The PEEHIP ADVISOR
PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN

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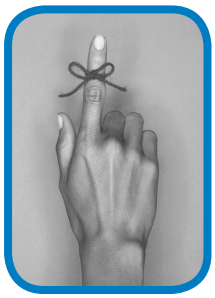
## *Open Enrollment Edition - Part II*

# Remember the Open Enrollment Deadlines



**July 1 - September 10**
Online enrollment

**July 1 - August 30**
Paper forms enrollment
(Paper forms must be postmarked by August 30 this year because August 31 is a Sunday)

**July 1 - September 30**
Flexible Spending Accounts online and paper enrollment

**You do not need to do anything during Open Enrollment if you are satisfied with your current coverage.** If you take no action, you and your eligible dependents will remain on your current plan(s).

**Exceptions:** If you want to renew your **Flexible Spending Accounts or Federal Poverty Level (FPL) Premium Discount**, you must re-enroll each year as these two programs do not automatically renew. Enrollment in Flex can be done online, but enrollment in the FPL program must be done by submitting a completed paper FPL Application to PEEHIP.

The preferred method of enrolling or making changes in coverage is online through Member Online Services (MOS).

Go to www.rsa-al.gov and click MOS Login at the top right of the web page.

1. Enter your self-selected User ID and Password.
   - ♦ New User: Click Register Now to create your own User ID and Password.
   - ♦ Forgot User ID and/or Password: Click Reset Account and provide the requested information.
2. Once you successfully log in, click the PEEHIP menu link "Enroll or Change PEEHIP Coverages".
3. Click the Open Enrollment option and then click Continue, and follow the on screen prompts until you receive your Confirmation page.

For those members who do not have access to a computer or the Internet and wish to make Open Enrollment changes, a paper form can be mailed upon request by calling Member Services toll-free at 877.517.0020.

Visit the PEEHIP Open Enrollment web page at www.rsa-al.gov/index.php/members/peehip/open-enrollment/ for more information about online enrollment and Open Enrollment. ●

# PEEHIP's New *Team Up for Health* Wellness Program Launched August 1

PEEHIP is pleased to announce the launch of its new and enhanced Wellness Program effective August 1, 2014. This program includes several components and offers comprehensive health management services at no additional cost.

## Who is required to have a Health Screening?

The wellness screening is one of the Wellness Program components. Members enrolled in any PEEHIP offered coverage will continue to be able to receive an annual health screening free of charge; however, the following members enrolled in the PEEHIP Hospital Medical Plan (group # 14000) are required to be screened in order to maintain their same premium rate:

- Active Employees
- Non-Medicare-eligible retirees
- All covered non-Medicare-eligible spouses of active employees and retirees

Members and spouses who are Medicare eligible are not required to participate and will not incur any premium increase related to this Wellness Program.

## Where can I obtain a health screening?

Wellness screenings are offered to PEEHIP members in a variety of ways for maximum convenience.

Active employees can continue to take part in **worksite screenings** offered by ADPH nurses who will visit all school sites as they have done in the past. Sign up for a screening through your school's nurse or wellness site coordinator. Search the ADPH online calendar at http://dph.state.al.us/publiccal/ to find out when screenings will be offered in your area.

All members and covered spouses can visit their **local ADPH county office** for a wellness screening. To arrange an appointment, please contact your ADPH coordinator who can be found on their website at www.adph.org/worksitewellness/ under the County Coordinators link.

Alternatively, all members and covered spouses can obtain a wellness screening from their **private healthcare provider** for no copay, as long as they visit an in-network provider and there is no diagnosis associated with the office visit. Please note that certain lab tests can result in applicable costs. PEEHIP's Healthcare Provider Screening Form can be found on our website at www.rsa-al.gov/uploads/files/PEEHIP_HCP_screening_form.pdf. This form must be sent to the ADPH by mail or fax **by your healthcare provider** upon completion.

## How Does the Program Affect Your Premium Rate?

PEEHIP members in the categories listed above who complete all the annual program requirements before the May 31, 2015, deadline will not incur a rate increase effective October 1, 2015. The wellness premium rate will be determined by the PEEHIP Board before January 1, 2015.

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**What other Wellness Program components do I have to complete to obtain the wellness discount?**

In order to maintain the same premium rate, those members in the categories listed above must also participate in the following services that will be available January 1, 2015:

- **Health Risk Assessment Questionnaire (HRA)** – The HRA will identify opportunities to motivate behavior changes so that members can reduce health risks and prevent disease.

Those members who are identified as candidates are also required to participate in the additional services below which will serve to maximize members' education and means of living their healthiest and most capable lifestyle:

- **Wellness and Lifestyle Education Coaching**
- **Disease Management** - Disease Management will help members who have been diagnosed with chronic disease to better manage their disease and potentially reduce complications. The chronic diseases involved are asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease (COPD). Identified candidates will be contacted and more details will be coming soon.

See the July *PEEHIP Advisor* for additional information. Also, PEEHIP will continue to provide information about the new Wellness Program in future *PEEHIP Advisors* as well as on the PEEHIP Wellness web page at www.rsa-al.gov/index.php/members/peehip/health-wellness. ●

## View Your Current PEEHIP Coverage(s) Online

**https://mso.rsa-al.gov**

Member Online Services (MOS) allows you to view the PEEHIP coverage(s) in which you and your dependents are enrolled. This online service is available year round.

# Notice to Enrollees in a Self-Funded Non-Federal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from the requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. The Public Education Employees' Health Insurance Board has elected to exempt the PEEHIP from the following requirement:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from this federal requirement has been in effect since October 1, 2005. The election has been renewed every subsequent plan year.

HIPAA also requires PEEHIP to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy. For more information regarding this notice, please contact PEEHIP. ●

# Important Notice About Your Prescription Drug Coverage & Medicare

Please read this notice carefully and keep it with your other important documents. This notice has information about your current prescription drug coverage with PEEHIP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a standard Medicare drug plan or keep your PEEHIP drug coverage.

Effective January 1, 2013, the PEEHIP prescription drug benefit for Medicare retirees and Medicare covered dependents changed to the PEEHIP Employer Group Waiver Plan (EGWP), which is PEEHIP's Medicare Prescription Part D Drug Plan called Medicare GenerationRx. All PEEHIP covered Medicare eligible retirees and Medicare covered dependents are automatically enrolled in Medicare GenerationRx unless you are enrolled in another Part D plan or you choose to opt-out. If you opt-out of this plan, you will have no prescription coverage from PEEHIP.

If you are considering joining a standard Medicare drug plan, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If you choose to enroll in a standard Medicare Part D drug plan, you will lose the PEEHIP prescription drug coverage.

There are two important things you need to know about your current coverage and Medicare's standard prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a standard Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All standard Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEEHIP has determined that the prescription drug coverage offered by the PEEHIP is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing PEEHIP coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a standard Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a standard Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. If you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a standard Medicare drug plan.

### What Happens To Your Current PEEHIP Coverage If You Decide to Join A Standard Medicare Drug Plan?

If you do decide to join a standard Medicare drug plan and drop your PEEHIP drug plan, your current PEEHIP drug coverage will terminate on the date that you enroll in a standard Medicare drug plan. Please be aware that you will lose the PEEHIP drug coverage and will not be able to get this coverage back until you drop the other standard Medicare Part D coverage. You cannot have PEEHIP prescription drug coverage and a standard Part D coverage plan at the same time. If you enroll in a standard Medicare drug plan, you will still be eligible for your current PEEHIP health benefits but will have no prescription drug coverage under PEEHIP.

### When Will You Pay A Higher Premium (Penalty) To Join A Standard Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PEEHIP and do not join a standard Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information about Your Options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by standard Medicare drug plans.

### For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-Medicar (800.633.4227). TTY users should call 877.486.2048.

An exception may apply to certain "low-income" individuals who may be eligible for prescription drug subsidies, and thus may be better off applying for a subsidy and Standard Part D (two separate steps). For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the PEEHIP office at 877.517.0020 for further information. You will receive this notice each year and you may request a copy of this notice at any time.

Keep this Creditable Coverage notice. If you decide to join one of the standard Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage.