



# Health Care Coverage

*Resources for Retirement Information Series*



The 11-member OPERS Board of Trustees is responsible for the administration and management of OPERS. Seven of the 11 members are elected by the groups that they represent (i.e., college and university non-teaching employees, state, county, municipal, and miscellaneous employees, and retirees); the Director of the Department of Administrative Services for the State of Ohio is a statutory member, and three members are investment experts appointed by the Governor, the Treasurer of State, and jointly by the Speaker of the Ohio House of Representatives and the President of the Ohio Senate.

For a current listing of OPERS Board members, please visit [opers.org](http://opers.org)

It is your responsibility to be certain that OPERS has your current address on file. If OPERS is not made aware of address changes, we cannot guarantee that you will receive important information pertaining to your OPERS account.

This booklet is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for the federal or state law, namely the Ohio Revised Code, the Ohio Administrative Code, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Ohio General Assembly, regulation of the Ohio Public Employees Retirement Board, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney. OPERS is not required to provide health care coverage to retirees or their dependents and will only do so at the discretion of the Board of Trustees.

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# Health Care Coverage

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The OPERS health care program provides access to group coverage or access to funding that provides reimbursement for qualified health care expenses. The type of pension plan, Traditional, Combined or

Member-Directed, you chose early in your public career and your Medicare status will determine what health care program options you have available. The following explains these options:

## Member-Directed

**Medicare and Pre-Medicare** – You have access to the vested portion of your Retiree Medical Account (RMA) that accumulated during your public employment. Access to these funds is based on a vesting schedule and requires separation from public employment. Medicare-eligible retirees may use the services of the OPERS Medicare Connector

administered by Via Benefits™, but no additional funding is provided by OPERS. The program options described throughout the rest of this publication do not apply to Member-Directed Plan participants. Information on the Member-Directed RMA can be found at [opers.org](http://opers.org).

## Traditional Pension or Combined Plans

**Medicare-Eligible** – With enrollment in a Medicare Supplement or Medicare Advantage plan through the OPERS Medicare Connector administered by Via Benefits you will have access to a Health Reimbursement Arrangement (HRA) which provides a monthly allowance for reimbursement of qualified medical expenses including premiums, copayments and other out-of-pocket expenses.

**Medicare-Eligible, Re-Employed** – As a re-employed retiree you do not have access to or continued deposits into an HRA. Employer coverage, if offered, becomes primary health care coverage while re-employed. OPERS offers group coverage for Medicare-eligible re-employed retirees through the Medical Mutual Medicare Plan. This plan includes prescription coverage administered by Express Scripts. The premium is partially subsidized by OPERS based on your years of service and age at retirement.

**Pre-Medicare** – You have access to group coverage through the OPERS Health Care Plan administered by Medical Mutual. This plan includes prescription coverage administered by Express Scripts. OPERS offers a partial premium subsidy for this coverage based on your years of service and age at retirement.

**Pre-Medicare, Re-Employed** – OPERS offers group coverage for Pre-Medicare re-employed retirees through the Pre-Medicare Re-employed Plan, administered by Medical Mutual. This plan includes prescription coverage administered by Express Scripts. The premium is partially subsidized by OPERS based on your years of service and age at retirement.

# Health Care Coverage

## Qualifying for Health Care Coverage under the Traditional and Combined Plan

### Pension and health care eligibility:

As an OPERS member, your retirement security is our mission. But it's not always clear *when* members qualify both for their pension benefit and access to health care coverage through OPERS. This guide will help.

### THE BASICS



Ohio law states that OPERS must pay eligible members a retirement benefit. Ohio law does not require OPERS to provide health care coverage.



OPERS currently offers health care coverage to retirees 60 or older with at least 20 years of qualifying service, and to all retirees with 30-32 years of qualifying service depending on their group.



You must be eligible for and receiving a retirement benefit before you can have access to health care coverage through OPERS.

### YOUR SITUATION

#### What type of position do you work in?

The information in this guide applies to all OPERS-covered positions except law enforcement and public safety. If you're working in a law enforcement or public safety position, please see the Law Enforcement/Public Safety Officers leaflet on our website.

#### What retirement group are you in?

All OPERS members are in one of three retirement groups: Group A, Group B or Group C. Your group determines when you are eligible to retire and how your retirement benefit will be calculated. Your group also affects when you will be eligible for health care coverage through OPERS.

You can find your current group in your *Annual Member Statement*, which is in your online account under "Documents."

**OPERS** YOUR OPERS 2016 ANNUAL STATEMENT

Joe Schmoor  
277 East Town Street  
Columbus, OH 43215-4627

GO PAPERLESS  
www.opers.org

Your OPERS retirement group: **GROUP A**

This statement is a summary of your OPERS account and benefits. All information in this statement reflects our records as of Dec. 31, 2016, and is not a guarantee of the type or amount of your benefits.  
To learn more go to [www.opers.org/annualstatement](http://www.opers.org/annualstatement)

**TRADITIONAL PENSION PLAN**

**CONTRIBUTIONS**  
Contributions made during 2016 ..... \$7,986.08  
Total contributions as of Dec. 31, 2016 ..... \$124,215.82  
Additional Annuity contributions ..... \$0.00

**ACCOUNT VALUE**  
Account value as of Dec. 31, 2016 ..... \$142,507.39

**SERVICE CREDIT**  
Service credit earned and/or purchased during 2016 ..... 0.917 years  
Total service credit as of Dec. 31, 2016 ..... 23.000 years

**YOUR RETIREMENT BENEFIT ESTIMATES** For more information on how your estimates are calculated, see page 6.

	EARLIEST RETIREMENT (REDUCED)	EARLIEST RETIREMENT (UNREduced)	IF YOU CONTINUE WORKING UNTIL AGE 65	IF YOU CONTINUE WORKING UNTIL AGE 67
DATE	Jan. 31, 2020	Jan. 31, 2023	Jan. 31, 2030	Jan. 31, 2031
AGE	55	58	65	67
MONTHLY LIFETIME PENSION	\$2,303	\$2,948	\$3,743	\$4,416
FAS	\$54,000	\$61,000	\$62,000	\$63,000
SERVICE CREDIT	27	30	31	32

# Health Care Coverage

## Qualifying for Health Care Coverage under the Traditional and Combined Plan

### ELIGIBILITY REQUIREMENTS

		Pension eligibility		Am I eligible for health care?
Pension Benefit*		Minimum Age	Years of Service Credit**	
GROUP A	Unreduced	ANY	30	YES
		65	5	NO - You need 20 years of qualifying service
	Reduced	55	25	NO - You can age in at 60
		60	5	NO - You need 20 years of qualifying service
GROUP B	Unreduced	ANY	32	YES
		52	31	YES
		66	5	NO - You need 20 years of qualifying service
	Reduced	55	25	NO - You can age in at 60
		60	5	NO - You need 20 years of qualifying service
GROUP C	Unreduced	55	32	YES
		67	5	NO - You need 20 years of qualifying service
	Reduced	57	25	NO - You can age in at 60
		62	5	NO - You need 20 years of qualifying service

\*The unreduced benefit is your full benefit. You may retire early with a reduced benefit.

\*\*Members must have at least 60 months of contributing service, while earning the minimum required salary, to earn an OPERS pension.

#### Qualifying service credit

Only the following types of service credit qualify for health care eligibility:

- Contributing service
- Eligible service in another Ohio retirement system
- Military time that interrupts public service (USERRA)
- Unreported public service
- OPERS redeposit (restored) service

The minimum monthly salary required to earn service credit for health care coverage is \$1,000, which is more than the requirement for pensions.

#### Aging into health care coverage

If you're not eligible for health care coverage when you retire because you don't meet the age requirement for health care, you can begin receiving a retirement benefit and then "age into" health care eligibility later.

**If you have questions about when you will be eligible to retire with access to health care, call OPERS Member Services at 1-800-222-7377.**

*This document reflects information as of the date listed herein. There is no promise, guarantee, contract or vested right to access health care coverage. The OPERS Board of Trustees has the discretion to modify or terminate the health care program at any time.*

# Health Care Coverage

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## Qualifying for Health Care Coverage under the Traditional and Combined Plan (continued)

### If you will receive a disability benefit

If you receive a disability benefit from OPERS, you are eligible to participate in the OPERS health care plan regardless of age and/or years of qualifying service credit. However, if you receive a disability benefit with an effective date on or after Jan. 1, 2014, you will have access to OPERS' health care plan only during the first five years of the benefit.

You may continue to have access to OPERS health care beyond five years if you meet one of the following:

- Have a benefit effective date on or between Jan. 1, 2014 and Dec. 31, 2014 and have 10

years of qualified service credit or enroll in Medicare prior to the end of the five years and prior to reaching age 65. Once you reach age 65, you must have 10 years of qualified service credit to remain eligible.

- Have a benefit effective date on or after Jan. 1, 2015 and have 20 years of qualified service credit and reach age 60 or enroll in Medicare prior to the end of the five years and prior to reaching age 65. Once you reach age 65, you must have 20 years of qualified service credit to remain eligible.

As an OPERS benefit recipient, you may only receive primary coverage from one of the five Ohio retirement systems (OPERS, STRS, SERS, OP&F and HPRS). If you or your spouse qualifies for health care coverage under another Ohio retirement system, you may not waive coverage under that system in order to make OPERS your primary health care coverage. For those who are not yet eligible for Medicare, you may elect OPERS as secondary coverage provided you continue primary coverage under the other retirement system and the type of coverage can coordinate with OPERS.

If you are eligible for health care coverage from more than one OPERS benefit, you cannot be covered under more than one account at a time.

If you do not qualify for medical/pharmacy coverage, you can still enroll in the optional vision and dental plans if you receive a monthly OPERS pension benefit.

# Health Care Coverage

## Qualifying for Health Care Coverage under the Traditional and Combined Plan (continued)

### Eligible Dependents

If you receive a monthly service retirement or disability benefit and you enroll in the OPERS health care plan, you may also enroll the following dependents:

- Your spouse
- Your biological or legally adopted child(ren)
- Your minor grandchild if the grandchild is born to an unmarried, unemancipated minor child and you are ordered by the court to provide coverage pursuant to Ohio Revised Code Section 3109.19.

In order for a child to be eligible for coverage, the child must be under the age of 26, regardless of enrollment as a full-time student or marital status. Coverage may be extended if the child is permanently and totally disabled prior to the age of 22. This means the child is not able to work in any substantial gainful activity because of a physical or mental impairment, which lasted or is expected to last for at least 12 months. Evidence of the incapacity is required and is subject to approval by OPERS health care plan administrator.

OPERS does not provide an allowance subsidy for spouses under age 65 and not eligible for Medicare. Because spouses are responsible for the full health care premium cost, they may consider researching other health care coverage options outside of OPERS that include coverage through an employer or the individual marketplace plans available through the Affordable Care Act.

### Spouses Eligible for Medicare

Spouses and surviving spouses enrolled in Medicare Parts A and B may utilize Via Benefits for assistance with Medicare plan selection. Retirees can reimburse dependents' claims through the retirees HRA.

### Dependent Child(ren)

Eligible child(ren) up to age 26 will receive half the retiree's allowance percentage if the recipient has at least 20 years of service and is enrolled in a plan sponsored by OPERS. If the recipient retired with less than 20 years of service, their eligible child(ren) may be eligible but will not receive an allowance. Due to cost, you may consider researching other health care coverage options outside of OPERS that include coverage through their employer or the individual marketplace plans.

**You can run a health care estimate using your OPERS online account.**



# Health Care Coverage

## Medical Coverage

Participants who are enrolled in Medicare Parts A and B can enroll in an individual Medicare plan through Via Benefits. Participants who are not eligible for Medicare can enroll in the Medical Mutual Pre-Medicare Plan. OPERS also offers plans for Medicare and pre-Medicare re-employed retirees. The following sections outline all program options.

### Program Options for Medicare Participants

**Health Reimbursement Arrangement and the OPERS Medicare Connector administered by Via Benefits** - Participants enrolled in both Medicare Parts A and B may select a Medigap (Medicare Supplement) or Medicare Advantage plan and a Medicare Part D prescription drug plan through the OPERS Medicare Connector administered by Via Benefits. Retirees who enroll in a plan through Via Benefits will receive an allowance in a Health Reimbursement Arrangement (HRA), also administered by Via Benefits, which the retiree (and eligible dependents) can use to reimburse the cost of qualified medical expenses. The monthly HRA deposit amount varies depending on age and years of service.

**Medical Mutual Medicare Plan** - The Medical Mutual Medicare Plan is the plan OPERS offers for Medicare-eligible participants who are not eligible to participate in the HRA. These participants include:

- Medicare-eligible, re-employed retirees without employer coverage and their eligible Medicare dependents. A re-employed retiree is one receiving a pension while also being employed by an OPERS-covered employer.
- Medicare-eligible participants under age 65 with end-stage renal disease outside their coordination period.

The Medical Mutual Medicare Plan provides secondary coverage to Medicare-eligible participants living within the U.S. Territory, after Medicare (Parts A and B) has paid.

**For more information about plan coverage, please read the *OPERS Health Care Coverage Guide* located at [opers.org](http://opers.org).**



**Via Benefits**  
(toll-free) 1-844-287-9945  
[My.ViaBenefits.com/OPERS](http://My.ViaBenefits.com/OPERS)



**MEDICAL MUTUAL®**  
1-877-520-6728  
[medmutual.com](http://medmutual.com)



# Health Care Coverage

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## Medical Coverage (continued)

### Program Options for Pre-Medicare Participants

The Medical Mutual Pre-Medicare Plan is for retirees who are not re-employed in an OPERS covered position and are not eligible for Medicare. This plan is also for dependents who are not eligible for Medicare. The Pre-Medicare Re-employed Plan, administered by Medical Mutual is available to retirees who are re-employed in an OPERS-covered position and not eligible for employer coverage, as well as their dependents that are not eligible for Medicare.

#### Network:

The Pre-Medicare and Pre-Medicare Re-employed Plans, both administered by Medical Mutual, are network/PPO plans and the coverage is identical. They both use a Preferred Provider Organization nationwide network to save costs and keep health care premiums affordable. Participants

will maximize their coverage and reduce out-of-pocket costs by using providers participating in the network. If participants do not use a network provider, their out-of-pocket costs may be higher.

Some regions of the United States may not have network providers. Participants who live outside a network area are not required to use network providers to receive full coverage. This coverage is classified as out-of-area. Usual and customary rates will apply.

The simplest way to find out if doctors or hospitals participate in the Medical Mutual network is to use the online *Provider LookUp* tool at [MedMutual.com](http://MedMutual.com). The tool allows you to check if certain doctors and hospitals participate in the Medical Mutual network.



**MEDICAL MUTUAL®**

1-877-520-6728

[medmutual.com](http://medmutual.com)

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**The Medical Mutual Pre-Medicare Plan and Pre-Medicare Re-employed Plan are network/PPO plans and the coverage is identical.**

# Health Care Coverage

## Prescription Coverage

OPERS provides a prescription drug plan for participants enrolled in the OPERS group medical plans. The prescription drug plan coordinates with the medical plan and is administered by Express Scripts.

### Express Scripts Prescription Plan

If you are eligible and enroll in any of our group medical plans, Express Scripts will provide your prescription coverage.

### Retail Pharmacy Program

Participants can receive up to a 30-day supply of medication, plus refills, as prescribed by a physician at a retail pharmacy within the Express Scripts network. In order to use the retail pharmacy network, participants present their Express Scripts ID card and prescription(s) to the pharmacist.

### Retail Preferred Pharmacy Program

Participants are encouraged to use a preferred network of retail pharmacies in order to pay the lowest copay and co-insurance amounts. To find out if a pharmacy is preferred, call the number on the back of your Express Scripts ID card.

### Home Delivery Program

Participants can receive up to a 90-day supply of medication, plus refills, as prescribed by a physician, by using the Express Scripts home delivery program. Contact Express Scripts or visit [express-scripts.com](http://express-scripts.com) for more information and instructions regarding the home delivery program.



EXPRESS SCRIPTS®

1-866-727-5873

[express-scripts.com](http://express-scripts.com)

## Optional Coverage Plans

Regardless of whether you are eligible to participate in an OPERS group medical plan, if you are receiving a monthly pension benefit from OPERS, you will have access to some optional coverage plans. These include dental and vision plans. Each plan requires a separate monthly premium. Enrollment in coverage is for the full calendar year.

### MetLife Dental Plan

MetLife Dental Plan provides you and your dependents a full range of coverage and offers a choice between two levels of coverage, Low and High. Participants enrolling in a dental plan pay the entire premium for this coverage. Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) for a list of preferred dentists. You may choose an out-of-network dentist, however your out-of-pocket costs may be higher.

More information about optional coverage plans can be found within the *Coverage Guide*, available at [opers.org](http://opers.org).

### Aetna Vision Plan

The Aetna Vision Plan will reimburse a fixed amount for covered services and offers a choice between two levels of coverage, Low and High. Participants enrolling in a vision plan pay the entire premium for this coverage. You will have greater coverage if you choose a participating provider within the EyeMed network. The EyeMed network includes major retailers and many independent providers.



1-888-262-4874

[metlife.com/mybenefits](http://metlife.com/mybenefits)



1-866-591-1913

[aetnavision.com](http://aetnavision.com)

# Health Care Coverage

## How to Apply for Health Care Coverage

If eligible, you can choose to be covered under the applicable OPERS medical plan at the time of retirement. In the case of disability and survivor recipients, you are required to complete a *Health Care Coverage Application* (HC-1G) and provide proof of date of birth for your covered dependents. Proof of marriage is required for disability recipients if you are adding a spouse. **Online enrollment is encouraged for those retiring on an age and service retirement benefit and can be accessed through your OPERS online account.**

- If you are enrolling in health care and are a retiree or survivor benefit recipient, you may enroll online through your OPERS online account or by mailing the *Health Care Coverage Application* (HC-1G) form.
- If you are a disability recipient, you must enroll by mailing the *Health Care Coverage Application* (HC-1G) form.
- If you are enrolling a spouse in coverage and are a retiree or disability benefit recipient, you must also provide a marriage certificate.
- If you are enrolling dependents and are a retiree, disability recipient and/or survivor benefit recipient, you must also provide proof of the dependent(s) date of birth.

OPERS requests the *Health Care Coverage Application* be submitted during the benefit application process. Failure to provide the completed application within 30 days after your first benefit payment is released will result in the waiving of OPERS group health care coverage. You may then enroll only during annual open enrollment periods or upon a qualifying event, such as loss of other coverage.

## Important Information

The following applies to those enrolled in OPERS group health care coverage (all plans except the HRA and Member-Directed RMA):

### When Health Care Coverage Begins

If you are an age and service or disability retiree, your health care coverage will begin on the first day of the month in which OPERS receives your retirement benefit application, or your benefit effective date, whichever is later.

If you are receiving a survivor benefit, your health care coverage will begin on your benefit effective date but not more than one year from the date OPERS receives your health care application.

### Annual Open Enrollment Period

Open enrollment is held each year during the fall.

We will send you information about your health care choices each year, as open enrollment approaches. Please be sure to read the material carefully, as premiums and plan features often change from year to year.

### Enrolling Eligible Family Members in the Medical/Pharmacy Plan Outside of Open Enrollment

After you begin receiving benefit payments, you may only enroll your eligible family members outside the open enrollment period if you or the dependent experienced a qualifying event.

A qualifying event can be a new marriage, the birth or adoption of a new child, or involuntary loss of coverage from another source. You must complete an enrollment application and provide supporting documentation of the qualifying event within 60 days.

# Health Care Coverage

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## Important Information (continued)

### Medicare Enrollment Process

Enrollment in Medicare Parts A and B is required to enroll in Medicare plans through Via Benefits. If you are eligible for the Medical Mutual Medicare Plan you must also be enrolled in Medicare Parts A and B. Prior to you or your spouse turning 65, OPERS will send a letter with information on Medicare plan options and instructions on how to enroll in Medicare through the Social Security Administration. If you retire after you are eligible for Medicare, OPERS will provide you with this information during the pension application process. For detailed questions regarding your Medicare enrollment, please contact the SSA at 1-800-772-1213.

### Income-Based Discount Program

The OPERS Income-Based Discount Program is designed to help qualified retirees enrolled in OPERS group medical coverage pay for their portion of their monthly medical/pharmacy premiums. The program provides a 30 percent reduction in the premium amount retirees pay each month for medical/pharmacy coverage through OPERS if his or her household income was equal to or less than 200 percent of the federal poverty level. The retiree must have at least 20 years of qualified health care service credit to be eligible for this program and are required to submit a tax return from the previous year.



**For detailed questions regarding your Medicare enrollment, please contact the SSA at 1-800-772-1213.**







ISL-J (11/01/18)



Ohio Public Employees Retirement System  
277 East Town Street  
Columbus, Ohio 43215