 1-844-287-9945.

Important 2018 HRA Reminders

Retirees will receive the third annual installment of the \$300 HRA deposit from OPERS in January. Eligible reimbursement expenses include medical, vision, dental and Medicare Part B premiums, prescription drug costs and other out-of-pocket expenses as defined by the IRS. A \$2.33 administrative fee is applied each month to cover the cost of administering the account.

More information about the HRA reimbursement process is offered in the new *How to Use Your Health Reimbursement Arrangement* seminar. Additional information is also available online at opers.org; seminar dates and locations are printed on page 11.

New HRA reimbursement forms coming

This fall, OneExchange introduces enhanced reimbursement claim forms. Forms include a personalized bar code specific to each account, providing additional account security and speeding up internal processing time, allowing for real-time claim tracking via your OneExchange online account. The updated forms will be accessible through your OneExchange online account or by calling OneExchange. Further communication and updated forms will be mailed by OneExchange beginning late September. Questions? Contact OneExchange.

Plan Changes

Action Required

Review 2018 plan details in materials provided by your plan carrier and look for any changes in premiums and plan design. Remember to evaluate the prescription drug formulary as these sometimes change from year to year.

No Action Required

If you do not want to make changes, no action is needed. Plans will automatically carry over into 2018.

Action Required

Changing medical or prescription drug plans? Call OneExchange during open enrollment to review plan options. Selecting a Medigap plan may require medical underwriting.

Reimbursements

No Action Required

If you previously set up auto reimbursement for plan premiums through OneExchange and you do not change plans, these arrangements will continue into 2018.

Action Required

Changing medical plan carriers? Automatic reimbursement does not transfer over between carriers. Check to see if the new carrier offers auto reimbursement. Also, reimbursement timing varies by carrier.

Action Required

Recurring premium claim forms for 2018 Medicare Part B and OPERS vision and dental premiums need resubmitted each year. **New for 2018 - OPERS will mail a copy of your Health Care Premium Receipt in mid-December** which needs submitted to establish these recurring premiums that are deducted from your OPERS pension benefit.

Medicare Scenarios

The examples below show different ways Medicare-eligible retirees may choose to use their monthly allowance after enrolling in a Medicare plan through OneExchange.



Meet Sam

Sam is 66 years old and retired at the end of 2016. Sam is an avid fisherman who lives lakeside in northern Ohio and plans to stay there during retirement. Sam does not currently take on a lot of health care expenses, but likes the idea of having a safety net should a significant health problem surface. He does not intend to move, so staying within a network of participating providers is not a problem.

Sam chose a Medicare Advantage plan which includes prescription coverage. With the money left over in his account every month, he receives reimbursement for his Medicare Part B premium and OPERS dental plan premium. Sam even has money remaining to be reimbursed for any office visits, co-pays, and other qualified medical expenses as defined by the IRS.

OPERS allowance amount	\$337.00
Medicare Advantage plan premium	-\$64.59
Medicare Part B premium	-\$134.00
OPERS dental plan	-\$5.62
Total left in HRA account	\$132.79

Sam's monthly account snapshot



Meet Dan and JoAnn

Dan is 70 years old, retired and receiving an OPERS pension. His wife, JoAnn, hasn't worked outside their home and relies on Dan's retirement to receive health care coverage. Dan has a chronic condition and doesn't want to have to stay within a network of physicians, so he's chosen a Medigap plan and a stand-alone Medicare Part D prescription drug plan through OneExchange.

JoAnn selects a Medicare Advantage plan with prescription drug coverage (MAPD). Effective January 2018, JoAnn will not receive an allowance toward the cost of her Medicare plan, but she decides to remain enrolled. After paying for his and JoAnn's medical premiums, Dan has \$72.99 remaining in his HRA account monthly that he can use to receive reimbursement for dental or vision premiums as well as other qualified expenses.

OPERS allowance amount	\$337.00
Medigap plan premium (Dan)	-\$172.15
Medicare Part D premium (Dan)	-\$27.17
Medicare Advantage plan premium (JoAnn)	-\$64.69
Total left in HRA account	\$72.99

Dan and JoAnn's monthly account snapshot

Humana Interim Plan transition

Medicare-eligible retirees who are not eligible to participate in the Connector have been enrolled in the Humana Interim Plan. This group includes Medicare-eligible, re-employed retirees and their eligible Medicare dependents as well as Medicare-eligible retirees under age 65 with end-stage renal disease.

The Humana Interim Plan is terminating on Dec. 31, 2017.

Plan participants will automatically transition to the Medicare Re-employed Plan, administered by Medical Mutual. Plan coverage will not change. Those affected by this change will see Medical Mutual listed as the provider on their 2018 open enrollment statement. Should current plan participants wish to cancel coverage, they may do so at any time.

New carrier identification cards will be issued by Medical Mutual and are to be submitted to providers with the Medicare card when seeking treatment. Like the Humana Interim Plan, the Medicare Re-employed Plan acts as secondary coverage to Medicare.



2018 Medicare Re-employed 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%

Pre-Medicare OPERS Plan Participants

In 2018, pre-Medicare plan participants will share a higher percentage of plan costs than they did in 2017. Keep in mind that while participants are being asked to share more of the costs, most of the plan costs will still be paid by OPERS.

Spouses who remain enrolled in the pre-Medicare plan will also be responsible for the full cost of OPERS health care coverage. As a result, some retirees may decide the premium to cover a spouse not- yet eligible for Medicare is more than they can comfortably afford. In this case, there are a number of options available through the Health Care Marketplace, commonly referred to as Exchange plans. And, depending on income level, you may qualify for substantial help from the federal government to pay for a plan via the marketplace. Refer to page 11 for a list of resources.

Note: If an outside plan is selected, you are still responsible for canceling OPERS spouse coverage as it will not automatically terminate.



Pre-Medicare Scenarios

The following scenarios show a 2018 snapshot of what it will cost to insure Jim, Linda and Charles who have all retired at different stages during public employment and are not yet eligible for Medicare. Notice that 83 percent of pre-Medicare retirees will receive at least a 75 percent allowance from OPERS toward the cost of coverage.

Years of service: **35** | Age at retirement: **64**

Jim loves reading books and spent his entire career working in the library system. After working 35 years in an OPERS-covered position, Jim retired in 2017 at the age of 64. He now spends his time gardening and catching up on the latest New York Times Best Seller novels.



Meet Jim

90% allowance example

OPERS Pays.....\$1,117.65

Jim Pays\$41.96

Total cost\$1,159.61



Pre-Medicare Scenarios (continued)



Meet Linda

Years of service: **29** | Age at retirement: **62**

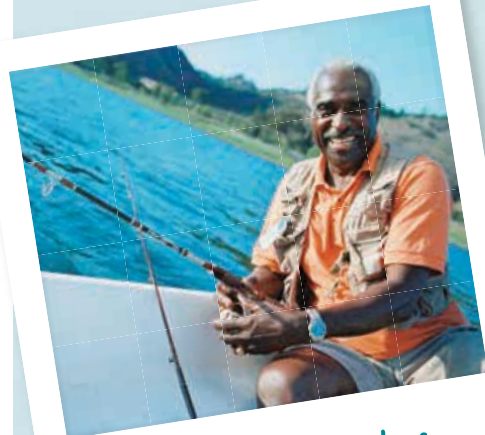
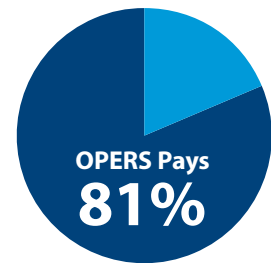
As an avid lover of numbers, Linda spent her entire career as an accountant for her hometown city office. After 29 years serving the public, she retired to spend more time with her extended family.

75% allowance example

OPERS Pays.....\$943.71

Linda Pays\$215.90

Total cost\$1,159.61



Meet Charles

Years of service: **20** | Age at retirement: **60**

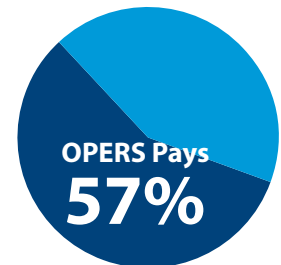
Charles spent half of his career in the private sector before moving into an OPERS-covered position at a local university. He retired at age 60 in 2015 and currently spends his time fishing and exploring the outdoors.

51% allowance example

OPERS Pays.....\$665.40

Charles Pays\$494.21

Total cost\$1,159.61



Retiree premiums will vary based on age and years of service at retirement. The total premium costs shown include the \$74 premium reduction. The premium reduction does not apply to spouses, surviving spouses, dependents or re-employed retirees.

Pre-Medicare OPERS Retiree Health Plan Highlights

OPERS Retiree Health Plan administered by Medical Mutual

The chart on this page is a basic overview of the medical plan for anyone participating in the OPERS group health care plan and Pre-Medicare Re-Employed Plan (formerly known as the Medical Mutual Interim Plan) in 2018. Co-insurance, copays and plan design will not change in 2018 for both the OPERS Retiree Medical Mutual PPO Plan and the Pre-Medicare Re-employed Plan. The Pre-Medicare Re-employed Plan is identical to the OPERS Retiree Medical Mutual PPO Plan.

2018 OPERS Retiree Health Plan

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



Pre-Medicare Prescription Drug Plan

OPERS Prescription Drug Coverage Plan 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 in 2018. There are three changes for the upcoming year:

- The brand deductible will increase from \$200 to \$300, in part to encourage generic utilization.
- The specialty drug brand formulary maximum increases by \$50 to \$200; also in place to encourage generic utilization.

The current annual maximum out-of-pocket for prescription drug spend will increase by \$500, from \$1,950 to \$2,450.

2018 Prescription Drug Plan

Retail pharmacy network	55,000 pharmacies
Annual deductible(s)	\$100 (generics) \$300 (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 \$200 max
Specialty drugs - Biosimilar/Generic	40% co-insurance \$100 max
Value-based insurance design (VBID) - 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	\$2,450 (per ACA limits)

Pre-Medicare OPERS Retiree Health Plan Highlights



Pre-Medicare retirees should complete the Medical Mutual *Eye on Health Questionnaire*

The Medical Mutual *Eye on Health Questionnaire* serves as a tool to help OPERS Medical Mutual Plan participants learn more about personal health and steps to take to assist in achieving personal health goals. Results of the questionnaire point participants in the direction of available wellness resources that help set and meet goals that include staying healthy and managing and/or lowering the risk of chronic conditions.

One of the available resources is the Diabetes Prevention Program, or DPP. The DPP is a proven year-long program that focuses on healthy eating and physical activity and is offered through local YMCA's. Visit opers.org/videos to watch a testimonial video from an OPERS plan participant and learn more about what this program and others can do for you. To access the questionnaire, visit medmutual.com and sign into My Health Plan. Questionnaire completion is not required to participate in any of the wellness programs.

Diabetes is preventable.



Approximately **13,000** pre-Medicare plan participants have been diagnosed with diabetes



Another estimated **15,000+** are at risk for developing diabetes within the next **5 years**



Health care costs for pre-Medicare plan participants with diabetes are **greater than 2 times** the costs for those without diabetes



OPERS' prevalence of diabetes goes **beyond Ohio** which exceeds national statistics

OPERS Retiree Vision and Dental Plans

Optional vision and dental coverage information will be included in open enrollment materials. Both Medicare and pre-Medicare plan participants will receive information in early October.

- The OPERS vision plan administered by Aetna will not change plan design or premium amounts in 2018.
- The OPERS dental plan administered by MetLife will have a premium increase of less than \$3.00 which reflects changes in industry tax and increased use of higher-cost services; plan design will remain unchanged.

If you would like to make adjustments to your current optional OPERS vision and/or dental coverage, please refer to your open enrollment guide.



Seminar Event/Dates – Live Events

The OPERS Education Team is coming to a location near you!

The OPERS education team will host seminars around the state to help pre-Medicare retirees learn about *Transitioning to the Connector*. Seats are limited and registration is required.

Registration must be completed through your OPERS online account or by calling OPERS at 1-800-222-7377.

Seminars begin at 10 a.m.; see page 11 or visit opers.org for dates and cities.



Seminar Event/Dates – Live Events (continued)

New in 2018 . . . HRA seminars focused on How to Use Your Health Reimbursement Arrangement

The goal of this seminar is to help retirees who are enrolled in a plan through the Connector better understand and manage their HRA. Topics cover payment types, forms, common questions and online account features as well as important information for spouses and caregivers.

Seminars begin at 2 p.m. at each of the listed locations:

October 10

Toledo, OH

October 12

Cambridge, OH
Chillicothe, OH

October 17

Lima, OH

October 24

Cincinnati, OH
Portsmouth, OH

October 25

Strongsville, OH
Westlake, OH

October 26

Steubenville, OH

October 31

Independence, OH

November 1

Akron, OH

November 2

Athens, OH

November 7

Worthington, OH

November 9

Boardman, OH

November 14

Canton, OH
Columbus, OH

November 15

Zanesville, OH

November 16

Findlay, OH

November 29

Bellville, OH

November 30

Lancaster, OH



Listen from your living room

Log in to a "live" online webinar session. Register online by visiting the Educational Opportunities for Retirees section at opers.org. Open Enrollment webinars kick off in October.

Resources for Spouse Coverage

Health Insurance Marketplace

1-800-318-2596
healthcare.gov

Ohio Department of Aging/ Medicare Fraud Reporting

1-800-266-4346
aging.ohio.gov

Ohio Department of Insurance Consumer Services

1-800-686-1526
insurance.ohio.gov

Ohio Department of Job and Family Services/Ohio Medicaid

1-800-324-8680
jfs.ohio.gov/ohp
medicaid.ohio.gov

Medicare

1-800-633-4227
medicare.gov

Ohio Department of Health

1-800-342-0553
odh.ohio.gov

Ohio Senior Health Insurance Information Program (OSHIIP)

1-800-686-1578
insurance.ohio.gov

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

1-800-HHS-TIPS (1-800-447-8477)
stopmedicarefraud.gov

2018 Open Enrollment: Important Reminders

Open Enrollment is Oct. 15 through Dec. 7, 2017 with changes taking effect Jan. 1, 2018.



1 Open Enrollment packets will arrive in homes by mid-October.

If you are pre-Medicare: Packets include in-depth coverage details for 2018, a personalized open enrollment statement, a *Health Care Open Enrollment Change Form* and brochure containing documents OPERS is required to send annually.

If you are Medicare-eligible and have selected a Medicare plan through the OPERS Medicare Connector, administered by OneExchange: Packets will include an OPERS 2018 Vision and Dental Guide, personalized Open Enrollment Statement, a *Health Care Open Enrollment Change Form* and brochure containing documents OPERS is required to send annually. Retirees will receive an October newsletter from OneExchange with enrollment information. Medical/prescription drug changes must be coordinated with OneExchange; OPERS vision and dental plan changes must be coordinated with OPERS.

2 OPERS will continue to offer optional vision coverage administered by Aetna and dental coverage administered by MetLife to Medicare and pre-Medicare retirees and their dependents. Vision and dental plan cancellations are only accepted during open enrollment.

3 Eligible retirees may add or drop medical coverage for themselves and/or their dependents by phone or by filling out the *Health Care Open Enrollment Change Form*. Medical coverage can be dropped at any point in the year, however will be prospective.

4 **Disability benefit recipients:** Remember, if you started to receive a disability benefit on or after Jan. 1, 2014, OPERS health care coverage is only available during the **first five years of receiving a disability benefit**. If you wish to continue health care coverage through OPERS beyond this time period, you are required to enroll in Medicare due to a disability, or meet the minimum age and service requirements of age 60 and 20 years of qualifying service credit.

Because Medicare enrollment can take up to two years, OPERS strongly suggests you check with Medicare regarding your eligibility for coverage. You may qualify for health care coverage through Medicare even if you do not qualify for Social Security Disability Insurance (SSDI).

Open Enrollment Resources:

Aetna Vision

1-866-591-1913
aetnavision.com

MetLife Dental

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

OneExchange

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

Express Scripts

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

Medical Mutual

1-877-520-6728
medmutual.com

