



The Via Benefits Advocate

OPERS Spring 2019 Medicare Edition



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Via Benefits is your advocate and wants you to be satisfied with your health plan choices. We're here to help you, not only during enrollment season, but throughout the year.

Our licensed benefit advisors are specially trained in answering questions about your medical or prescription drug plan, helping to resolve concerns with your current insurance provider, and setting up your Via Benefits online account. We can also help you access and understand reimbursement requests, Explanation of Benefits statements, copays, coinsurance, and more.

Our **Help & Support Center** is available online at my.viabenefits.com/opers 24 hours a day, or you can call us for assistance at 1-844-287-9945, Monday through Friday. If you haven't already, we encourage you to [sign up for your account on our website](#) to ensure your information is correct in our system. We look forward to helping you!

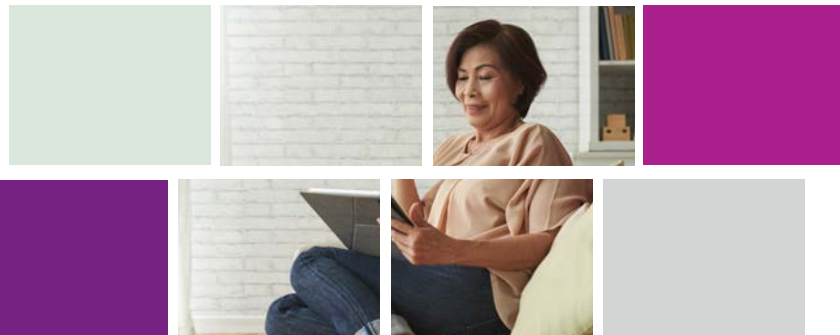


Contact Us

Go online: my.viabenefits.com/opers

Call us: 1-844-287-9945 (TTY: 711)

Hours: Monday through Friday
8:00 a.m. until 9:00 p.m. Eastern Time



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Advocates for Life

We pride ourselves in our continued, dedicated service to your needs. Feel free to contact us at any time for assistance with your current plan enrollments. Keep in mind that each year during the annual enrollment period (October 15 – December 7), our licensed benefit advisors are standing by to verify whether your current plans are still a good fit, or if more cost-effective options exist.

Your New Medicare Card

The Centers for Medicare and Medicaid Services (CMS) has issued new Medicare cards. The Social Security numbers were removed from the Medicare cards to prevent fraud, fight identity theft, and keep taxpayer dollars safe.

If you have not received your new Medicare card, follow these instructions:

1. Check any unopened mail you've saved. Your new Medicare card is in a white envelope from the Department of Health and Human Services.
2. Go to mymedicare.gov to get your number or print your official card.
3. Call 1-800-633-4227 (TTY: 1-877-486-2048) to verify your mailing address.

You can still use your old card to get health care services until **January 1, 2020**. Until that date, Via Benefits will accept both new and old Medicare numbers.

Please update your new Medicare card number with Via Benefits. **Failure to do so could result in delays in future plan enrollments.** You can update your Medicare card number by signing into your Via Benefits account. On the **Account Overview** page, click Edit Profile beneath your name. You can also update your Medicare number by calling us at 1-844-287-9945 (TTY: 711).

Changes to Medigap Plan C and Plan F

Recent news articles have outlined the doom of Medicare Plans C and F. The reality is much different. If you have one of these plans now, there is no reason you should pre-emptively leave your plan based strictly on the fact the plan is not accepting newly eligible members. Many insurance companies feel these plans will remain healthy.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) passed by Congress changed the law on various aspects of health care. The law states that on or after January 1, 2020, a Medigap policy providing coverage of the Part B deductible may not be issued to a newly eligible beneficiary. Because Plans C and F cover that Part B deductible, they're being phased out.

This means:

- If your Medicare Part A effective date is before January 1, 2020, you can still enroll in Plan C or F.
- If you're already enrolled in Plan C or F, you can keep it.
- If your Medicare Part A effective date is on or after January 1, 2020, you cannot enroll in Plan C or F.

The key is to review what your Part A effective date is on your Medicare card. This may be different from when you turned 65.

A sample Medicare Health Insurance card for John L. Smith. The card is white with a blue header and a red footer. It contains the following information:

MEDICARE HEALTH INSURANCE	
Name/Nombre	JOHN L SMITH
Medicare Number/Número de Medicare	1EG4-TE5-MK72
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2018
MEDICAL (PART B)	03-01-2018

For retirees with Part A effective dates after January 1, 2020, the latest guidance indicates Plan G will effectively replace Plan F with many of the same features and benefits. Check in during Open Enrollment to make sure you are enrolled in the best plan for you.

For more information, contact a benefit advisor. We'll tell you what's available and find a plan that's right for you.

How Medicare Parts A and B Can Help You Throughout the Year

Preventive care is just as important as eating healthy and exercising. Medicare Parts A and B cover an annual wellness visit and many preventive services.

Every 12 months, you can schedule an annual wellness visit with your doctor. The annual visit will gauge your physical health using routine measurements, such as blood pressure, weight, and height. These visits are important to build an annual record and track your overall health.

Preventive services can be part of your annual wellness visit or added during the year. Many of these services have no copay and are part of your annual benefits. Services may include:



If you have a chronic condition, Medicare may cover some of the tests and treatments you need. For example, if you have diabetes, Parts A and B cover training, supplies, and blood tests to help you manage the condition.

Parts A and B do not cover everything, but they do cover the basics and a lot of preventive services — all important ingredients for a healthy lifestyle.



Insulin Cost Relief for Diabetics

If you or someone you know is struggling with the cost of insulin, you are not alone. Relief may be just a phone call or click away. The American Diabetes Association lists a few ways to save:

1. Contact your insulin manufacturer (Lilly, Novo Nordisk and Sanofi are the big ones) to understand your options. Relief efforts may be based on income, insurance, or the type of insulin needed.
2. Find low (or no) cost services and medications through an area health clinic or pharmacy. Visit [HRSA.gov](https://www.hrsa.gov) to find a community resource near you.
3. Research drug discount programs that may provide information on assistance programs, drug prices, and discount deals. Before signing up for a discount program, check with your pharmacy or health insurance plan administrator to understand if a discount program will work with your plan coverage.

Source: American Diabetes Association



Caregivers' Corner

Granting Caregivers Permission to Access Your Account and Funding

During the enrollment process, Via Benefits may have asked you to establish someone as an authorized representative. Making your caregiver an authorized representative grants them permission to access your Via Benefits account. If something should happen to you, your authorized representative can help handle your affairs. If you have not established an authorized representative, you can call Via Benefits at any time and complete the process over the phone.

Two levels of privileges exist:

- **Limited:** Allows sharing of protected health information with the authorized representative but prevents the representative from making changes to the account. This is for informative purposes only.
- **Full:** Allows sharing of protected health information and allows the authorized representative to submit any required documentation on your behalf. Reimbursement forms can be requested and signed by the retiree or authorized representative. In addition, an authorized representative with full privileges can call Via Benefits on your behalf and discuss your account.

Please note that if you pass away before establishing an authorized representative, Via Benefits will require your estate to establish an executor or an administrator to submit reimbursement requests after your death. Establishing an executor after your death can take your estate up to eight weeks.

If you have an online account with Via Benefits, we encourage you to share login credentials with your authorized representative. This will allow your representative to submit claims without needing to establish an Executor of Estate.

After a Benefit Recipient Passes

If you are an authorized representative or have Power of Attorney for the deceased, you can submit reimbursement requests on his or her behalf for health related expenses. Additionally, you may also submit claims incurred by a qualified dependent.

Qualified dependents include:

- Spouse of the deceased.
- Child(ren) of the deceased under age 26.
- Grandchild(ren) for whom the deceased has been court ordered to provide coverage.

For example, if you are the spouse of the deceased and you get a cardiograph, you can submit a request to Via Benefits to be reimbursed, as this is an eligible expense. (For a full list of eligible expenses, visit the **Help & Support** section of my.viabenefits.com/opers).

Please be aware, that after 24 months from the date of the benefit recipient's death, the HRA will automatically close and funds will forfeit. To utilize the remaining balance, submit a claim on the deceased's behalf, or qualified dependent. The HRA will be considered closed once the balance has been exhausted.

If you are a caregiver and have assumed ownership of a deceased benefit recipient's affairs, please contact Via Benefits by phone at 1-844-287-9945, so we may assist you.



Improving Your Reimbursement Process

Via Benefits has a few suggestions to improve your experience in using your Health Reimbursement Arrangement (HRA).

- **Set up a family member or caregiver as an authorized representative.** This means they can access and manage your funds should you no longer be able to. See [Caregivers' Corner](#), above, for details.
- **Set up direct deposit.** Not only is this required by OPERS, it is the fastest, safest, and most secure way to receive your funds directly to your bank account.
- **Automate your premium reimbursement.** Automatic Premium Reimbursement enables you to be reimbursed for your monthly premium payments without submitting a reimbursement request. Via Benefits offers this feature for most insurance policies. Automatic Premium Reimbursement accounted for 64% of the total claims received by Via Benefits in 2018. Update your Automatic Premium Reimbursement settings through your online account at my.viabenefits.com/opers, or call Via Benefits at 1-844-287-9945 (TTY: 711) to enable this service.
- **Automate your premium payment.** Most insurance companies offer an automatic payment option where they withdraw your monthly premium payments directly from your bank account. Contact your insurance company for more information.
- **Go paperless.** Registering online for electronic notifications reduces the amount of mail you receive from us. Sign up for paperless notifications using the **Reimbursement Center** button in the **Funds & Reimbursements** section of the website.

Automating the process with these simple steps goes a long way to streamlining your reimbursement experience. To register for these services, [sign in to your account now](#) or call Via Benefits at 1-844-287-9945.



Did you know you can be reimbursed for out-of-pocket expenses?

Your HRA isn't just for health care premiums — you can be also reimbursed for out-of-pocket expenses and other qualified costs. Out-of-pocket reimbursements represented 28% of total claims received by Via Benefits in 2018. For a full list of eligible expenses, visit the Via Benefits website.

4 Tips for Submitting Reimbursement Requests Successfully

The following reminders help ensure your next reimbursement request is processed smoothly.

1. **Submitting the correct form saves time:** Please make certain your form fits the requested reimbursement. This ensures faster processing time and improved accuracy.
2. **Documentation sent with the form must include:**
 - Covered benefit recipient
 - Type of coverage
 - Date of service
 - Required documentation
3. **Use copies, not originals:** When mailing your reimbursement requests, use a copy and keep your original receipt for your records.
4. **Your signature is vital:** We cannot process your reimbursement unless your form is signed.



Did you know that you can submit your reimbursement request online? Save time, paper, and postage by considering this reimbursement method! Upload your receipts and reimbursement requests online to get reimbursed quicker than by doing so by mail. To find out how, visit the [Help & Support Center](#) on our website.



Take Advantage of Your HRA

Your HRA is a valuable tool OPERS provides to help you pay for eligible expenses. When does it make the most sense to use your funds?

As mentioned earlier, establishing an authorized representative on your account allows your estate to submit reimbursement claims on your behalf even after you pass away. Qualified dependents will also be able to submit claims for eligible expenses.

Keep an eye on your HRA balance so that you know when reimbursements have been paid and how much of your funds remain. You can check your balance in three ways:

- **Online** — Sign in to your account at my.viabenefits.com/opers and navigate to the Reimbursement Center, where your account balance is displayed.
- **Over the phone** — Via Benefits customer care can let you know your balance by calling 1-844-287-9945 (TTY: 711) Monday through Friday 8:00 a.m. to 9:00 p.m. Eastern Time.
- **Balance reminder letters** — Via Benefits sends these out twice a year in the spring and fall to those who have not submitted a claim against their HRA in the prior 90 days.
- Your dependents or estate can also access your balance if you establish someone as an authorized representative.

In addition, OPERS regularly hosts **How to Use Your HRA Workshops** around the state of Ohio. These one-hour events keep you informed and educated. An up-to-date schedule of meeting dates and locations can always be found within the Education Resource page at opers.org. Not able to attend in person? Register for a webinar online at opers.org.

What to Do If Your Request for Reimbursement is Denied

The most common reasons for denial are missing information, an incorrectly completed form, or an ineligible expense.

The best action to take when your claim is denied is to check the Explanation of Payment section for denial reasoning. You can find the denial reasoning in the table on page two after the word “Remark”. Whether it was an out-of-pocket claim or an insurance premium that was denied, the denial message will provide next steps for you to follow. If it was an eligible expense, this will usually require resubmitting the reimbursement request form with additional or alternative supporting documentation.

Should you have further questions about your denial, contact Via Benefits at 1-844-287-9945 (TTY: 711) Monday through Friday 8:00 a.m. to 9:00 p.m. Eastern Time.

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