

# HOP NEWS

For Retirees Eligible for Premium Assistance

Fall 2020



## The Advantages of Being a Member of the Health Options Program

The Health Options Program, sponsored by PSERS, provides comprehensive medical, prescription drug options and dental and vision coverage exclusively to our retirees and their families. Here are some of its many advantages.

**Age 65 Discount.** If you enroll in the **HOP Medical Plan** within three months before and after the month in which you turn age 65 or retire, you will receive a discount on your premium. As long as you remain enrolled in the **HOP Medical Plan**, your premium is discounted each year until your 70th birthday.

**No Age-related Premium Increase.** Members have the security of knowing that as they age, and use benefits more, their monthly premium is not based on their age. The Health Options Program's premiums are set to a standard rate for age 70 and older. In comparison, many commercial plans increase their monthly premiums relative to a person's age.

**Substantial Premium Subsidy.** If you are eligible for Premium Assistance and enroll in the Health Options Program, you can receive up to \$100 per month in Premium Assistance from PSERS to help pay for premiums. **Over the course of your lifetime, on average, you could save as much as \$24,000 as a participant in the Health Options Program.**

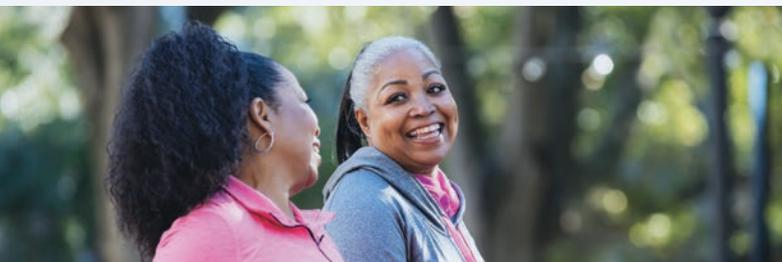
**Choice.** The Health Options Program offers a choice of medical options for both Medicare-eligible and non-Medicare-eligible participants. Depending on which you choose, prescription drug coverage and dental and vision coverage are either included or an additional option.

**Convenience.** We make paying monthly premiums easy by deducting them automatically from your retirement benefit (as long as your benefit exceeds the premium cost).

**Flexibility.** Each fall, you may change your option during the Option Selection Period for coverage in the upcoming calendar year. You may also enroll, add dependents or change your option when you experiencing a Qualifying Event. (See page 2.)

**SilverSneakers.** If you enroll in the **HOP Medical Plan** or the **HOP Pre-65 Medical Plan**, you can join the SilverSneakers Fitness Program at no additional cost.

**Access to Resources.** Newsletters, booklets and our website ([www.HOPbenefits.com](http://www.HOPbenefits.com)) provide important information to help you make informed health care decisions and lead a healthier lifestyle. In addition, the HOP Administration Unit is staffed with customer service representatives who are specially trained and dedicated to helping participants. You can reach one by calling 1-800-773-7725, weekdays from 8 a.m. to 8 p.m. ET.



# When You Can Enroll in the Health Options Program



Most members of the Health Options Program enroll when they turn 65 and become eligible for Medicare. If you didn't enroll at that time, you may have another opportunity if you experience a Qualifying Event. However, don't wait too long. Certain time limits apply. Contact the HOP Admin Unit at 1-800-773-7725 for details.

You experience a Qualifying Event when:

- You retire or involuntarily lose health care coverage under your school employer's health plan. Coverage under your school employer's health plan includes any COBRA continuation coverage you may elect under that school employer's plan.

- You involuntarily lose health care coverage under a non-school employer's health plan (which includes any COBRA continuation coverage you may elect under that non-school employer's health plan).
- There is a change in your family status (including divorce, the death of a spouse, addition of a dependent through birth, adoption or marriage, or a dependent loses eligibility).
- You reach age 65 or become eligible for Medicare.
- You become eligible for Premium Assistance due to a change in legislation.
- Your current plan terminates or you move out of your current plan's service area.

Depending on individual circumstances, Qualifying Events may apply independently to you, your spouse and/or your dependents. For example, if your spouse turns age 65 and becomes eligible for Medicare, he or she can choose to enroll in the Health Options Program, whether or not you also enroll.

## The Health Options Program Has High Standards

The prescription drug options under the Health Options Program are being recognized by the Pharmacy Quality Alliance for maintaining high standards in medication quality measures. These categories are part of the overall CMS star rating. The Program received an overall rating of 4.5 stars out of 5 for 2020. The Program also received a 4.5 star rating in 2019.

CMS awards a star rating to prescription drug plans based on performance in categories such as customer service, overall member satisfaction and patient safety. The Pharmacy Quality Alliance works with CMS on these measures and recognizes plans with an Excellence in Quality Award and the Quality Improvement Award. The Health Options Program is pleased to share this recognition.



# New for 2021: The MetLife Dental and EyeMed Vision Option

The Health Options Program is expanding the coverage options to include vision coverage for 2021. Members who enroll in the MetLife Dental Plan will also be enrolled in EyeMed vision coverage. This means one election option provides two types of coverage.

EyeMed vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider, as shown below.

You must be enrolled in the **HOP Medical** or the **Value Medical Plan** to be eligible for the **MetLife Dental and EyeMed Vision Option**.

It is not available on a stand-alone basis or with a Medicare Advantage plan.



## Vision coverage highlights

- Eye examinations, frame, and prescription lenses or medically necessary contact lenses are covered once every other calendar year.
- You have the option to see a provider in the EyeMed Insight network or an out-of-network provider; however, you'll always pay less for in-network services.
- When you purchase frames from a PLUS Provider (e.g., LensCrafters or Target Optical), you'll receive an additional \$50 toward frame allowance.
- Out-of-network care is reimbursed up to Plan limits after you submit a claim for the full amount of the service.
- The HealthyEyes wellness program promotes eye health with online tools, articles, and videos.

## Coverage at a glance

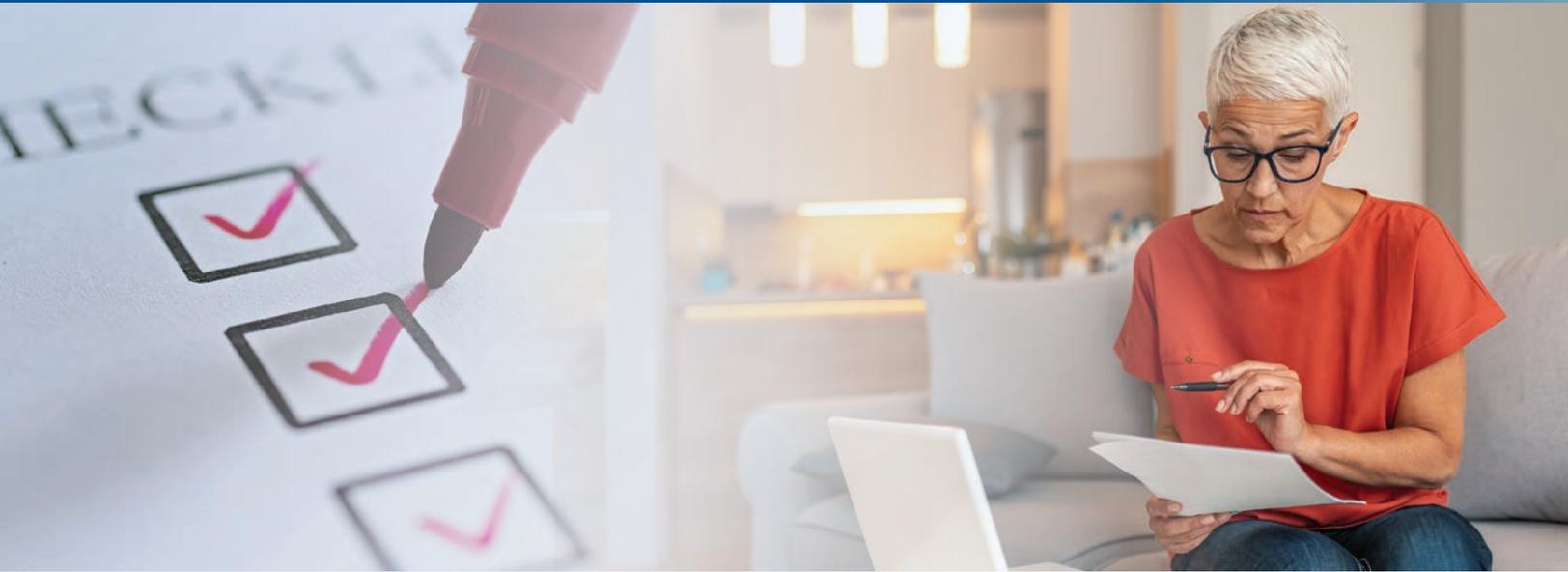
Covered Services (once every other calendar year)	Your Cost In-Network	Your Reimbursement Out-of-Network*
<b>Vision Exam</b>	\$0	Up to \$30
<b>Frame</b>	20% off balance over \$100 allowance	Up to \$45
<b>Frame from a PLUS Provider</b>	20% off balance over \$150 allowance	n/a
<b>Standard Plastic Lenses (in lieu of medically necessary contacts)</b>		
Single-vision	\$0	Up to \$25
Bifocal	\$0	Up to \$36
Trifocal	\$0	Up to \$46
Lenticular	\$0	Up to \$46
Progressive – standard	\$55	Up to \$36
<b>Medically Necessary Contact Lenses (in lieu of lenses)</b>	\$0	Up to \$210

\* You pay 100% of the cost of covered out-of-network services. The Plan will reimburse you up to the amount shown.

## Find an EyeMed Insight provider near you

Use EyeMed's provider search tool to find Insight network providers. You can filter your search to find providers near you with the frame brands, hours, and services you want. Visit [eyedoclocator.eyemedvisioncare.com](https://eyedoclocator.eyemedvisioncare.com) and select the Insight network. You may also download the EyeMed Members app through the Apple App Store or Google Play.

# Health Options Program Checklist



If you experience a Qualifying Event, you may want to use this checklist to help you in making the decision to join the Health Options Program. Keep in mind, you can only join the Health Options Program for the first time or add new dependents if you experience a Qualifying Event (including turning 65). See page 2 for a list of Qualifying Events or visit [www.HOPbenefits.com](http://www.HOPbenefits.com) or call 1-800-773-7725 for more information.

- Dental and vision: one enrollment option provides two types of coverage.** The Health Options Program is expanding the coverage options to include vision coverage. Members who enroll in the MetLife Dental Plan will also be enrolled in vision coverage. See page 3 for more information about this exciting new coverage option.
- Consider overall costs.** When calculating your overall costs, be sure to include the monthly premium and deductible as well as what it will cost when you need care (copays and coinsurance). Reminder: There are no age-related premium increases for the Health Options Program (see cover article).
- Check the formulary.** The formulary is the list of medications covered by a prescription drug plan. The list can change as medications are added or removed. You can use the online Find a Drug tool on [www.HOPbenefits.com](http://www.HOPbenefits.com) for the most current version of the formulary. If you are considering a Medicare Advantage plan, ask the insurance carrier for the applicable formulary.
- The first person to retire determines enrollment options.** If you are married and your spouse is not currently enrolled, consider when they might retire. Retirees and dependents must be enrolled in the same plan options, which is determined by who enrolls first. Therefore, if your spouse will become eligible within the next year, but after your Option Selection Period, you may want to consider what options will work for both of you. Otherwise, you won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period.

# If Your School District Terminates Your Medical Coverage

Pennsylvania public school employers are required by law to provide retirees who have 30 years of service or meet certain other conditions the option to continue their school plan's coverage at their own expense until they become eligible for Medicare. Some school districts and other school employers also offer Medicare Supplement plans for retirees after they become eligible for Medicare. If you're eligible for Premium Assistance and remain in a school-sponsored plan, you'll save up to \$100 a month on any premiums you pay for your coverage.

Unfortunately, given today's economic challenges, many school districts are terminating their Medicare Supplement programs. If this happens to you, you must enroll in another plan approved for Premium Assistance; otherwise, you will lose the advantage of this special discount.

If your school district terminates its Medicare Supplement plan, and you and your eligible dependents enroll in the Health Options Program by the deadline, you will continue to have uninterrupted medical coverage and your Premium Assistance will continue. If you enroll by the deadline, you'll avoid the Medicare Part D

late enrollment penalty. This penalty is an amount added to your monthly premiums on an ongoing basis. It is applied if you have a continuous 63-day period without Medicare prescription drug coverage.

Generally, when a school district is considering terminating coverage, the Health Options Program is notified in advance. The Health Options Program then automatically provides information to all affected retirees about how to make the transition from the school district plan to any of the options available under the Health Options Program. However, if your school district ends its Medicare Supplement plan and you do not receive this information, call the HOP Administration Unit (1-800-773-7725) and they will explain the process and make sure you receive all the information you need.

The medical plans in the Health Options Program may be the only plans available to you that are approved for Premium Assistance.





HEALTH OPTIONS PROGRAM



WWW.HOPBENEFITS.COM®

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Lancaster, PA 17608-1764

# A New Option: Vision Coverage

Have a Question?

If You Have a Question About	Please Call	Or Go Online
Enrollment in the Health Options Program Health Options Program in general	<b>HOP Administration Unit</b> <b>1-800-PERS25 (1-800-773-7725)</b> <b>TTY: 1-800-498-5428</b> From outside the U.S.: <b>+1 717-305-7388</b> 8 a.m. to 8 p.m. Eastern Time, weekdays	<b>Health Options Program</b> <a href="http://www.HOPbenefits.com">www.HOPbenefits.com</a> Health Options Program website
Premium Assistance	<b>Premium Assistance Office</b> <b>1-866-483-5509</b> 8 a.m. to 4:30 p.m. Eastern Time, weekdays	
Retirement	<b>PERS</b> <b>1-888-PERS4U (1-888-773-7748)</b> 7:30 a.m. to 5 p.m. Eastern Time, weekdays	<b>PERS website</b> <a href="http://www.pers.pa.gov">www.pers.pa.gov</a>
Medicare	<b>Medicare</b> <b>1-800-MEDICARE (1-800-633-4227)</b>	<b>Medicare website</b> <a href="http://www.medicare.gov">www.medicare.gov</a>