

Health Care 101: Be in the Know

As part of an ongoing series about health care terms, this issue introduces two plan design components that set a maximum on what you and the plan will pay for services. It also provides a quick refresher on important prescription drug and medical benefit terms.

Benefit Term	What it Means
Benefit Maximums	Some health care services have a benefit maximum. This is the most your health plan will pay in a given calendar year, or lifetime, toward certain covered expenses.
“Your Responsibility” as listed on an Explanation of Benefits (EOB)	Every time you receive medical care, you’ll get an EOB that shows the service, how much it costs, how much is covered by the Plan, and how much you have to pay (i.e., your responsibility). If an expense is higher than a benefit maximum, if there’s limited coverage, or if the coverage pays only a certain percentage of the expense, any remaining balance will be shown as “your responsibility” on the EOB.
Out-of-Pocket Maximum	The most you will pay out-of-pocket in a calendar year for covered expenses. Once you reach the out-of-pocket maximum, the Plan will pay 100% of covered expenses for the rest of the calendar year; excluding any expenses above a benefit maximum for a particular service.
Home Health Services	These are health care services provided in the home by an agency that has the required licenses to provide skilled nursing, is associated with a professional group to govern the services provided and maintains a staff of physicians, registered nurses and an administrator who keeps medical records on each patient.
Prescription Drug Tiers	The tier level of a drug determines how much covered medications cost. Generally, the higher the tier number, the more the drug will cost. Drugs can change tiers—or be removed completely from a formulary—during the year; regularly review your plan’s formulary for the most up-to-date information.
Prescription Drug Formulary	The list of medications covered by a prescription drug plan. If a prescription is not on the formulary, it is not covered by the plan. You can use a formulary to look up a specific prescription, its tier, and any requirements (like step therapy or prior authorization).

Quality Improvement Award

The prescription drug options under the Health Options Program are being recognized by the Pharmacy Quality Alliance for significant improvements in medication quality measures. These categories are part of the overall CMS star rating. The Program received an overall rating of 4.5 stars for 2019, and at least a 4 star rating on medication quality measures. This represents significant improvement in star ratings from 2018 to 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.



Are You Almost 65?

If you're a PSERS retiree about to turn age 65, we take a number of steps to make sure you understand how the Health Options Program works.

We send you a package of information from four to nine months before your 65th birthday. We mail these twice a year—in the fall for people turning age 65 during the first six months of the following year and in the spring for people turning age 65 in the second half of the year. The package contains a description of the medical, prescription drug and dental benefits available under the Health Options Program—plus a personalized statement that has information specific to you, including your monthly premiums for all your coverage options.



YOU'RE INVITED!

We also conduct group meetings twice a year at locations throughout the Commonwealth for retirees approaching age 65. Look for the meeting schedule in the package you receive in the mail.

You can find more information about the Health Options Program on our website, www.HOPbenefits.com. In addition to all the regular features available on the website, if you register, you'll find a personalized statement with all the same information as the printed statement you receive in the mail. Plus, if you misplace or want another copy of your statement, a printer-friendly version is available.

Premium Assistance



Annual Verification of Payments

Premium Assistance is a reimbursement of a premium paid by an eligible retiree to an approved health plan. It is added to a retiree's retirement benefit and is not subject to federal or state income tax. In order to preserve this tax-favored treatment, PSERS is required to obtain verification that retirees who receive Premium Assistance actually have out-of-pocket premium expenses from approved plans.

Each year, PSERS asks school employers to verify that Premium Assistance recipients have paid premiums each month that equal or exceed the amount of the Premium Assistance benefit. If the school employer is unable to do so, PSERS must collect "unverified" benefits from the retiree.

PSERS sends a letter to all retirees who have received overpayments. The letter requests that overpayments be returned and explains how they can be returned, including lump sum or monthly deductions.

Don't know if you're eligible for Premium Assistance? Call 1-866-483-5509 for help.

Remember to Call PSERS

If you are receiving Premium Assistance and your out-of-pocket premium expense changes or stops, **it is your responsibility to notify PSERS**. You must also notify PSERS if you have terminated your health coverage with your former school employer and have not enrolled in the Health Options Program.

If you are unsure about your eligibility for Premium Assistance, call the Premium Assistance Unit at 1-866-483-5509 and ask a customer service representative to check your retirement benefit records.

Pennsylvania Public School Employees' Retirement System (PSERS) Notice of Nondiscrimination

The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Pennsylvania Public School Employees' Retirement System (PSERS) Health Options Program does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The PSERS Health Options Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Peter Camacci, Director, Health Insurance Office.

If you believe that the PSERS Health Options Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Peter Camacci, Director, Health Insurance Office
Public School Employees' Retirement System
5 N 5th Street
Harrisburg, PA 17101-1905
Phone: (888) 773-7748; TTY use: 711; Fax: (717) 772-3860; Email: pcamacci@pa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Peter Camacci is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



HEALTH OPTIONS PROGRAM



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HOP Administration Unit
P.O. Box 1764
Lancaster, PA 17608-1764

Quality Improvement Award

Have a Question?

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