

HOP NEWS



Stay Cyber Safe: Spot Scams, Protect Your Accounts

Scammers often try to trick us through calls, texts, and emails. Here's how to stay vigilant and secure.

- **Watch out for suspicious requests:** Scammers may call claiming to be from a fraud department or send messages about unpaid tolls or package deliveries. Remember that companies never ask for personal info via phone, email, or text—including seemingly mundane things like your zip code or the state you live in.
- **Verify before acting:** Don't click on links or attachments in unsolicited messages. Always look up contact information on your own, and call the company directly.
- **Consider a password manager:** Tools like **LastPass**, **1Password**, and **Dashlane** can securely store and autofill your passwords.
- **Check for red flags:** Look at text numbers, email addresses, URLs, and spelling carefully—scammers often use subtle tricks to deceive you. **Be extra cautious of urgent messages pushing you to take immediate action.**
- **Use strong passwords on your online accounts:** Make them hard to guess by mixing random words, numbers, and symbols. For example, turn a catchphrase into a secure password, like:
"To be or not to be, that is the question"
becomes *"Tbon2bTitQ!"*
- **Enable 2FA:** Two-factor authentication adds extra security by requiring a second verification, like a code sent to your phone or email.

What's DME, and How Is It Covered?

DME stands for durable medical equipment used at home to help people with daily activities, including:

- **Mobility aids:** Walkers, manual wheelchairs, scooters, crutches, and canes
- **Home hospital equipment:** Hospital beds, commode chairs, and patient lifts
- **Respiratory equipment:** Oxygen equipment, CPAP machines, and nebulizers
- **Diabetes supplies:** Blood sugar meters and test strips
- **Other medical devices:** Infusion pumps, traction equipment, and suction pumps

How DME Is Covered

If you are enrolled in Medicare Parts A and B and are enrolled in the HOP Medical Plan or the Value Medical Plan, Medicare Part B covers DME if a doctor prescribes it for home use or use in an assisted living or long-term care facility.

You usually pay a percentage of the Medicare-approved amount after paying your Part B deductible (\$50 under the HOP Medical Plan and \$257 under the Value Medical Plan). For example, after the deductible, under the HOP Medical Plan, you'll pay 10% up to \$100 per item, and under the Value Medical Plan, you'll pay 20%.

You should know that Medicare pays for different kinds of DME in different ways. Depending on the type of equipment, you may need to rent or buy the equipment. For example, if you need a hospital bed at home, you can often rent to own the bed through your Medicare supplier.

Other items, such as back braces and support stockings that aren't necessarily considered "DME" but enhance quality of life, can be covered with a doctor's prescription for treating specific conditions.

DME must be purchased from a Medicare supplier

If you need DME items, make sure your supplier is enrolled in Medicare and accepts payment from Medicare to ensure coverage. To search for medical equipment and suppliers, go to [medicare.gov/medical-equipment-suppliers](https://www.medicare.gov/medical-equipment-suppliers).

What if You're in a Medicare Advantage Plan?

They are required by law to provide at least the same benefits as Original Medicare (Part A and Part B). This means that Medicare Advantage plans cover DME in the same way as Original Medicare. However, you should check with your plan for the details of your coverage, including any network restrictions, costs, and prior authorization requirements.



Member FAQs

How do I get statement reprints?

You can find personalized information, like a copy of your Option Selection Period statement, on the member portal on [HOPbenefits.com](https://www.hopbenefits.com). To access the member portal, click on the upper right where it says “Member and Provider Log-In.” From there, you can log in, or register if you haven’t used the portal before.

Where do I get details about services covered under my medical plan?

The medical plan summary plan descriptions (SPD) provide details about what services are covered, how the coverage works, what’s not covered, and required notices. The glossary helps explain certain medical terms that may be unfamiliar or have specific meanings. The SPDs are posted to the **Documents and Forms page** on [HOPbenefits.com](https://www.hopbenefits.com).

What is the difference between an Advantage plan and a Supplemental plan?

A Medicare Supplement plan is a **supplement to Original Medicare** that provides coverage anywhere in the United States and abroad when you are traveling. Under the Health Options Program, the Medicare Supplement plan options are the HOP Medical Plan and Value Medical Plan.

A Medicare Advantage plan is a **replacement for Original Medicare** that requires you to use the plan’s network of providers to receive the maximum benefit. There are options through Aetna, Capital Blue Cross, Highmark, Independence Blue Cross, and UPMC available under the Health Options Program.

Who builds the formulary?

A formulary is a list of covered drugs, selected in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

What is Medicare Part C?

Medicare Part C is also known as a Medicare Advantage plan. It’s an alternative to Original Medicare and usually bundles coverage for hospital, medical, and sometimes dental and vision coverage. There are a few Medicare Advantage plans under the Health Options Program. Learn more on [HOPbenefits.com](https://www.hopbenefits.com) > **Benefits > Medicare-Eligible > Medical Coverage**. The plans available under the Health Options Program also cover prescription drugs.

How do I look up my premium?

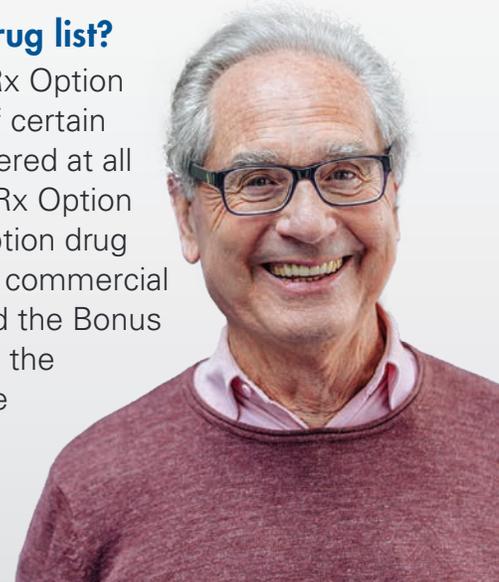
The personalized statements that are mailed out each fall show the premium for the plan you are currently enrolled in and what the premium will be the following plan year. The statement also lists other plans you are eligible for and their associated premiums.

What will my medications cost?

The amount you pay is based on the formulary for your plan, the tier level of the medication, whether you’ve met the plan deductible, and whether the medication is excluded from the deductible. The online lookup tools can help you determine the cost. Visit [HOPbenefits.com](https://www.hopbenefits.com) > **Benefits > Medicare-Eligible > Prescription Drug Coverage**.

What is a bonus drug list?

The Medicare Plus Rx Option includes coverage of certain medications not covered at all under the Standard Rx Option or Medicare prescription drug programs offered by commercial carriers. This is called the Bonus Drug List, and it is in the back of the Medicare Plus Rx Option Comprehensive Formulary.



What if You Need Skilled Nursing Care?

Henry was taken to the emergency room. After beginning treatment and improving, he lost strength. The hospital suggested a skilled nursing facility (SNF) for extra support with physical therapy and nursing care.

Henry has Original Medicare, which covers the first 100 days of an SNF stay if he makes progress toward his goal of walking unassisted with his walker. Medicare must approve the stay.

Getting Medicare Approval for a Skilled Nursing Facility Stay

- **You must be hospitalized for at least three days (as an inpatient) before Medicare will cover SNF care.** In Henry’s case, his first two days in the hospital did not count toward Medicare’s three-day rule, because Henry’s status was “observational.” His status changed to “inpatient” after a focused treatment plan was implemented. If you are enrolled in the HOP Medical Plan and do not have a three-day, inpatient stay, services may be covered under major medical benefits with a pre-authorization.

- **The SNF stay must be for medically necessary skilled care, not just custodial care.** Needing physical and occupational therapy, wound care, medication administration, or monitoring of a serious condition are considered medically necessary. Custodial care includes help with bathing, dressing, and eating. Medicare will cover the custodial care assistance you receive in an SNF, provided you also require medical intervention.
- **The skilled nursing care must be continuous and begin within 30 days of discharge and be related to your hospitalization.**
- **Your doctor must certify the need for skilled care.**
- Medicare coverage for skilled nursing care resets when you haven’t received **any inpatient hospital care or skilled nursing care for 60 days in a row.**

How Medicare and HOP Medical and Value Plans Cover Skilled Nursing

Days in a Skilled Nursing Facility	Original Medicare Only	Original Medicare and the HOP Medical Plan	Original Medicare and the Value Medical Plan
Days 1–20	Medicare pays the full amount	You pay \$0	You pay \$0
Days 21–100	You pay \$209.50 per day	You pay \$0	You pay \$50 per day
Days 100+	You pay the full cost	Major medical benefits cover 80% of the allowable charge—you pay 20% of the allowable charge (after \$250 deductible) with \$1,000 annual out-of-pocket limit*	You pay the full cost

* Up to lifetime maximum of 100 additional days (combination of skilled nursing facility and hospital days cannot exceed 365).

Once you reach 100 days (and Medicare stops paying benefits), the Health Care Management organization will make an independent assessment of your need to remain in the skilled nursing facility.

Important! If you are in a Medicare Advantage plan, check with your plan on the details of your skilled nursing facility coverage.

The Results Are In: Members Continue to Love HOP

Thank you to the almost 5,500 members who responded to last fall's survey in the materials our members received for the Option Selection Period. The results are in and were similar to past years:

- 94% rated the materials as 7 or higher on a scale of 1 (not satisfied) to 10 (very satisfied).
- 90% said they received the right amount of information—not too much or too little—and that they had the right number of coverage options for medical, prescription drug, dental, and vision coverage.

For the question “Why do you choose the Health Options Program?,” the overwhelming majority of respondents answered that it is because of HOP's reputation for quality.

Mark Your Calendar

This fall will be the 2026 Option Selection Period (OSP). This is an annual opportunity for members who are currently enrolled in the Health Options Program to change their plan options, as applicable. Members receive a personalized statement and materials before the OSP to help make enrollment decisions.



Summer Information Sessions and Webinars

Individual Consultations

To schedule a 30-minute telephone appointment (not a group meeting), call the HOP Administration Unit at 1-800-773-7725, and let the representative know that you want to schedule an individual telephone consultation.

Online Webinars

Registration is required. The summer webinars will be held in July and August. The schedule and registration links are posted to the [HOPbenefits.com](https://www.hopbenefits.com) > **Eligibility and Enrolling > Information Sessions**. Or you can call the HOP Administration Unit to register. A recording will be available if you are not able to make it to a live event.





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

Your Questions, ANSWERED

Have a Question?

If You Have a Question About	Please Call	Or Go Online
Health Options Program enrollment or eligibility HOP Medical Plan, Value Medical Plan, or HOP Pre-65 Medical Plan benefits or claims	HOP Administration Unit 1-800-PSERS25 (1-800-773-7725) TTY: 1-800-498-5428 From outside the U.S.: +1 717-305-7388 8:00 a.m. to 8:00 p.m. ET, weekdays	HOPbenefits.com
Prescription drugs (retail or mail order) under the Medicare Plus Rx or Medicare Standard Rx Option, or the HOP Pre-65 Medical Plan	Optum Rx 1-888-239-1301 TTY/TDD: 1-800-498-5428 Available 24/7	HOPbenefits.com
Medicare Advantage or Managed Care plan benefits, claims, or prescription drugs	Please call the plan directly.	
MetLife Dental and EyeMed Vision Option	MetLife 1-855-700-7997 8:00 a.m. to 11:00 p.m. ET, weekdays EyeMed 1-855-663-7444 7:30 a.m. to 11:00 p.m. ET, weekdays 8:00 a.m. to 11:00 p.m. ET, Saturdays 11:00 a.m. to 8:00 p.m. ET, Sundays	Dental and Vision Coverage page on HOPbenefits.com
Premium Assistance	Premium Assistance Office 1-866-483-5509 8:00 a.m. to 8:00 p.m. ET, weekdays	
Retirement	PSERS 1-888-PSERS4U (1-888-773-7748) 8:00 a.m. to 5:00 p.m. ET, weekdays	psers.pa.gov