

OPERS Health Care



Understanding the Basics 2020:

*Medicare and the OPERS Medicare Connector
administered by Via Benefits™*

Inside this guide

- What to expect
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Introduction



This guide reviews important steps to take for enrolling in Medicare and a medical/prescription drug plan through the OPERS Medicare Connector, administered by Via Benefits as well as high level information about managing your Health Reimbursement Arrangement (HRA). It is important to understand what to expect and how to prepare in the months leading up to selecting a plan.

Selecting a plan

1. **Enroll in Medicare Parts A and B with Social Security.** Medicare covers about 80 percent coverage and is considered your primary insurance.
2. **Call Via Benefits** to schedule your enrollment call.
3. **Run an estimate using the online health care estimator tool** to find your personalized monthly health reimbursement arrangement allowance amount. The tool is accessible through your online OPERS account.
4. **Enroll in your plan(s)** either online or during your scheduled enrollment call.

Communications to expect

Keep an eye out for important communications from Social Security, Via Benefits and your insurance carrier.

 110 days prior to 65th birthday	Via Benefits mails you an <i>Enrollment Guide</i> .
90 days prior to 65th birthday	Social Security notifies you that you are now eligible to enroll in Medicare.
Seven to 10 days after enrollment call	Via Benefits mails a <i>Selection Confirmation Letter</i> . This letter restates what was discussed on your call. It is not enrollment confirmation. You will receive a <i>Plan Acceptance Letter</i> from your insurance carrier when your application is processed.
 Two to three weeks prior to plan coverage effective date	Via Benefits mails the <i>Getting Reimbursed Guide</i> .

Medicare Basics

Medicare is federal health insurance for those 65 and older, under age 65 with certain disabilities and any age with end-stage renal disease. Medicare costs vary depending on plan, coverage and the services used.

	Medicare Part A HOSPITALS	Medicare Part B OUTPATIENT SERVICES
Coverage includes	Inpatient care in hospitals and some skilled nursing facilities; some health and hospice care	Doctor's services (physicians and specialists) and some lab work, X-rays, therapy and durable medical equipment
Coverage does not include	Long-term nursing home stays or non-medical, in-home care	Vision, dental or non-prescription drugs and supplies
Eligibility needs	40 quarters of Medicare Social Security credit, meaning the participant and employer paid for Medicare Part A through payroll deductions, or the participant worked for a job covered by Social Security - OR - Through a spouse's work record, if the participant does not have enough quarters to receive Medicare Part A at no cost	Participants are eligible to enroll at the age of 65 or with a qualifying illness or disability
Note	Most public employees pay into Medicare even though they don't pay into Social Security	There is a monthly premium based on income

	Medicare Advantage (Part C) REPLACES MEDICARE PARTS A AND B, AND PROVIDES HIGHER COVERAGE.	Medicare Part D PRESCRIPTIONS	Medigap INSURANCE THAT FILLS IN THE "GAPS" WHERE MEDICARE PARTS A AND B LEAVE AN INDIVIDUAL UNCOVERED.
Coverage	Sometimes covers vision and dental. Plan is usually combined with Medicare Advantage Prescription Drug (MAPD) plan.	Prescription drugs including generic, brand name and specialty drugs at participating retail pharmacies and home delivery	<i>Prescription drug coverage is not provided.</i> Individuals who select this generally also select a Medicare Part D prescription drug plan
Private Company Plans	Medicare Advantage plans have provider networks. • HMO: Health Maintenance Organizations • PFFS: Private Fee-for-Service • PPO: Preferred Provider Organizations	Prescription drug coverage is a separate policy for Medigap plans purchased from a private prescription drug company.	Medigap plans do not have networks, therefore policy holders can use any provider who accepts Medicare
Premiums	Monthly premiums vary	Monthly premiums vary	Monthly premiums are higher but often have little or no out-of-pocket costs for medical services

Enrollment

The Social Security Administration permits enrollment in Medicare Parts A and B during certain times depending on your circumstances. While most have access to premium-free Medicare Part A coverage, there is a monthly premium for Medicare Part B coverage. You must be enrolled in Medicare Parts A and B to be eligible for the Connector.

Enrollment periods

- **Initial enrollment period:** three months before and after 65th birthday
- **General enrollment period:** Jan. 1 through March 31 with an effective date of July 1
- **Annual Medicare plan enrollment:** Oct. 15 through Dec. 7
- **Special enrollment period:** occurs when you are 65 or older and your coverage, or your spouse's coverage ends through an employer
- **Early Medicare:** if you qualify, enroll and call OPERS



Proof of Medicare enrollment must be provided to OPERS if you or your eligible dependent qualifies for Medicare before reaching age 65. It is your responsibility to inform OPERS immediately and send proof of Medicare enrollment.

Medicare Part A reimbursement

Public employees hired prior to April 1986 were not required to pay Medicare tax through their public employer. If you, during your public employment career, did not pay this tax, you do not have access to Medicare Part A without paying a monthly premium. **Ohio law allows OPERS to provide premium reimbursement to those who are not eligible for premium-free Medicare Part A.** As a Medicare-eligible OPERS retiree, you are required to enroll and pay the monthly premium for Medicare Part A coverage through the Centers for Medicare and Medicaid Services. Please contact OPERS to obtain the *Medicare Part A Reimbursement Form*.

If you do not qualify for premium-free Medicare Part A:

- Medicare Part A reimbursement is **100 percent** of the Medicare Part A premium plus, if applicable, a **10 percent** surcharge for late enrollment.
- Medicare Part A reimbursement is **50 percent** of a spouse's Medicare Part A premium plus, if applicable, a **10 percent** surcharge for late enrollment.

Connector Basics

Via Benefits administers the OPERS Medicare Connector. They help participants find and enroll in an individual Medicare plan to supplement the coverage provided by Original Medicare. Via Benefits offers one-on-one phone consultations to participants enrolled in Medicare Parts A and B. Licensed Benefit Advisors can help you select a plan that complements your lifestyle and budget.

Via Benefits can assist you throughout the year. Specially trained staff will answer questions about your current medical or prescription drug plan, coordinate 3-way calls with insurance carriers to help you understand billing information and assist with online account setup. They can also explain reimbursement requests and more. For more information about Via Benefits, visit My.ViaBenefits.com/OPERS.

Preparing for enrollment

- **Schedule an enrollment call with Via Benefits** by calling toll-free, 1-844-287-9945. Scheduling an appointment ahead of time is optional.
- **Create a Via Benefits personal profile** at My.ViaBenefits.com/OPERS.
- **Research plan options** ahead of your scheduled appointment at My.ViaBenefits.com/OPERS.
- **Prepare to make medical and pharmacy plan selections.** Read the *Enrollment Guide* from Via Benefits. Think about physician and health care provider names, prescription drugs and the number of planned visits and procedures in the next year.
- **Before you dial**, have your Medicare card, form of payment, list of medications and list of current doctors handy.



For more information about the enrollment process and to view instructional videos, visit My.ViaBenefits.com/OPERS.

Health Reimbursement Arrangement Allowance

Once you're enrolled in a medical plan through the Connector, a monthly allowance is deposited into a Health Reimbursement Arrangement, or HRA, also administered by Via Benefits. As the retiree, the HRA is in your name.

The amount of monthly allowance depends on your years of qualifying service and age when you first enrolled in the OPERS health care plan. Rolled into this amount is a \$2.33 administrative fee deducted monthly from your HRA balance. OPERS provides the HRA allowance tax-free because it is a tax-favored plan that reimburses only qualified medical expenses. Retirees are required to pay the expense first, then seek reimbursement from the HRA plan.

Health Reimbursement Arrangement Allowance (continued)

Discover your allowance amount one of two ways

1. **Run an estimate** using the health care estimator tool located in your OPERS online account.
2. **Refer to your OPERS personalized allowance statement**, sent a few months prior to turning 65.



You can use your allowance toward the reimbursement of your individual Medicare plan premium (including medical and prescription plans). Remaining allowance dollars can be used to reimburse:

- Medicare Part B premium
- Vision and dental plan premiums
- A spouse's premium and other eligible expenses
- Qualified out-of-pocket medical expenses as defined by IRS publication 502

About health reimbursement allowances

- **Via Benefits must be the Agent of Record** in order for you, the retiree, to receive the monthly allowance amount. This means that you must enroll in a medical plan through the Connector. If you enroll in a plan through a private broker or insurance agent, your eligibility for the HRA plan is forfeited.
- **Account balances roll over** month-to-month and year-to-year.
- **You cannot be re-employed in an OPERS-covered position and receive an HRA allowance.** Refer to the *Returning to Work After Retirement* leaflet or *Re-employed and Health Care Coverage Fact Sheet* located at opers.org for more information.
- **Additional information about the HRA plan is available** in the *Via Benefits Getting Reimbursed Guide* located at My.ViaBenefits.com/OPERS. It will also be mailed to you two to three weeks prior to your individual Medicare plan coverage effective date.



Granting Caregiver Access to Your Health Reimbursement Arrangement

If you would like a friend or loved one to help you with your health care decisions, you have options to give them access to your HRA. For example, you can name a caregiver as an Authorized Representative. This means they'll have access to manage your HRA. How much access you give them, limited or full, is up to you. Call Via Benefits at 1-844-287-9945 to set this up. You could also make arrangements for a Financial or Durable Power of Attorney which grants a person a higher level of permission on your HRA. Work with a legal advisor to set up any type of Power of Attorney and then notify Via Benefits.

Resources



Medicare
1-800-MEDICARE
(1-800-633-4227)
medicare.gov



OPERS
1-800-222-7377
opers.org



Medicare Fraud Reporting Pro-Seniors (also legal services)
1-800-488-6070
proseniors.org



Ohio Senior Health Insurance Information Program (OSHIIP)
1-800-686-1578
insurance.ohio.gov



Ohio Department of Aging
1-800-266-4346
aging.ohio.gov



Social Security Administration
1-800-772-1213
ssa.gov



Ohio Department of Health
1-800-342-0553
odh.ohio.gov



U.S. Dept. of Health & Human Services Office of Inspector General
1-800-HHS-TIPS
(1-800-447-8477)
medicare.gov/fraud



Ohio Department of Insurance Consumer Services
1-800-686-1526
insurance.ohio.gov



Via Benefits
(toll-free) 1-844-287-9945
My.ViaBenefits.com/OPERS



Ohio Department of Job and Family Services Ohio Medicaid
1-800-324-8680
jfs.ohio.gov/ohp

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