



2019 Health Care Open Enrollment

Runs Oct. 15 - Dec. 7

Changes take effect in January 2019.

Packets will arrive mid-October.

OPERS offers access to health care coverage options including medical, prescription drug, vision and dental plans. As open enrollment approaches, think about your health care needs and what's best for you and your family.

Subsidy changes for Medicare-eligible and pre-Medicare plan participants

OPERS will not extend the annual \$300 deposit for Medicare-eligible retirees into 2019. The subsidy was provided for three years (2016-2018) to help offset out-of-pocket costs due to the Medicare prescription drug coverage gap. Pre-Medicare participants will receive a \$49 premium reduction to help offset costs, \$25 less than in previous years.

OPERS pre-Medicare plan participants

While OPERS continues to pay the majority of the cost for coverage, pre-Medicare plan participants will see a slightly higher cost share in the monthly premium amount. An increase in medical claim costs, prescription drug use and price resulted in changes to deductibles, co-insurance, copays and out-of-pocket maximums.

Spouses under age 65 can enroll in the OPERS Retiree Health Plan administered by Medical Mutual. Pre-Medicare spouses must pay the full monthly premium of \$1,305.95.

OPERS Medicare Connector plan participants

If you are enrolled in a plan through the Connector, review your plan to see if it still meets your needs for the upcoming year. Please note:

- If there are changes to your current plans, your insurance carriers will notify you.
- If you decide to keep your current plan, you do not need to re-enroll.
- If you'd like to explore new coverage options, call Via Benefits at 1-844-287-9945 between Oct. 15 and Dec. 7.
- Spouses will continue to have access to health care plans through Via Benefits and will remain enrolled in their selected plan unless coverage is cancelled.



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

Open enrollment

For Medicare-eligible plan participants

The OPERS Medicare Connector

Making changes?

- Contact Via Benefits during open enrollment to review your medical coverage options.
- Contact OPERS for vision, dental and pre-Medicare plan changes.
- Check with Via Benefits to determine if automatic reimbursement is an option if you change plans. An existing auto reimbursement setup does not transfer between carriers.

No changes? No problem.

If you choose to keep your current medical plan, it will automatically continue into 2019. If you're using automatic reimbursements, they will also continue through 2019.

Your health reimbursement arrangement

You must submit recurring reimbursement forms each year. This includes your 2019 Medicare Part B and OPERS vision and dental premiums as well as medical and prescription drug plan premiums that are not set up for automatic reimbursement. The OPERS Health Care Premium Receipt mails in December. It should be used to re-establish recurring premium reimbursements. Use the Recurring Medicare Part B form for Medicare Part B expenses and the Recurring Premium form for your OPERS vision and dental premiums.

Reimbursement claim forms are available through your online Via Benefits account or by calling Via Benefits at 1-844-287-9945. Eligible reimbursement expenses include:

- Medical premiums
- Vision premiums
- Dental premiums
- Medicare Part B premiums
- Prescription drug costs
- Copays
- Deductibles
- Co-insurance

A \$2.33 fee is deducted from your health reimbursement arrangement each month to cover the cost of administering your account.

Medical Mutual Medicare Plan

The Medical Mutual Medicare Plan is like a traditional Medicare supplement plan. It pays 80 percent co-insurance after Medicare pays the primary insurance. The out-of-pocket maximum for this plan is \$1,000. You can enroll in the Medical Mutual Medicare Plan if you are eligible for OPERS health care but are re-employed or not eligible to select a plan through the Connector, or participate in the health reimbursement arrangement.

A photograph of a male doctor with a beard, wearing a white lab coat over a blue button-down shirt, smiling and gesturing with his hands while talking to an elderly woman. The woman is seen from the side, wearing a pink top. They are in a pharmacy setting with shelves of medicine in the background. The image is framed with a white circular border.

Please consider these tips as you think about 2019 health care plan options:

- ✓ **Review your current medical and prescription drug plan.** If your health condition, medication or medical providers have changed in the last year, consider if your current plan will meet your needs next year.
- ✓ **Look for adjustments in plan design, premium cost and the prescription drug list.** If you want to explore other plans or switch from a Medicare Advantage plan to a Medigap plan, ask how medical underwriting may apply.
- ✓ **Watch out for scams.** You may receive calls and mail from other insurance agents and/or brokers offering medical and prescription drug plans. To remain eligible for your health reimbursement arrangement allowance, you must enroll in a medical plan through Via Benefits.

Open enrollment

Open enrollment for pre-Medicare retirees

If you are not yet eligible for Medicare, you may choose to enroll in the **OPERS Retiree Health Plan**, administered by Medical Mutual. This plan is a network/PPO plan that gives you access to an extensive list of doctors, hospitals and other health care professionals.

If you are not yet eligible for Medicare and are re-employed, you may be interested in the **Pre-Medicare Re-employed Plan**, also administered by Medical Mutual. Plan features and costs are similar to the OPERS Retiree Health Plan and include a prescription drug plan.

If you're currently enrolled, you'll notice the following changes for the upcoming year:

1. Annual deductible increases from \$1,000 to \$1,200.
2. Out-of-pocket maximum increases from \$3,900 to \$4,250.
3. Co-insurance for emergency room facility fees, skilled nursing, home health and hospice decreases from 100 percent to 75 percent.
4. Adjusted preventive service coverage to meet ACA guidelines.



OPERS vision and dental plans

All retirees and eligible dependents are eligible for vision and dental coverage. Plans may only be changed or cancelled during open enrollment.

Plan adjustments for 2019 reflect changes in marketplace standards and inflation. Detailed plan coverage information is available in your plan administrator's *Certificate of Coverage* document. If you are dually enrolled in a vision and/or dental plan with OPERS and Via Benefits, take some time to review your coverage and needs to determine if both plans are needed.

Dental plan, administered by MetLife

Changes: High option plan annual maximum in-network benefit: \$2,000 (previously \$1,750)

2019 Monthly Premium - Dental Plan

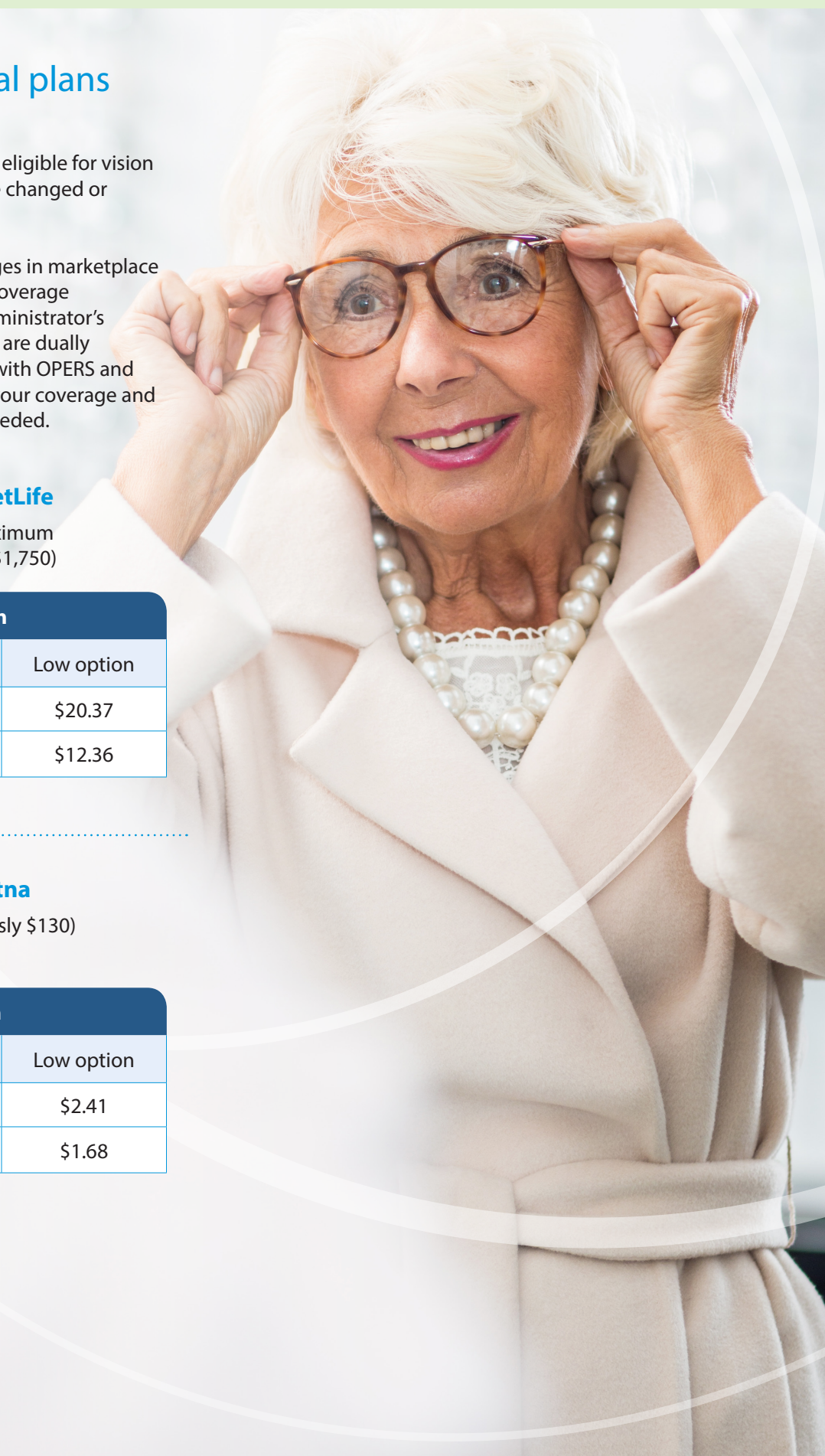
	High option	Low option
Retiree/spouse	\$34.32	\$20.37
Child	\$20.39	\$12.36

Vision plan, administered by Aetna

Changes: Frame benefit: \$140 (previously \$130)

2019 Monthly Premium - Vision Plan

	High option	Low option
Retiree/spouse	\$6.02	\$2.41
Child	\$4.66	\$1.68



Health care allowance

OPERS pays a portion of the full cost of health care coverage based on your age when you first enroll in the OPERS health care plan and your qualifying years of service for health care at retirement. Use the table below to find your allowance percentage and refer to the examples on the following page to better understand how your percentage is used to determine your annual cost.

Health Care Allowance Percentage		This chart applies to those with a retirement effective date on or after Jan. 1, 2015. For a majority of those retired prior to this date, the allowance does not fall below 75 percent.				
Years of Service / Age	60	61	62	63	64	65+
20	51%	54%	57%	60%	63%	66%
21	53%	56%	59%	62%	65%	68%
22	55%	58%	61%	64%	67%	70%
23	57%	60%	63%	66%	69%	72%
24	59%	62%	65%	68%	71%	74%
25	61%	64%	67%	70%	73%	76%
26	63%	66%	69%	72%	75%	78%
27	65%	68%	71%	74%	77%	80%
28	67%	70%	73%	76%	79%	82%
29	69%	72%	75%	78%	81%	84%
30	71%	74%	77%	80%	83%	86%
31	73%	76%	79%	82%	85%	88%
32	75%	78%	81%	84%	87%	90%
33	76%	79%	82%	85%	88%	90%
34	77%	80%	83%	86%	89%	90%
35	78%	81%	84%	87%	90%	90%
36	79%	82%	85%	88%	90%	90%
37	80%	83%	86%	89%	90%	90%
38	81%	84%	87%	90%	90%	90%
39	82%	85%	88%	90%	90%	90%
40	83%	86%	89%	90%	90%	90%
41	84%	87%	90%	90%	90%	90%
42	85%	88%	90%	90%	90%	90%

Pre-Medicare retirees

The health care allowance is the monthly amount provided to you by OPERS to offset the total cost of your monthly premium. Pre-Medicare spouses are responsible for the full cost of the health care premium amount. **The 2019 full monthly adult premium is \$1,305.95.**



Paul

- Retired at 62
- Worked 29 years in an OPERS-covered position

Calculate your premium cost

1. Refer to the Health Care Allowance Table on the previous page to determine your allowance percentage. This number represents the percentage of the full monthly premium OPERS pays.
2. Multiply the full monthly premium amount (\$1305.95) by your allowance percentage. The remainder is what you will pay as a monthly premium. In 2019, your monthly premium will be further reduced after the \$49 premium reduction is applied.

Using the percentage table, Paul determines he is responsible for 25 percent of the monthly premium cost.

$$\begin{array}{|c|} \hline \$1,305.95 \\ \hline \text{2019} \\ \hline \text{premium cost} \\ \hline \end{array} \times \begin{array}{|c|} \hline 0.25 \\ \hline \text{Paul's} \\ \hline \text{responsibility} \\ \hline \end{array} = \begin{array}{|c|} \hline \$326.49^* \\ \hline \text{Paul's monthly} \\ \hline \text{premium} \\ \hline \end{array}$$

OPERS pays the remaining 75% (\$979.46)

*In 2019, Paul's premium will be reduced to \$277.49 after the \$49 premium reduction is applied.

Medicare-eligible retirees

If you are enrolled in Medicare Parts A and B and select an individual Medicare plan through the Connector, the health care allowance percentage is reflected in the monthly deposit to your health reimbursement arrangement account. **You receive a percentage of the maximum base allowance of \$450.**



Dave

- Retired at 67
- Worked 23 years in an OPERS-covered position

Calculate your allowance

1. Refer to the Health Care Allowance Table on the previous page to determine your allowance percentage. This number represents the percent of the maximum allowance you'll receive.
2. Multiply the health reimbursement maximum amount (\$450) by your allowance percentage. The result reflects the amount deposited monthly into your health reimbursement arrangement.

Using the percentage table as a guide, Dave determines he will receive 72 percent of the base allowance amount each month.

$$\begin{array}{|c|} \hline \$450.00 \\ \hline \text{Maximum} \\ \hline \text{amount} \\ \hline \end{array} \times \begin{array}{|c|} \hline 0.72 \\ \hline \text{Dave's} \\ \hline \text{allowance} \\ \hline \end{array} = \begin{array}{|c|} \hline \$324.00 \\ \hline \text{Dave's monthly} \\ \hline \text{allowance amount} \\ \hline \end{array}$$

Reminders and resources



Reminders

- ✓ **Eligible dependents, which include spouses,** have access to health care coverage.
- ✓ **You can cancel medical coverage over the phone.** The *Health Care Open Enrollment Change Form* can be used to enroll, change or cancel coverage. You **cannot** use the phone as a method to enroll or change coverage. Medical coverage can be cancelled at any point in the year, and will have an effective date of the following month.
- ✓ **If you received 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. To continue health care coverage through OPERS beyond this time period, you must enroll in Medicare due to a disability, or meet the minimum age and service requirements.
- ✓ **Check with Medicare regarding your coverage eligibility.** Medicare enrollment can take up to two years. You may qualify for health care coverage through Medicare even if you do not qualify for Social Security disability insurance.
- ✓ **OPERS requires documentation within 30 days of receiving your Medicare eligibility confirmation from Social Security.** Your health care coverage will be terminated if we don't receive notification within this time frame and you will be responsible for repaying OPERS the cost of claims incurred, dating back to your Medicare effective date. Request a letter from Social Security with:
 1. The date Social Security provided notification of eligibility and
 2. Your Medicare Parts A and B effective dates

Alternative health care options

The resources below will help you or your spouse explore the health care options available through the open marketplace or federal government. If you choose a different plan, you will still need to cancel OPERS coverage during open enrollment.

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

Partner resources

Questions about plan coverage or next year's formulary list? Contact one of our partners below. If you're enrolled in a plan through the Connector, contact your insurance carrier with questions about premium increases, plan coverage and formulary changes.

Aetna Vision

1-866-591-1913
aetnavision.com

Express Scripts

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

MetLife Dental

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

Medical Mutual

1-877-520-6728
medmutual.com

Via Benefits

1-844-287-9945
my.viabenefits.com/OPERS