



Open Enrollment Reminder

Remember the Open Enrollment Deadlines

Midnight September 10	Online enrollment requests
Postmarked by August 31	Paper enrollment requests
September 30	Flexible Spending Accounts (online and paper enrollment requests)

NEW THIS YEAR! If you are Medicare-eligible, your PEEHIP Open Enrollment period for hospital medical coverage will now align with the national Medicare Open Enrollment, which this year is October 15, 2026, through December 7, 2026. Your Open Enrollment period for the Optional coverages Dental, Vision, Cancer, and Indemnity remains July 1 – August 31 (or September 10 via online).

Online enrollment via Member Online Services (MOS) is the preferred option because it is the easiest and most efficient method to enroll in or make changes to your coverage. No other enrollment method provides a confirmation page in real-time that verifies your enrollment was submitted. MOS also provides a premium calculation for the coverages you select. To access MOS, visit rsa-al.gov and click on Member Log In at the top of the page.

Reminder: Multi-Factor Authentication (MFA)

Keeping members' financial and protected health information (PHI) safe is a top priority for the RSA and PEEHIP. To continue strengthening the protection available, MFA is now required to access MOS accounts at mso.rsa-al.gov. If you have not yet used this security feature, you will need to set up your MFA contact information when visiting MOS. Each time you log in afterward, you will be sent a verification code to enter online to log into your account, which ensures it is you and not someone attempting to steal your information.

To access MOS:

1. Visit rsa-al.gov and click on **Member Log In** at the top of the page.
 2. Enter your self-selected User ID and Password.
 3. Enter your MFA code, as explained in this article.
- If you need to register or reregister to create a new User ID and Password, click **Need to register?** You will need your PID number to register. Your PID can be found on previous RSA statements or recent correspondence from PEEHIP. If you do not know your PID, please click **Need a PID? (Request PID Letter)** for steps to have your PID mailed to you at your current mailing address on file with the RSA.
 - If you do not have internet access but would like to make Open Enrollment changes, you can request a NEW ENROLLMENT AND STATUS CHANGE form from Member Services by calling 877.517.0020.

You do not need to do anything or contact PEEHIP 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).

Exception: If you want to enroll in or renew your Flexible Spending Accounts (Flex) or Premium Assistance Program Discount, you must reenroll each year as these two programs do not automatically renew. Enrollment in Flex can be done online, but enrollment in Premium Assistance must be done by submitting a completed paper PREMIUM ASSISTANCE APPLICATION (PAA) to PEEHIP along with your current year federal income tax return transcript as shown on Step 2 of the application. The transcript is a

continued on page 2

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required document and cannot be substituted with a copy of your tax return or your supporting income documents. See the Premium Assistance Discounts article for more information.

Need to send documents to PEEHIP? Save time by uploading them through MOS!

As part of MOS, you can electronically upload the required documents directly to PEEHIP. This includes proof of coverage letters from other insurance, marriage and birth certificates, or any other document indicated as required when you make your coverage selection. Simply log in at mso.rsa-al.gov, access your **Member Correspondence** screen, and go to **Click here to upload a document to the RSA**. Uploaded documents must first be saved as a PDF. ●

Premium Assistance Discounts

PEEHIP can provide premium assistance discounts off your PEEHIP Hospital Medical premium if you are an active or retired member who qualifies based on your total combined household income and family size. The federal government sets the income and family size qualification criteria each year, and, if you qualify, you may be granted a discount of 10, 20, 30, 40, or 50% off your PEEHIP Hospital Medical premium. The qualification criteria can be found on PEEHIP's Premium Assistance webpage at rsa-al.gov/peehip/premiums/premium-assistance-program.

If you believe you qualify and would like to apply for this premium assistance, please print and submit the updated PREMIUM ASSISTANCE APPLICATION (PAA) from the website along with your current year federal income tax return transcript as shown under Step 2 on the PAA form. If you do not have access to the internet, you can call PEEHIP at 877.517.0020 to request a form be mailed to you. To receive your free transcript, visit <https://www.irs.gov/individuals/get-transcript>. ●

Wellness Screening Deadline is August 31

PEEHIP members and spouses enrolled in the Blue Cross Blue Shield Group #14000 Plan, the deadline to get your yearly wellness screening is August 31. Do not delay! Make plans to receive your free screening today so that you avoid the \$50 wellness premium beginning October 2026.

- The Alabama Department of Public Health (ADPH) offers free screenings at PEEHIP worksite locations and county health departments. To view the availability schedule, visit <https://dph1.adph.state.al.us/PublicCal2/>.
- Screenings are available from your primary healthcare provider. Bring a PEEHIP HEALTHCARE PROVIDER SCREENING FORM for your provider to complete and submit by mail or fax to the ADPH. The form can be found at rsa-al.gov/peehip/wellness/.
- Screenings are available at participating pharmacies all over the state. To find a local participating pharmacy, visit rsa-al.gov/peehip/wellness or call Blue Cross and Blue Shield at 800.327.3994. If you choose to get your screening at a pharmacy, an appointment may be required. ●

Medicare-Eligible PEEHIP Members

The information below pertains to Medicare-eligible PEEHIP retirees or Medicare-eligible dependents of PEEHIP retirees. For more information, visit rsa-al.gov/peehip/retirees/.

Stay Up to Date on Recommended Vaccines

August is National Immunization Awareness Month, a time to highlight the importance of vaccines for people of all ages.¹ Vaccines are an important part of preventive care and can help protect you from certain serious illnesses.

As you review your health needs for the year, talk with your doctor about which vaccines may be recommended for you based on your age, health history, and other risk factors. Common adult vaccines may include the flu, shingles, pneumonia, RSV, and tetanus vaccines. Vaccines can help reduce the risk of serious illness, hospitalization, and complications from preventable diseases. Staying up to date on recommended immunizations is an important part of maintaining overall health and wellness as we age.¹

Vaccines covered under Medicare Part D may be easier to receive at a participating pharmacy because the pharmacy will bill the claim directly. In many cases, Part D vaccines received at a doctor's office may require members to pay upfront and submit a reimbursement request afterward. Members may want to check with their doctor about coverage and billing before receiving a vaccine. Medicare covers the following vaccines under Part B, the medical portion of Medicare: hepatitis B, rabies, tetanus, flu, pneumonia, COVID-19, and COVID-19 boosters. Pharmacies are able to bill the medical portion of the plan. If you

elect, you can get your flu, pneumonia, and COVID-19 vaccinations at participating pharmacies.

Go365® Flu Shot Reward Reminder

Eligible Go365® members may earn a \$5 reward once per year for completing a flu shot. The flu shot is one preventative activity that may help you stay prepared for flu season while also supporting your overall wellness.

GET HEALTHY: Preventive Screenings

Flu shot	\$5 in rewards	1 per year
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For more information or to get started with the Go365® by Humana Program, visit MyHumana.com and click on Go365® from your dashboard. (Your username and password will be the same as you use to sign in to MyHumana.com.) If you prefer to participate by mail, you can request paper materials by calling your dedicated PEEHIP Humana Group Medicare Customer Care team at 800.747.0008 (TTY:711) Monday – Friday, 7 a.m. – 8 p.m., CT or visit your.Humana.com/PEEHIP.

Upcoming PEEHIP Humana Informational Meetings

Information regarding upcoming meetings beginning in September will be shared soon. Please watch for additional details in future communications. ●

Medicare GLP-1 Bridge Program

Glucagon-like peptide-1 drugs, or GLP-1s, are prescription drugs that help regulate blood sugar and can also suppress appetite. They are sometimes used as part of a treatment plan for Type 2 diabetes or as part of a weight loss treatment plan. Common examples include Mounjaro, Ozempic, Zepbound, and Wegovy. While these medicines are designed to help treat these conditions, GLP-1 agonists alone can't treat Type 2 diabetes or obesity. Both conditions require other treatment strategies, like lifestyle and dietary changes.²

Medicare Part D (prescription drug coverage) does not provide coverage for these medications when prescribed for weight loss. However, effective July 1, 2026, a limited-time coverage option called the Medicare GLP-1 Bridge provides coverage of some of these drugs to qualifying Part D beneficiaries through December 31, 2026. This is a program outside of your PEEHIP Humana coverage. It is important to note that after this Bridge program ends on December 31, 2026, there will be no coverage option in Medicare Part D for GLP-1 medications when prescribed for weight loss. Please see the fact sheet on the next page for additional information.

¹Centers for Disease Control and Prevention, (CDC). National Immunization Awareness Month, (NIAM). Vaccines & Immunizations. <https://www.cdc.gov/vaccines/php/national-immunization-awareness-month/index.html>

²<https://my.clevelandclinic.org/health/treatments/13901-glp-1-agonists>

Fact sheet

Medicare GLP-1 Bridge: GLP-1 Drugs for \$50 a Month

Medicare

What You Need to Know for July 1, 2026

Starting July 1, 2026, Medicare has a new program called **Medicare GLP-1 Bridge** to help you pay for certain GLP-1 weight loss medicines. Medicare GLP-1 Bridge covers these GLP-1 drugs:

- **Foundayo®** (tablet)
- **Wegovy®** (injection or tablet)
- **Zepbound® (KwikPen® only)** The single-dose Zepbound® pen and Zepbound® vials are NOT covered.

Your cost for these drugs under this program is **\$50 per month**, no matter your income level. This \$50 payment doesn't count toward your Medicare drug plan deductible or yearly out-of-pocket limit. These drugs aren't eligible for the Medicare Prescription Payment Plan.

Am I eligible?

To get the GLP-1 drugs listed above under this program, you must meet **all four** of these requirements:

- ☐ **You have Medicare Part D drug coverage, under either a standalone Medicare Drug Plan or a Medicare health plan that includes drug coverage.**

You're not eligible if your only Medicare coverage is through certain special plan types (like private fee-for-service plans, cost contract plans or a PACE organization). If you're not sure what type of plan you have, call 1-800-MEDICARE (1-800-633-4227). TTY users call 1-877-486-2048.

- ☐ **You're not eligible to receive a GLP-1 drug through your Medicare drug plan.**

If you've been using a GLP-1 drug paid for by your Medicare drug plan for any reason, you need to keep getting your GLP-1 drug through your plan. GLP-1 drugs are defined as products with the following active ingredients: Semaglutide, Tirzepatide, Orforglipron, Dulaglutide, and Liraglutide.

- ☐ **You don't have type 2 diabetes, moderate-to-severe sleep apnea, or fatty liver disease.**

If you have any of these conditions, contact your Medicare drug plan – they may already cover a GLP-1 drug for you.

- ☐ **You're at least 18 years of age AND at least one of these is true:**

- You have a Body Mass Index (BMI) of 35 or higher
- Your BMI is 30 or higher, and you have certain types of heart failure OR high blood pressure

that's hard to control OR chronic kidney disease (stage 3a or above)

- Your BMI is 27 or higher, and you have prediabetes OR you've had a heart attack, stroke or blocked arteries in your legs or arms

* BMI (Body Mass Index) is a number your doctor calculates based on your height and weight. Ask your doctor what your BMI is if you don't know.

How to get GLP-1 drugs through Medicare GLP-1 Bridge

- Talk to your doctor about whether a GLP-1 drug is right for you and if you qualify for this program.
- If one of the drugs covered is right for you, your doctor will send a prescription to the pharmacy.
 - Your pharmacy may reach out to you to request your Medicare ID number. The pharmacist needs your Medicare ID number (printed on your card) to process the prescription. If you don't have your card, the pharmacist can look up your number using the last four digits of your Social Security Number.
- After the pharmacy receives confirmation that you are eligible for Medicare GLP-1 Bridge, your doctor will need to submit a form to get approval from Medicare for coverage.
- You will also receive a letter from Medicare, letting you know your medicine is covered.
- **Pick up your medicine at the pharmacy and pay \$50 for a one-month supply.** To get a refill, you don't need a new approval from Medicare as long as you stay on the same drug, even if your dose changes.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against.

Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 800.MEDICARE (800.633.4227) for more information. TTY users can call 877.486.2048.

Visit [Medicare.gov](https://www.medicare.gov) or call 800-MEDICARE (800.633.4227) for more information about Medicare GLP-1 Bridge. TTY users can call 877.486.2048.

This fact sheet is for general information only. Talk to your doctor to find out if this program is right for you. ●



Medicare