



## Don't have Medicare Part B?

### Enroll **now** during the Medicare General Enrollment Period January 1 - March 31

#### General Medicare Enrollment Period

If you didn't sign up for Part B during your **Initial Enrollment Period** when you were first eligible to enroll, or you don't qualify for **Special Enrollment**, you can sign up between January 1, 2015, and March 31, 2015, during the **General Enrollment Period**. Your Part B coverage will begin July 1, 2015.

**Don't delay!** If you are Medicare eligible and covered on a PEEHIP retired account type, you must have Medicare Part A **and** Part B to have adequate coverage with PEEHIP. Part B covers doctors' visits and other outpatient medical services. PEEHIP will only pay secondary on your medical claims, so it is imperative that you contact your local Social Security Administration office **now** and get enrolled before this open enrollment period ends!

**There are three times you can sign up for Medicare** – Initial, Special, and General Enrollment Periods. Medicare is for people aged 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

#### Initial Medicare Enrollment Period

You can sign up when you're first eligible for Part A and Part B. If you're eligible for Medicare when you turn 65, you can sign up during your Initial Enrollment Period. This is a 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. Sign up early so that your Medicare is effective the first day of the month in which you turn 65. **Do NOT assume you will automatically be enrolled in Medicare.** If you are not drawing Social Security benefits, you will not automatically be enrolled and you must take action and sign up for Medicare.

If you enroll in Medicare the month you turn 65 or during the last 3 months of your Initial Enrollment Period, your start date will be delayed and your coverage will start one month after you sign up. Sign up early so you will have adequate coverage!

3 months before the month you turn 65	2 months before the month you turn 65	1 month before the month you turn 65	The month you turn <b>65</b>	1 month after you turn 65	2 months after you turn 65	3 months after you turn 65
Sign up early to avoid a delay in coverage. To get Part A and/or Part B the month you turn 65, you must sign up during the first 3 months before the month you turn 65.			If you wait until the last 4 months of your Initial Enrollment Period to sign up for Part A and/or Part B, your coverage will be delayed.			

#### Special Medicare Enrollment Period

Once your Initial Enrollment Period ends, you may have the chance to sign up for Medicare during a Special Enrollment Period. If you are covered under a group health plan based on current employment, you have a Special Enrollment Period to sign up for Part A and/or Part B any time as long as you or your spouse (or family member if you're disabled) are working, and you're covered by a group health plan through the employer.

You also have an 8-month Special Enrollment Period to sign up for Part A and/or Part B that starts the month after the employment ends or the group health plan insurance based on current employment ends, whichever happens first. If you enroll using a Special Enrollment Period, your Medicare coverage will begin the month after Social Security gets your completed request. **If you are retiring and you (and your spouse if applicable) are Medicare eligible, make sure your Medicare Part A and Part B are effective the date of your retirement!** ●

# Team Up for Health Wellness Program Update

**P**EEHIP's Team Up for Health Wellness Program is a confidential and secure benefit offered by PEEHIP that helps you identify ways to live a healthier lifestyle. We encourage you to take a bigger interest in your health by making the most of your PEEHIP wellness benefits. Below are some Frequently Asked Questions (FAQs) about Team Up for Health:

**Q: Who is REQUIRED to participate?**

A: Those enrolled in the PEEHIP Hospital Medical group #14000 plan who are:

- Active members and their covered spouses
- Non-Medicare eligible retirees
- Covered Non-Medicare eligible spouses of retirees
- COBRA, Leave of Absence, and Surviving Spouses

**Q: I am Medicare-eligible and retired. Am I required to participate?**

A: No. You are NOT required to participate if you are retired and Medicare-eligible. Medicare-eligible spouses on retired contracts are also NOT required.

**Q: I have VIVA Health with PEEHIP. Am I required to participate?**

A: No. You are NOT required to participate if you are enrolled in VIVA Health.

**Q: I only have the Optional Plans with PEEHIP. Am I required to participate?**

A: No. You are NOT required to participate if you are only enrolled in the Optional Plans (dental, vision, cancer or indemnity), and are NOT enrolled in the PEEHIP Hospital Medical group #14000 plan.

**Q: I have the PEEHIP Supplemental Medical Plan. Am I required to participate?**

A: No. You are NOT required to participate if you are enrolled in the PEEHIP Supplemental Medical Plan.

**Q: Do my children have to participate?**

A: No. Children have NO requirement to participate.

**Q: What do I have to do if I am required to participate?**

A: You are required to complete the following:

- **Wellness Screening** - between August 1, 2014, and May 31, 2015
- **Health Questionnaire (HQ)** - between January 1, 2015, and May 31, 2015

- **Wellness Coaching or Disease Management Coaching** - between January 1, 2015, and May 31, 2015 - **ONLY if you were identified by ActiveHealth** for coaching and were mailed a coaching invitation letter from ActiveHealth during the month of January 2015.

**Q: Where should I have a Wellness Screening?**

A: The following screening options are approved by PEEHIP:

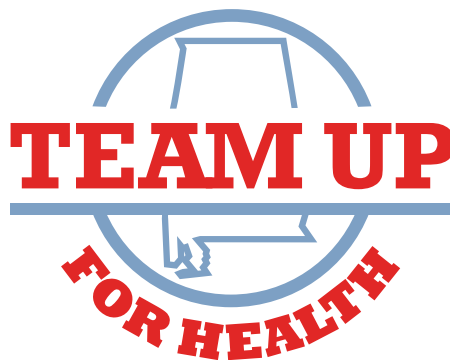
- PEEHIP offers all eligible members one FREE annual screening provided by the Alabama Department of Public Health (ADPH) nurses at the employees' worksite or at ADPH county locations. ADPH is PEEHIP's approved wellness screening partner. Visit the ADPH online calendar

at [www.adph.org/worksitewellness](http://www.adph.org/worksitewellness) to find out when and where screenings will be offered in your area. **Bring your PEEHIP ID card as proof of eligibility for the free annual screening.**

- Or if you prefer, you can obtain your screening through your annual preventive office visit with your personal physician using the PEEHIP Healthcare Provider Screening form downloadable

from PEEHIP's wellness web page at [www.rsa-al.gov](http://www.rsa-al.gov).

- While PEEHIP is diligently working to provide additional screening options, there are currently no other available screening routes that are covered for our members. Third parties or screening providers other than the options listed above may not be covered by your PEEHIP insurance and/or may not serve as credit for your screening requirement. If you are contacted by a third party screening provider offering you their screening service, please contact PEEHIP before proceeding to ensure your screening will satisfy your requirement and be covered by your insurance.



**Q: Where should I take the Health Questionnaire (HQ)?**

A: You can complete the HQ:

- Online at [www.MyActiveHealth.com/PEEHIP](http://www.MyActiveHealth.com/PEEHIP). The HQ can be completed using a computer, smartphone, or a tablet.
- Over the phone by calling ActiveHealth toll free 855.294.6580 if you do not have access to the Internet or have a computer, smartphone, or tablet.

**Q: What happens if I don't participate in the Wellness Program?**

A: The \$50 wellness premium will be applied to the monthly PEEHIP premium beginning October 2015 for members and spouses who do NOT participate or who do NOT complete all of the required activities by the May 31, 2015 deadline. The \$50 is applied once for a non-participating member and again for a non-participating spouse.

**Q: I tried registering at [www.MyActiveHealth.com/PEEHIP](http://www.MyActiveHealth.com/PEEHIP) but it won't recognize my name and/or zip ~ What do I do?**

A: Be sure to do the following:

- Enter your current zip. If your address does not match ActiveHealth's records, it means your address on file with PEEHIP is not up to date. You must first update your address with PEEHIP by visiting Member Online Services (MOS) at <https://mso.rsa-al.gov>. Or you can contact RSA's

Member Services at 877.517.0020 and request an Address Change Form. An address update cannot be done over the phone or by email. One business day after the update, your address should match ActiveHealth's records.

- Enter your name on the MyActiveHealth registration exactly as it appears on your PEEHIP insurance ID card, or if you are the spouse it should match your Social Security card.

**Q: Can I use my PEEHIP MOS log in for the [www.MyActiveHealth.com/PEEHIP](http://www.MyActiveHealth.com/PEEHIP) website?**

A: The two websites are different and completely independent from one another. To log in to MyActiveHealth and start taking advantage of all the new wellness services provided, you will first need to register by creating an account at the MyActiveHealth website.

**Q: Do I have to participate in Wellness or Disease Management Coaching?**

A: ActiveHealth continuously monitors and outreaches to the PEEHIP membership to offer coaching from their registered nurses and health professionals. However, only those members who were mailed a coaching invitation letter in January 2015 are required to participate in coaching by May 31, 2015. You can verify if you were sent a letter by checking your "My Message" center at [www.MyActiveHealth.com/PEEHIP](http://www.MyActiveHealth.com/PEEHIP), or by calling ActiveHealth toll free at 855.294.6580. ●

## Annual Out-of-Pocket Maximums

The Affordable Care Act (ACA) requires that non-grandfathered group health plans comply with the annual limits on out-of-pocket (OOP) maximums. The OOP maximums are set by the ACA and are indexed annually. For 2014, the maximums are \$6,350 and \$12,700 for single and family coverage, respectively, and the 2015 maximums are \$6,600 and \$13,200, respectively. In-network medical expenses are included in the OOP maximums and drug copays will be added beginning 2015.

PEEHIP has implemented this requirement effective October 1, 2014, and defines the plan year for the OOP maximums as a calendar year (not a fiscal year). Accordingly, PEEHIP will have a short calendar year for the initial 2014 implementation with the OOP maximums reduced to 25% of the 2014 ACA amounts. For each full calendar year thereafter, PEEHIP will implement the full ACA indexed OOP maximum amounts. PEEHIP members with hospital medical coverage will pay no more than the annual OOP maximums shown below for 2014 and 2015. This is an enhanced benefit for our members. ●

Calendar Year	Out-of-Pocket Maximums		Accumulates Toward the OOP Maximum
	Single Coverage	Family Coverage	
October 1 - December 31, 2014	\$1,588	\$3,175	In-Network Medical Expenses Only
January 1 - December 31, 2015	\$6,600	\$13,200	In-Network Medical & Prescription Drug Expenses

This article replaces the "Annual Out-of-Pocket Maximums" article published in the June 2014 PEEHIP Advisor.

# Over the Counter Medications (OTC)

## Mandatory OTC Equivalent Program

Effective February 1, 2015, PEEHIP will exclude from coverage any prescription medication for which there is an exact over the counter (OTC) equivalent. Instead, members can purchase the OTC medication directly without using their insurance coverage. OTC medications are drugs you can buy without a prescription and are often located on shelves in drug stores with easy access by members, but may also be available in a variety of retail outlets including grocery stores and large discount retailers.

This means that PEEHIP will exclude from coverage the OTC drug that is chemically equivalent and is available in the exact dosage. For example, Nexium **20 mg** will no longer be available under the PEEHIP plan because there is an exact OTC equivalent available. In contrast, Nexium **40 mg** does not have an **exact** OTC equivalent available so it will still be covered under PEEHIP (with a \$60 copay). Note that you may wish to consult with your physician to determine if it is appropriate to take enough of the lower strength OTC version to equal the prescription version (potentially saving you money, if the OTC version is available at a lower cost than the prescription copay).

Below is the list of OTC medications that will be excluded from PEEHIP coverage. Members affected by this change will receive a letter prior to the February 1, 2015, implementation date. Medicare primary members are not affected by this change.

Bacitracin-Polymyxin	500-10K/G
Centergy DM	3-2-1MG/ML
Children's Allegra Allergy	30 MG/5 ML
Citric Acid	100%
Conex	60 MG-2 MG
Dallergy	2MG-1MG/ML
Dimethyl Sulfoxide	99%
Exefen DMX	400-20-60
Fexofenadine HCL	30 MG, 60 MG, 180 MG
J-Tan PD	1 MG/ML

Lansoprazole	15 MG
Mar-Cof CG	225-7.5/5
Nexium	20 MG
Omeprazole	20 MG
Petrolatum	100%
Polysorbate 80	
Pro-Clear Caps	200MG-9MG
Pyrilamine-Phenylephrine	5-16MG/5ML
Sudatuss-SF	30-10-100

## Optional OTC Alternatives Program

Effective February 1, 2015, PEEHIP is promoting a **voluntary** program designed to save all PEEHIP members (commercial and EGWP) money on select prescription medications. Many prescription medications are available in lower strengths as an over the counter (OTC) medication. In some cases, your doctor may be able to determine that it is appropriate and economical for you to use more of the lower strength OTC medication to equal the strength of the prescription version. By doing so, you can save money, particularly on brand medications where the copay is more than the cost of the OTC medication.

For example, Nexium **40 mg** is a non-preferred brand medication covered under PEEHIP with a \$60 copay, and Nexium **20 mg** is an OTC drug available at most retail and drug stores without a prescription for a cost that is less than the \$60 copay.

Members who may benefit from this program will receive a letter. Consult with your physician to determine if an OTC alternative is right for you.

## Medical Foods Exclusion

Effective April 1, 2015, PEEHIP will exclude medical foods from coverage under the PEEHIP plan. Medical foods are not FDA approved medications and will no longer be covered. Members affected by this change will receive a notification letter prior to the April 1, 2015, implementation date. ●