



# HOP NEWS

## Choose Your Benefits and Choose Wisely

**The Health Options Program is committed to providing our members and their families with consistent and trustworthy service and support.**

Sponsored by the Pennsylvania Public School Employees' Retirement System (PSERS), the Health Options Program offers medical, prescription, dental, and vision benefits tailored for retirees and their dependents. Explore these benefits at [discoverHOPbenefits.com](https://discoverHOPbenefits.com), and learn about the perks exclusive to the Health Options Program.

Typically, membership in the Health Options Program starts when individuals reach 65 years of age and become Medicare-eligible. If you did not sign up then, a Qualifying Event may present another chance to enroll (refer to page 2). But it's important to act promptly, because various deadlines may apply.

### ***In the News: The Inflation Reduction Act (IRA)***

*The IRA affects all Medicare prescription drug plans, including the Health Options Program. Starting in 2025, the government is requiring significant changes to Part D plan designs.*

## When You Can Join

If you didn't join the Health Options Program when you turned 65, you may have another opportunity when you experience a Qualifying Event.

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.

Contact the HOP Administration Unit at 1-800-773-7725 for details.

## Your Guide For Enrolling

If you experience a Qualifying Event, use this list to prepare for making your 2025 coverage decisions. Keep in mind that 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). Visit [HOPbenefits.com](https://www.hopbenefits.com), or call 1-800-773-7725 for information about Qualifying Events.

- ✓ **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).
- ✓ **Review what's covered by each plan.** Consider your health care needs and how any benefit changes may affect your coverage for next year.
- ✓ **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 [HOPbenefits.com](https://www.hopbenefits.com) for the most current version of the 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 you make your decision, 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.*

## Medicare Launches Innovative Caregiver Program for Dementia

Medicare recently launched the **Guiding an Improved Dementia Experience (GUIDE) Model**, a pilot program to support dementia patients and their unpaid caregivers. The program began in July 2024 and is expected to run for eight years. Experts believe it could set a new standard in dementia care, delaying the need for long-term nursing home care.

The program works by paying providers a monthly per-patient amount to provide support services. There are 390 providers around the country participating in GUIDE. These providers offer services that include 24/7 access to a support line, personalized care plans, and trained care coordinators to assist families in managing the complex needs of dementia patients.

A person with Medicare may receive services under the GUIDE Model if they meet certain eligibility requirements, such as being diagnosed with dementia (which may be mild, moderate, or severe). They will also need to find a health care provider that is participating in the GUIDE Model in their community. For more information, visit [cms.gov/priorities/innovation/innovation-models/guide](https://cms.gov/priorities/innovation/innovation-models/guide).

## Medicare Coverage for Alzheimer's Disease Drugs

According to Medicare, new immunotherapy medications to slow the progression of cognitive decline will be covered as long as the drugs have received traditional approval from the FDA. In addition, the patient receiving the drug must meet diagnosis criteria and may be required to participate in a registry that tracks how the drug works in the real world.

These immunotherapy medications, such as Kisunla and Leqembi, are infusion treatments administered in a medical office. These infusion medications are covered under Medicare Part B.

Approved Alzheimer's and dementia medications that are self-administered, such as Aricept (generic: donepezil), are covered under Medicare Part D prescription drug coverage.

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Sources: *Center for Medicare & Medicaid Services, CNN.*



## Attend an Information Session

Getting information about the Health Options Program is easy. Do you need one-on-one assistance, or would you prefer to attend a presentation online? It's your choice.

### One-on-one consultations

Schedule a 30-minute telephone appointment (not a group meeting) with a staff member of the Health Options Program. Just call the HOP Administration Unit at 1-800-773-7725, and tell the representative you want to schedule an individual telephone consultation.

### Online webinars

Attend a webinar online during the months of October and November. The schedule and webinar links are posted to the **Information Sessions page** on [HOPbenefits.com](https://www.hopbenefits.com).

Recorded webinars are also available if you are unable to attend a live session.

## The Medicare Prescription Payment Plan in 2025

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January–December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. Contact your plan for additional information or visit [medicare.gov](https://www.medicare.gov) to learn more.

## 2024 Medicare Star Rating ★★★★★

*Each year, Medicare evaluates prescription drug plans and awards a star rating to each plan based on performance. The Health Options Program's prescription drug plans received a 4.5-star rating for 2024, indicating that the program is highly rated in comparison to other prescription drug plans nationwide.*





HEALTH OPTIONS PROGRAM



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# Making Informed Coverage Decisions

## Have a Question?

If You Have a Question About	Please Call	Or Go Online
<b>Enrollment in the Health Options Program</b> <b>Health Options Program in general</b>	<b>HOP Administration Unit</b> <b>1-800-PSERS25 (1-800-773-7725)</b> TTY: <b>1-800-498-5428</b> From outside the U.S.: <b>+1 717-305-7388</b> 8:00 a.m. to 8:00 p.m. ET, weekdays	<b>HOPbenefits.com</b>
<b>Premium Assistance</b>	<b>Premium Assistance</b> <b>1-866-483-5509</b> 8:00 a.m. to 8:00 p.m. ET, weekdays	
<b>Retirement</b>	<b>PSERS</b> <b>1-888-PSERS4U (1-888-773-7748)</b> 8:00 a.m. to 5:00 p.m. ET, weekdays	<b>psers.pa.gov</b>
<b>Medicare</b>	<b>Medicare</b> <b>1-800-MEDICARE (1-800-633-4227)</b>	<b>medicare.gov</b>