OPERSNEWS

Fourth Quarter 2017

News and information for retired members of OPERS.





Look for phrases such as YOUR IMMEDIATE REVIEW REQUIRED and PLEASE OPEN TO REVIEW CHANGES MADE TO YOUR ACCOUNT on the outside of mailings.

Protecting your information

OPERS continually looks for ways to keep your personal information safe from fraud or unintentional exposure.

That's why we're adding key phrases to envelopes and emails to let you know when changes have been made to your account information. These statements will not only make you aware of unauthorized changes to your account, but also alert you to material that is time sensitive. We are putting these messages in place to further protect members and retirees like you from scams and other fraudulent activities.

For members who applied for disability benefits on or after Jan. 7, 2013:

Coming up on five years of receiving an OPERS disability benefit?

After five years, disability benefit recipients with an effective date on or after Jan. 1, 2014, must meet the minimum age and service credit requirements for health care eligibility or be enrolled in Medicare due to a disability to remain enrolled in the OPERS health care plan. 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 SSDI.

Applying for Social Security Disability Insurance

If eligible, disability benefit recipients (except for law enforcement) are *required* to apply for SSDI within 90 days of the application approval by the OPERS Board of Trustees.

Changing from *Own Occupation* to *Any Occupation*?

The exact timing of the change for each disability benefit recipient will vary based on benefit effective date and rehabilitative services selection point. Under the new

standard, recipients are no longer evaluated to determine if they are disabled from their last public employment position. Many disability recipients have already been evaluated using this new standard with more transitioning this year.

As long as you are continuously participating in rehabilitative services, the change to the *any occupation* standard will occur five years from your benefit effective date. The change to the *any occupation* standard will occur once your leave of absence expires which may be three years from your benefit effective date if you elect to not engage in rehabilitative services. The termination of benefits will occur when a position is found that the member can mentally and physically perform and also meet all of the following:

- a. The salary of the position replaces at least 75 percent of the member's inflation-adjusted FAS;
- b. The position is reasonably found in the member's regional job market;
- c. A position for which the member is qualified to do based on his/her education or experience.

Return *Employment and Earnings Statement* to avoid interruption of benefits

for Disability Benefit Recipients



Annually, OPERS disability benefit recipients are required to complete and mail an *Employment and Earnings Statement*, even if work did not occur in the previous year. The statement allows disability benefit recipients to report any employment as well as total earnings, employer information and job descriptions. Only income from employment should be reported; Social Security income, spousal support, child support and volunteer service is not required information.

Employment and Earnings Statements will begin to mail Feb. 13, 2018. If you do not mail back the completed statement, a second notice will be mailed March 13, 2018. Faxes cannot be accepted.



If OPERS does not receive your completed statement by April 15, 2018, your May disability benefit payment and subsequent payments will be held until we receive the form. In addition, if you do not provide this form, the Health Reimbursement Arrangement (HRA) deposit and any enrolled dependents in OPERS health care coverage will be terminated as of July 1, 2018.

Four tips for completing and submitting this form:

- 1. Provide your signature within the *Member Acknowledgment and Authorization* section.
- 2. Provide all requested employer notification (if employed in 2017) in Section 3
- 3. Provide the amount of total earnings within the *Employment Information* section.
- 4. Provide Social Security Disability Insurance (SSDI) declaration within the *Social Security Disability Insurance Income* section.

OPERS Board member passes away



OPERS Board of Trustees member, John Maurer passed away in November. Maurer served as an OPERS and Ohio Deferred Compensation Board member for two separate terms – from 1991 to 1994 as an active member representative and then again from 2009 to the present as a retiree member representative. Recently, Maurer was re-elected to the Board for a term that would have commenced Jan. 1, 2018. To fill the vacancy, OPERS will follow special election procedures next year. More details will be published in the coming weeks.

OPERS News

OPERS News is a quarterly newsletter providing news and information to retired members of the Ohio Public Employees Retirement System. This publication allows us to communicate vital information concerning retirement benefits to our members.

This newsletter is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for federal or state law, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code or Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney.

Contact information:

opers.org 1-800-222-7377 Monday - Friday 8 a.m. to 4:30 p.m. newsfeedback@opers.org

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OPERS Board of Trustees

For more information on the OPERS Board of Trustees, visit www.opers.org.

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Non-teaching College/ University Employees

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County Employees

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Vacant Retired Members

Cinthia Sledz Miscellaneous Employees

Ken Thomas Board Chair Municipal Employees

Steve Toth Retirees

Statutory Board Members

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Director, Department of Administrative Services

Appointed Board Members

Herman Mollmann Investment Expert, Governor Appointee

Robert Smith Investment Expert, Treasurer of State Appointee

James R. Tilling Investment Expert, General Assembly Appointee

Karen Carraher
Executive Director

OPERS benefit payments schedule

Pension benefit payments will be issued on the first business day of the month. If that day falls on a weekend or holiday, payments will be issued on the last business day of the previous month (except January when, for tax purposes, the payment must be issued on the first business day of the month).



- 2018 -

- Tuesday, Jan. 2
- Thursday, Feb. 1
- Thursday, March 1
- Friday, March 30

- Tuesday, May 1
- Friday, June 1
- Friday, June 29
- Wednesday, Aug. 1
- Friday, Aug. 31

- Monday, Oct. 1
- Thursday, Nov. 1
- Friday, Nov. 30
 - 2019 -
- Wednesday, Jan 2.



Legislative update

The Board has endorsed a series of recommended changes to the cost-of-living adjustment, or COLA, in order to help preserve the System for generations to come. These changes, anticipated to take effect in 2019 pending legislative action, would affect current and future retirees.

- Tying the COLA to the Consumer Price Index (CPI) and capping it at 2.25 percent.
- Delaying implementation of the new formula for those who retired with benefit effective dates of Jan. 1, 2010 through Jan. 1, 2013. Their CPI-based COLA would begin in 2021.
- Delaying COLAs for future retirees by two years.
 Future retirees will begin to receive a COLA on their second pension anniversary.

The next step is to present our recommendations to the Ohio Legislature, which must enact legislation for any of our recommendations to go into effect. We are hoping to have a bill introduced within the next few weeks.

Making these adjustments to the COLA will reduce our unfunded liabilities by approximately \$4 billion, helping to sustain the system. Thank you for your understanding as we did not come to these decisions lightly. Please be assured OPERS is devoted to providing a secure retirement for all members.

Please visit opers.org/cola for the latest updates, videos and answers to Frequently Asked Questions.



Medicare participants

Any changes you made to your medical or prescription drug plans during open enrollment will become effective Jan. 1, 2018. If you have questions regarding your medical or prescription drug plans, call OneExchange at 1-844-287-9945. While only OneExchange can answer questions or help you make changes to your individual Medicare plans, OPERS is still here to help and serve as your advocate if you're ever unable to get the help you need. If you still have questions pertaining to your health plan or HRA after talking with OneExchange, please contact OPERS at 1-800-222-7377. Any changes you made to your optional OPERS vision and/or dental coverage will become effective Jan. 1, 2018.

Reminders for Medicare participants

Beginning Jan. 1, 2018, spouses will not receive an HRA allowance; however, they will continue to have access to OPERS health care. If they choose to enroll in a new plan, they will need to dis-enroll from their current 2017 plan or it will automatically renew.

The annual \$300 HRA lump sum will be deposited in January. The \$300 is in addition to your monthly HRA deposit.

By the end of the year, all three claim reimbursement forms will have been enhanced with personalized barcodes, specific to your HRA account. Access these forms from your online OneExchange account or call OneExchange, 1-844-287-9945.

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Action needed: If you currently receive recurring reimbursement for Medicare Part B premiums, OPERS vision and dental premiums or premiums for plans that OneExchange does not offer auto reimbursement, you must resubmit claim forms for 2018. These forms must be submitted to OneExchange along with the required documentation.



No action needed: If you arranged auto reimbursement for plan premiums through OneExchange for 2017 and you do not change plans, these arrangements will continue as long as you remain enrolled in the same medical and/or pharmacy plan.

Pre-Medicare and re-employed participants

Any adjustments made to your OPERS medical or optional vision and/or dental coverage during open enrollment will become effective Jan. 1, 2018. Remember, if you or your spouse enrolled in a plan via the marketplace, you still need to dis-enroll from the OPERS plan or you will be charged this monthly premium.

If you have guestions regarding your medical or prescription drug plans, call One Exchange at 1-844-287-9945.



If you still have guestions pertaining to your health plan or HRA after talking with One Exchange, please call OPERS at 1-800-222-7377.



Get 2018 Ready!

Open Enrollment is behind us and 2018 is upon us. Each year we try to make it even easier for you to get ready for the next year and have access to information, when you need it, throughout the year. Below is a list of the most common topics we get asked about and what you need to know about each.

Important: 2018 benefit payment dates

Turn to page 3 for a list of key dates — snip it and clip it to the fridge. Or, if you'd rather, call OPERS at the end of each month and listen to the automated "Fast Facts" message for these important dates. Simply press 2 for "Fast Facts." No holding, just answers. (Remember, the January benefit cannot be issued until the first business day of January which is Jan. 2, 2018.)

Changes in your benefits

Any time there is a change in your monthly benefit amount we send you a Benefit Change Notice. You'll likely receive one in January due to changes in health care premiums—it will also be viewable through your OPERS online account, usually a few days prior to the end of the month. Then, if there are changes to the annual IRS tax tables (which affects your withholdings), another Benefit Change Notice will be issued in February.

Changing your tax withholding

Most retirees review their tax withholdings once they file taxes for the previous year. The best way to do this is through your online account, which allows you to see the impact the change will make to your net monthly benefit amount.

Tax documents

OPERS will mail the 1099-R and 1095-B documents by the end of January. If you would like to access them early, log into your OPERS online account. You can usually access them through your online account up to a week before they are mailed.

OPERS members are evaluated for disability from their OPERS-covered position, not as a person who is permanently disabled as defined by the IRS. As such, if you are a disability benefit recipient, Box 7 on your 1099-R will have a code number 7 or 2 depending on your age. Your tax advisor may incorrectly indicate this code should be a 3.

HRA reimbursements

Last year we were unable to accept requests to mail Health Care Premium Receipts until early January. Based on your feedback, we worked throughout the year to change this process. We are happy to report this year's Premium Receipts will automatically mail to all Medicare retirees with an HRA during the third week of December. Medicare retirees with an HRA need this receipt to set up recurring reimbursements for the following year. During this same time, OneExchange will mail personalized recurring reimbursement forms. Put the two mailings together and file for your reimbursements for 2018.





Stretch your health care dollars with these money saving tips

Insurance providers such as Medical Mutual provide cost-saving resources for plan participants seeking health care. Below is a sampling of what plan participants have access to under the OPERS plans administered by Medical Mutual. If you are covered under another health plan, find out if your insurance provider offers similar cost-saving tools.



Save money on lab costs, get to know the coverage maximum.

This is the maximum amount Medical Mutual will pay for 40 common lab tests done by SuperMed network providers. Save money on lab work by using providers whose rates do not exceed the coverage maximum, as costs above this amount are the plan participant's responsibility. OPERS plan participants can visit medmutual.com or call 1-877-520-6728 for more details.



Compare the cost of treatment.

Did you know providers can charge different amounts for the exact same service? For example, imaging services like MRIs and CAT scans are usually much more expensive when done at a hospital versus a free-standing imaging center. Using a tool like Medical Mutual's **My Care Compare** provides you with information on estimated cost, patient satisfaction, service locations and more. Log into your secure My Health Plan account or call Medical Mutual at 1-877-520-6728 to learn more.



Save a dollar, use a Medical Home.

A Medical Home is not a physical destination, but a team of health care professionals led by a primary care physician (PCP) working together to provide comprehensive and coordinated care. Your insurance plan may offer extra savings when Medical Homes are used. For example, OPERS offers a lower copay for an office visit from a SuperMed Network provider recognized as a Medical Home through the Medical Mutual plan. Talk to your doctor or access the medmutual.com provider search tool to find out if your PCP is a part of a Medical Home.



Save a few more dollars, use your plan resources.

For most plans including the OPERS Medical Mutual plans, preventive tests and services recognized by the U.S. Preventive Services Task Force are covered at 100 percent and are not subject to the plan deductible. Get to know your plan offerings and call your insurance provider with any questions.



Know your prescription medication options.

Prescription drugs are commonly categorized into tiers that range from lower cost generic medications to higher-cost specialty drugs.

- Ask your doctor if a generic or lower-cost version of your prescribed medication is available and right for you.
- Use a network retail pharmacy to receive the lowest cost brand and generic medications.
- Check with your doctor if the brand medication being prescribed is a formulary brand medication.
- If you are pre-Medicare, take advantage of drug manufacturer coupons to help reduce your cost share for specialty drugs (per Centers for Medicare and Medicaid Services rules, Medicare participants cannot use coupons).





More than 90 percent of OPERS retirees are familiar with Advance Directives — living wills and health care power of attorney — but only 75 percent of Medicare beneficiaries and 50 percent of pre-Medicare retirees have them in place.

Advance directives — does your family know your wishes?

No matter your age, it's important to share your health care wishes with loved ones and doctors if medical decisions need to be made on your behalf.

Having advance directives – a living will and health care power of attorney – and sharing them will insure your instructions are followed. If you don't have advance directives yet, visit the Planning Ahead section under Health Care at opers.org for ideas on how to jump-start conversations.

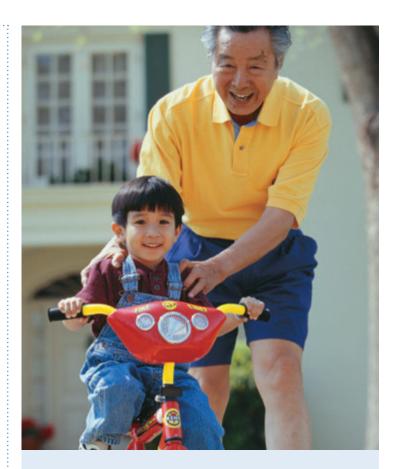
Eye on Health

for the OPERS pre-Medicare plan participant

If improving personal wellness is on your New Year's resolution list, consider taking the Medical Mutual Eye on Health questionnaire in January. By completing the questionnaire, Medical Mutual plan participants will learn about available wellness resources designed to help them set and meet goals, stay healthy, lower the risk of and/or manage their health and any common chronic conditions. Access the Eye on Health questionnaire by logging in to your My Health Plan account at medmutual.com. The questionnaire is not required to take advantage of any of the programs listed, but is an excellent resource to help guide you on your personal wellness journey.

Resources include:

- Healthy U
- QuitLine
- Weight Watchers
- Lifestyle Coaching
- Case Management
- Diabetes
 Prevention Program



For more information on these programs, visit the Health and Wellness section at opens.org.

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