



Open Enrollment Edition

PEEHIP’s annual Open Enrollment period begins July 1 and ends midnight on September 10 (for changes submitted online). This is the once-per-year opportunity for PEEHIP members to enroll in or change coverage, as well as add or drop eligible dependents from coverage. Outside of Open Enrollment, changes are only permissible due to a qualifying life event.

It is highly important for PEEHIP members to know that while PEEHIP is dedicated to providing members with many benefit options that promote health and well-being, PEEHIP members have the responsibility to take action to make educated choices during Open Enrollment to select the right plan(s) that are best for them and their covered dependents. So please visit PEEHIP’s Member Online Services (MOS) website today at <https://mso.rsa-al.gov> to view your current coverages and make any needed coverage changes this Open Enrollment to be effective in the new plan year beginning October 1.

Important Open Enrollment Dates

Open Enrollment begins July 1, 2019, and will end by the following deadlines:

- ◆ **Online: September 10, 2019.** Open Enrollment ends midnight September 10, 2019. After this time, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed. **Online enrollment 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 giving you instant assurance PEEHIP has received your enrollment request.**
- ◆ **Paper: August 31, 2019.** Open Enrollment ends August 31, 2019. Any paper forms postmarked after that date will not be accepted, without exception.
- ◆ **Flexible Spending Accounts: September 30, 2019.** Both paper and online Open Enrollment for flex plans end September 30, 2019.

Effective Date of Coverage

All Open Enrollment coverage elections approved by PEEHIP will become effective **October 1, 2019.**

Open Enrollment Web Page

PEEHIP’s Open Enrollment informational web page can be found at www.rsa-al.gov/peehip/open-enrollment. You can also navigate to this page from the main RSA web page by clicking the PEEHIP link. This web page will allow you to find the information needed to make educated decisions about your health plan options. Listed on this page are deadlines, the updated PEEHIP Member Handbook with Open Enrollment changes effective October 1, 2019, and other information PEE relating to Open Enrollment.

Helpful Information about Open 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 covered dependents will remain on your current plan(s).
- ◆ *Exception: If you want to renew your Flexible Spending Accounts or Premium Assistance (PAA) Discount, you must re-enroll each year as these programs do not automatically renew. For more information about the Premium Assistance Discount, visit www.rsa-al.gov/peehip/premiums/premium-assistance-program/.

Introducing Choose Well, Live Well.

Coming this October, Sharecare will administer the new PEEHIP Wellness Program named Choose Well, Live Well. This slogan captures the driving force behind the program as PEEHIP and Sharecare believe every day we all have opportunities and decisions that impact our health, so we are constantly making choices that either put us on a path toward good health and wellness or poor health and disease.



As mentioned in the June PEEHIP Advisor which can be found at <https://www.rsa-al.gov/peehip/publications/advisor/>, Sharecare will provide an exclusive member platform via website and app that is designed just for PEEHIP members. This platform will include the following opportunities designed to help members take easy steps every day toward better health. See below for a list of the upcoming benefits of the Sharecare member experience:

- ◆ The RealAge® Test: A clinically validated health risk assessment that determines your age based upon your health and lifestyle as opposed to just your age based on birthdate.
- ◆ Daily Trackers (Green Days): Engagement data to track key RealAge Test health indicators. Earning Green Days improves your RealAge meaning improving your health.
- ◆ Digital Health Programs: Personalized recommendations, suggested content, targeted insights, and customized messages unique to the individual member.

◆ Content Library: Articles, questions and answers, videos, health topics, and much more.

◆ AskMD: Evidence-based and customizable symptom checker tool. Enter your symptoms and learn what might be causing them. Then, get guidance you can trust and steps to take right away.

◆ Personal Health Profile: The health profile is where you will see all of the elements of your health such as the results of your RealAge® Test, Biometric Screening, Claims, and more.

Over 45 million Americans and over 600,000 Alabamians have already taken the RealAge® test, so many of you may already be familiar with the Sharecare app or platform. While the free consumer version of the Sharecare app is currently available to everyone through your app store, the upcoming PEEHIP version will be customized to fit the needs of the PEEHIP membership, and will be exclusive for PEEHIP members.

For those members who already have a Sharecare account, Sharecare will provide an easy process to transition that account into your new PEEHIP Sharecare account, so that you can participate in the new Wellness Program. So watch for more information about Choose Well, Live Well including upcoming community events as we approach the kick-off of this program! ●

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- ◆ The changes approved by the PEEHIP Board at the May 2019 meeting were included in the June 2019 PEEHIP Advisor which can be found by visiting <https://www.rsa-al.gov/peehip/publications/advisor/>.
- ◆ Open Enrollment information is published in the PEEHIP Member Handbook. Active and retired members can view and/or download a copy of the handbook from the PEEHIP Open Enrollment web page referenced above. For members without internet access, you can request a printed Member Handbook by calling RSA Member Services at 877.517.0020.

Online Open Enrollment

PEEHIP's Member Online Services (MOS) website at <https://mso.rsa-al.gov> is the fastest and best way to enroll in new coverage or make changes to your existing coverage. Enrollment is done in real time, and a confirmation is given so that you have instant assurance that PEEHIP has received your enrollment request. Also, MOS will provide a premium calculation for the coverages that you select, saving you the time of having to calculate the premiums yourself. For these reasons, the majority of PEEHIP members opt to make their Open Enrollment changes online through MOS. To use MOS:

1. Go to <https://mso.rsa-al.gov> and enter your self-selected User ID and Password. If you need to register or re-register 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 at the top right of paper 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.

- ◆ Forgot User ID and/or Password: Click "Forgot user ID or Password?" and follow the steps to reset your account.
2. Click "Enroll in or Change PEEHIP Coverages" on the home page or from the "PEEHIP Services" drop down menu at the top of the page.
 3. Click the "Open Enrollment" option and then follow the on-screen prompts until you receive your **confirmation page**.

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 RSA Member Services by calling 877.517.0020. ●



New for 2019

New PEEHIP Humana Group Medicare Advantage (PPO) Plan for Medicare-Eligible PEEHIP Members

The information below pertains to PEEHIP Medicare-eligible retirees and Medicare-eligible dependents of PEEHIP retirees. For more information, visit <https://www.rsa-al.gov/peehip/retirees/>.



What is the New PEEHIP Humana Group Medicare Advantage (PPO) Plan?

The PEEHIP Humana Group Medicare Advantage Preferred Provider Organization (PPO) Plan coming **January 1, 2020**, is a Medicare Advantage plan (Medicare Part C) just like the Medicare Advantage plan currently provided by PEEHIP through UnitedHealthcare®. This PEEHIP Humana plan combines Medicare Part A (hospital), Part B (other medical services), and Part D (prescription drugs) in one package of benefits.

The Humana plan offers you a Medicare Advantage PPO plan with all the benefits of original Medicare plus extra benefits, maximum out-of-pocket protection, worldwide emergency coverage, programs to help improve health and well-being, along with a dedicated customer care team.

Like your previous plan, the new Humana plan was

designed specifically for Medicare-eligible PEEHIP retirees and will offer benefits that are very comparable to what you are currently using today.

For members who would like to keep their existing Part D coverage through TRICARE, or other creditable prescription drug coverage, you may do so and elect to only have hospital medical coverage through PEEHIP. PEEHIP will assist you along the way to help you feel confident about managing your costs and your well-being.

For more information about the change from UnitedHealthcare® to Humana for PEEHIP's Group Medicare Advantage (PPO) plan, see the June 2019 PEEHIP Advisor by visiting <https://www.rsa-al.gov/peehip/publications/advisor/>. ●

How Does this Plan Work?

Transitioning from the PEEHIP UnitedHealthcare® Plan: PEEHIP covered Medicare-eligible retirees do not need to do anything to transfer over to the new Humana Group Medicare Advantage (PPO) Plan. The enrollment process will be handled for an effective date of January 1, 2020.

ID Card: You will receive your Humana member ID card in December 2019. You will have one ID card to use for all your medical and prescription drug needs. Show this card to your physician and/or pharmacist when accessing your benefits starting January 1, 2020.

Provider Network: Your relationship with your medical provider is important in protecting and managing your health. Humana has a large network of doctors, specialists, and hospitals to pick from. You do not need a referral

to see any healthcare provider.

In addition, you have coverage for office visits, including routine physical exams, and with the Humana Group Medicare Advantage (PPO) Plan, you can use any provider who accepts Medicare and agrees to bill Humana. You can also use out-of-network (non-contracted) healthcare providers anywhere in the United States at the same level of benefit.

Plan Benefits: Humana will provide coverage for PEEHIP retirees under the Humana Group Medicare Advantage (PPO) Plan. Your benefit plan coverage remains the same, even if you receive care from an out-of-network provider. This plan is a group Medicare Advantage plan designed specifically for PEEHIP, meaning no one but eligible PEEHIP members can have this benefit, and it is not the same benefit as other Humana plans.

Medicare Parts A and B: Just like with the PEEHIP UnitedHealthcare® plan today, Medicare-eligible retired members and Medicare-eligible dependents must be enrolled in Medicare Part A and Part B to have coverage with the upcoming PEEHIP Humana Group Medicare Advantage (PPO) Plan. If you do not have both Part A and B, you will not be eligible for this plan and you will not have hospital medical or prescription drug coverage with PEEHIP. If you are the subscriber, then your dependents will also not be eligible for coverage.

Not Yet Medicare-Eligible: The upcoming change to Humana for PEEHIP's Medicare Advantage Plan does not affect active members and their covered spouses, non-Medicare-eligible retirees, or non-Medicare-eligible dependents of retirees. ●

PEEHIP Benefit Overview Effective January 1, 2020

Medical Coverage		
	In and Out-of-network benefit	
Medicare Part B Deductible	\$185	
Maximum Out-of-Pocket (MOOP)	\$6,700	
Office Visit	\$13 copay	
Specialist Visit	\$18 copay	
Emergency Room	\$35 copay	
Urgent Care	\$18 copay	
Hospital Inpatient	\$200 copay (day 1), then \$25 copay per day (days 2-5), then \$0 copay (days 6-365)	
Prescription Drug Coverage		
	30-day supply	90-day supply
Tier 1	\$6	\$12
Tier 2	\$40	\$120
Tier 3	\$60	\$180
Tier 4	\$60	N/A

Extra Benefits and Resources from Humana

Like PEEHIP's current UnitedHealthcare® Group Medicare Advantage (PPO) Plan, the upcoming PEEHIP Humana Group Medicare Advantage (PPO) Plan includes extra benefits and resources to enrich your plan and help you achieve your best health.

SilverSneakers® Fitness program

You can start reaching your wellness goals by getting active with SilverSneakers® fitness program, a health and fitness program with locations nationwide.

Go365®

Go365® by Humana is a wellness and rewards program available on the Humana plans. It rewards you for completing your preventive screenings, getting your daily steps, and participating in other healthy activities that can help keep you on the right track. When you have completed qualified activities, you will earn rewards that you can redeem for gift cards from different retailers.

SmartSummary®

Personalized monthly updates after you have had a claim to show how you are using your healthcare plan and prescription drug plan and what you have spent.

MyHumana

This is your personal, secure online account that allows you to access your specific plan details from your computer or smartphone. You can access this information by visiting <https://our.humana.com/peehip>.

Retiree Education Meetings



Humana will be hosting a series of Informational Meetings throughout Alabama beginning in August 2019 and lasting through September 2019 for PEEHIP Medicare-eligible retirees and their Medicare-eligible spouse/dependents. If you are unable to attend in person, Humana will also host teleconferences.

In early August, you will receive an invitation detailing the dates for these informational meetings and teleconferences. You will learn more about the PEEHIP Humana Group Medicare Advantage (PPO) Plan benefits offered through PEEHIP and the health resources included with the plan. Humana and PEEHIP representatives will be available after each session to answer questions. RSVP is recommended but not required to attend.

What to Expect In the Upcoming Months from Humana

- ◆ **August 2019:** You will receive an invitation from Humana with the dates and times that Humana will be hosting statewide Informational Meetings and teleconferences. RSVP is recommended but not required for you to attend.
- ◆ **November 2019:** Humana will send you your 2020 Informational kit. The kit will include detailed plan benefit information such as your Medical and Rx summary of benefits, a prescription drug guide, and plan guidebook.
- ◆ **December 2019:** You will receive a letter from Humana confirming your enrollment followed by your Humana ID card for the Humana Group Medicare Advantage (PPO) Plan offered through PEEHIP.
- ◆ **January 2020:** The Humana Group Medicare Advantage (PPO) Plan will be effective January 1, 2020. You will receive an Evidence of Coverage (EOC) in the mail.

In addition, Humana has a dedicated customer service team that is available to answer any general questions regarding your PEEHIP Humana Group Medicare Advantage (PPO) Plan offered through PEEHIP. You can reach the dedicated customer service team toll-free at 800.747.0008, TTY 711, Monday through Friday, 7:00 a.m. – 8:00 p.m. Central Time.



Flexible Spending Accounts

Save money on medical, dental, vision, or daycare expenses by enrolling in a PEEHIP Flexible Spending Accounts plan (FSA). PEEHIP offers two plans: a **Health Care FSA** and a **Dependent Day Care FSA**. You decide how much you would like to put aside into each account annually. The amount is divided into 12 separate monthly deductions. Your payroll coordinator will deduct the pre-tax amount from your monthly paycheck to place into your FSA. When you have a qualifying expense, your payment or copay amount is reimbursed to you from your FSA. **Most members save \$15 to \$35 for every \$100 they spend on qualifying expenses depending on their tax bracket!**

Remember, the Flex debit card is an allowable reimbursement method for eligible medical, dental, and vision expenses in addition to eligible pharmacy expenses.

Open Enrollment for FSA is **July 1 through September 30**. The new plan year (and your new savings) starts October 1, 2019. Enrollment in an FSA does not automatically renew each year, so you must re-enroll to continue participation. You can find more information about the PEEHIP FSA plans serviced by HealthEquity, at www.healthequity.com/peehip. ●

FY2020 Employer Contribution Amount

PEEHIP participating employers contribute funds to PEEHIP based on their number of active employees. The Alabama Legislature sets the employer contribution amount per active employee, which will remain \$800 for fiscal year 2020 (starting October 1, 2019). This is not a change from the prior year. This funding is used to cover the costs for all active and retired employees and their eligible dependents enrolled in PEEHIP coverage. ●

Summary of Benefits and Coverage

Availability of Summary Health Information

The Patient Protection and Affordable Care Act (PPACA) of 2010 created a federal requirement for group health plans to provide the Summary of Benefits and Coverage (SBC) form to health plan members during Open Enrollment. Health benefits represent a significant component of every employee's compensation package. The benefits also provide important protection for employees and their family in the case of illness or injury.

PEEHIP offers health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, PEEHIP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage options in a standard format to help you compare across coverage options available to you in both the individual market and group health insurance coverage markets. The SBC is available on the PEEHIP web page at www.rsa-al.gov/peehip/publications. A paper copy is also available, free of charge, by calling Member Services toll-free at 877.517.0020.

The SBC is meant as a summary only and the coverage examples in the SBC are for illustration purposes only and may not be representative of the actual charges for copayments or out-of-pocket expenses for the PEEHIP plan. For more detailed benefit information, see the PEEHIP Summary Plan Description (SPD) at www.rsa-al.gov/peehip/publications. ●

Avoid the \$50 Monthly Wellness Premium! Complete by August 31

Members and spouses covered on PEEHIP's Blue Cross Blue Shield (Group 14000) Hospital Medical Plan: **Your required activities for the PEEHIP Wellness Program must be completed by August 31, 2019, to earn a waiver of the \$50 monthly wellness premium effective October 1, 2019.**

This premium applies separately to incomplete members and spouses, meaning both must complete all required activities. To check your status, visit www.MyActiveHealth.com/PEEHIP and click on "My Required Activities." You can also verify your Wellness Premium Waiver has been earned by visiting PEEHIP's Member Online Services (MOS) at <https://mso-al.gov> and clicking on Wellness Completion Status on the home page after logging in. ●

PEEHIP and MedImpact Combating the Opioid Epidemic Together

Millions of American suffer from pain and are frequently prescribed opioids to treat their conditions. However, the dangers of prescription misuse and risk of overdose continue to rise while higher doses have not been shown to reduce long term pain. According to the Centers for Disease Control and Prevention (CDC), overdose deaths involving prescription opioids were 5 times higher in 2017 than in 1999 (www.cdc.gov/drugoverdose/data/prescribing.html). Alabama faces even greater challenges with an 11.1% increase in drug related deaths just from 2016-2017 (www.cdc.gov/drugoverdose/data/statedeaths.html).

In collaboration with our Pharmacy Benefit Manager, MedImpact, PEEHIP has implemented several strategies and programs aimed at reducing high risk opioid overutilization and improving safety for our members. Since launching the Opioid Cumulative Dose Program in June 2017, the number of opioid prescriptions has decreased by 31.1% due to not meeting clinical criteria.

In an effort to continue to align with the guidance and recommendations of the CDC, effective July 1, 2019, MedImpact will update the methadone morphine milligram equivalent (MME) calculations using the CDC graduated conversion factor. Due to methadone's long half-life and

association with cardiac arrhythmias, the methadone sliding scale conversion factor increases at higher doses to more accurately reflect the MME exposure.

PEEHIP and MedImpact are committed to being on the forefront of the battle to combat the opioid national health crisis. More information on the CDC recommendations for calculating safer opioid dosing can be found at https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf.

If you have any concerns regarding the methadone conversion factor update, please contact MedImpact customer services at 877.606.0727 or email customer-service@medimpact.com. ●

Newborns' and Mothers' Health Protection Act

Under the provisions of The Women's and Newborns' Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child

to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section.

Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her new-

born earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). ●

Women's Health and Cancer Rights Act of 1988

PEEHIP, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications

resulting from a mastectomy, including lymphedema. Call Blue Cross Blue Shield of Alabama at 800.327.3994 for more information. ●

Correction to the June 2019 Advisor – Supplemental Medical Plan Out-of-Pocket Maximum

The June 2019 *PEEHIP Advisor* included information about a change to the eligibility rules for the PEEHIP Supplemental Medical Plan that aligned the maximum allowed deductible amount of members' other primary group health insurance to the amount set by the IRS as a High Deductible Health Plan (HDHP).

Please note the corrected amounts for the IRS defined minimum deductibles for HDHPs for calendar year 2019 are \$1,350 or more for individual or \$2,700 for family and for CY 2020 as \$1,400 or more for individual or \$2,800 or more for family. Also, when enrolling in PEEHIP's Supplemental Medical Plan, you must provide your primary plan document for verification of the deductibles. ●