

2010 OPERS Health Care

Health Care coverage for 2010 for OPERS retired members was presented by Devon Hooper and Jason Davis, OPERS Health Care Educators. They were assisted with Q&A by Jill Nichols from Medical Mutual, Christa Graff from Humana, and Angela McKay from Express Scripts. Al Bartfay presided at the session.

Changes in health care administrators for 2010 were announced and reasons for changes were explained. Beginning January 1, 2010, Humana will administer the plan for Medicare recipients and Medical Mutual will administer the plan for non-Medicare members (those under age 65). Exceptions are covered families that include a Medicare member and a non-Medicare member. They will be enrolled with Medical Mutual until the non-Medicare spouse is eligible for Medicare; then both will automatically be enrolled in Humana. In northeastern Ohio, retirees currently enrolled with AultCare or Kaiser will continue with that coverage. Beginning January 1, 2010, Aetna will not administer health care coverage for OPERS members, except for vision, dental, and Retiree Medical Accounts (RMA). However, any medical claims to be covered by Aetna will be honored through December 31, 2009.

The change in administrators resulted from the regular 3- to 5-year review, in which health care vendors responded to the OPERS Request for Proposals (RFP). Vendors who were selected offered the most aggressive pricing to OPERS (including better discounts and lower administrative fees), the least disruption to members, the largest physician and hospital network in the region, and a willingness to work with OPERS and other retirement systems to improve quality of service to members.

If a member's physician or hospital is not in the network, Humana will outreach to those providers. One requirement is that the physician must accept Medicare patients. Members should receive a health care provider directory by the end of 2009. If your provider is not in the Humana network, you can nominate your provider; however, this is not a guarantee that Humana will contract with your provider.

Medicare Mutual offers three plans based on premium costs: The Enhanced Plan (highest premium, lowest out-of-pocket costs), the Intermediate Plan (middle level premiums and out-of-pocket costs), and the Basic Plan (lowest premium and highest out-of-pocket costs for deductibles, coinsurance, etc.)

The Humana Medicare Advantage Plan: Claims are sent to Humana using one identification card. (Humana and Medicare are tied into this one card.) The annual deductible for health care is \$250. After the deductible is met, Humana pays for most services at 96% and the member pays 4%.

For 2010, health care providers in or out of the network of providers will be paid at the same coverage level. This may change beyond 2010.

Prescription Coverage: Express Scripts will continue to administer prescription coverage. Thirty-day supplies are available at retail pharmacies; 90-day supplies, through mail order only. Co-pay for generic drugs will be \$4 (up from the current \$3) for members enrolled in Humana or the Medical Mutual Enhanced plan. For formulary brands, co-pay will go up to \$20 from the current \$15. These copays reflect coverage for those in the Enhanced Plan and those who will be enrolled in Humana.

Plan design changes are listed and explained in detail in the **2010 Open Enrollment Guide for the OPERS Health Care Plan**. Members should have received this mailing in September. The

2010 Open Enrollment period ends on October 31, 2009. One notable change is that retirees will share more of their health care costs. This is necessary in order to preserve the OPERS health care plan and allow them to continue to provide coverage to members in the future.

During the 2010 Open Enrollment Period, retirees may call OPERS or complete the Open Enrollment Change Form included in the booklet in their packet to change levels of coverage for vision, dental, and medical coverage. The Open Enrollment Form must be completed to add new coverage or add a new dependent. Non-Medicare retirees are locked into the level selected for the 2010 plan (Enhanced, Intermediate, or Basic) for two years.

Questions

Q: What if I (or my spouse) turn 65 in mid-year?

A: You must apply to Social Security for Medicare coverage about 60 days before your 65th birthday anniversary. OPERS sends the member a reminder. When you receive the Medicare card and a statement from Social Security indicating that you are eligible and the date of eligibility, you need to send a copy of both the notification and the card to OPERS. OPERS will automatically enroll you in Humana on the first of the month you turn 65, as long as your covered spouse has Medicare as well.

Q: How about pre-existing conditions?

A: No problem. Pre-existing conditions are not considered.

Q: How do I know whether a health care provider is in the network?

A: Members should receive a health care provider directory by the end of this year. If your health care provider is not included, call Humana. They will outreach to your provider.

Q: What about the Wellness Program? Wellness Programs provide free health care information and free gym memberships through the Silver Sneakers program for members in Medicare.

A: This plan uses the Silver Sneakers network. Check with Humana (1-877-890-4777) to learn whether a selected fitness center is participating with Silver Sneakers, or access silversneakers.com.

Q: Will the shingles vaccine be covered in 2010?

A: No. But persons currently with Medical Mutual may get the vaccine before the end of 2009 and be reimbursed.

Important Phone Numbers

Humana	1-877-890-4777
Medical Mutual	1-877-520-6728
Express Scripts	1-866-727-5873