

# In the Know: Get the Most From Your Benefits

### **Our Members Get It**

Every fall, we ask our members about the materials they get at the start of the Option Selection Period. Last year more than 5,000 members responded to the OSP materials survey. Respondents gave high scores to the Health Options Program—94% rated the program materials a 7 or higher

on a 10-point satisfaction scale. They also feel they have the right amount of coverage options and the information they need to make an informed decision. The personalized statement continues to be a member favorite. Respondents also rated the Health Options Program's reputation for quality and Premium Assistance support as the top reasons they enrolled in the Program.

Look inside on page 3 for more insight from our members.

Please take a few minutes to tell us what you think!







# Breaking News: Introducing the **Inflation Reduction Act!**

Have you heard of something called the Inflation Reduction Act (IRA)? If not, that's OK. This issue of HOPNews breaks it all down for you.

### WHAT IT IS

The IRA was signed in August 2022. The Act is a multiyear rollout of governmental changes that affect how Medicare coverage works. Some of the changes benefit the government, some benefit plan administrators, and others benefit the plan participants. See the Timeline of IRA Changes section on page 3.

### WHY IT IS IMPORTANT

The IRA changes affect all Medicare prescription drug plans, including the Health Options Program. Starting in 2025, the government is requiring changes that will significantly change Part D plan designs, for example, the Coverage Gap is being eliminated, and there will be a \$2,000 TrOOP maximum for Medicare Part D prescription drugs.

### WHAT IT MEANS TO MEMBERS

For members of the Health Options Program, their current benefits will continue through December 31, 2024. The Health Options Program is carefully reviewing the requirements of the IRA and what they mean for future plan designs. As the 2025 Option Selection Period gets closer, we will keep members updated with what they need to know.

### **Summer Information Sessions** and Webinars

### Individual consultations

To schedule a 30-minute telephone appointment (not a group meeting), call the HOP Administration Unit at 1-800-773-7725, and let the representative know that you want to schedule an individual telephone consultation.

### Online webinars

Registration is required. The summer webinars will be held in July and August. The schedule and registration links are posted to the **Information** Sessions page (under Eligibility and Enrolling) on HOPbenefits.com. Or you can call the HOP Administration Unit to register. A recording will be available if you are not able to make it to a live event.



# Inflation Reduction Act Recap

With the introduction to the IRA complete (see page 2), this article provides a quick recap of changes already made. For example, did you know that the IRA was responsible for reducing the cost of insulin and offering no-cost vaccines in 2023? Since then, the IRA has been responsible for other changes to help control costs, as shown below.

In general, the changes are shifting how drug costs are shared across plan participants, drug manufacturers, the federal government, and prescription drug plans. There are more changes to come in 2025, with prescription drug plans paying an even larger share of costs than they do today. More information about how these will affect your plans in 2025 will be provided to participants of the Health Options Program as the Option Selection Period starts this fall.

### **Timeline of IRA Changes**



- Plan participants pay less at the **pharmacy** for insulin (\$35 maximum) and nothing for certain vaccines.
- Drug manufacturers pay rebates to the federal government (Medicare) if drug costs increase more than the rate of inflation.
- Plan participants pay nothing for drugs once they reach the catastrophic tier.
- Plans are picking up a higher share of the cost for drug claims after participants reach the catastrophic tier.

### In Their Own Words

Our members have a lot to say about their benefits, and we value their feedback. More than 1,500 members provided handwritten comments on the survey cards—and we read them all. Here's what some of you had to say:

- 66 I've been retired over 10 years and am very pleased with HOP. 99
- <sup>66</sup> I like the fact that the premiums are deducted before I get my check. One less bill to worry about paying or forgetting. ""
- 66 Anytime I have called HOP, the person to whom I spoke was courteous, competent and clear spoken. Thank you. ""
- 66 Thank you for making it easier to make choices as we get older. Plus, you give us good choices to help keep us in good health. 99

# **Exercise Your Mind and Body This Summer**

The U.S. Department of Health and Human Services designated June as Alzheimer's and Brain Awareness Month. It is important to raise awareness about brain health, because approximately six million Americans aged 65 and older are currently battling related conditions. Adopting a healthy lifestyle, including regular exercise and proper nutrition, is suggested to lower the risk of certain brain diseases and will also benefit your physical health.

Members enrolled in the HOP Medical Plan or the HOP Pre-65 Medical Plan have no-cost access to the SilverSneakers fitness program from Tivity Health, Inc.



SilverSneakers is more than a traditional fitness program. It is designed specifically for seniors and provides resources to help your body and mind.

- It's a nationwide network of participating locations, with group fitness classes at select locations
- SilverSneakers LIVE online classes and workshops are taught seven days a week by instructors trained in senior fitness.
- SilverSneakers On-Demand classes combine physical activity with cognitive drills to optimize brain health.
- SilverSneakers GO mobile app offers digital workout programs.
- SilverSneakers Community classes are offered in neighborhood locations outside the gym.
- Membership includes access to Burnalong® which offers a supportive virtual community and thousands of classes for all interests and abilities.

To learn more or search for a participating location, visit the SilverSneakers page on **HOPbenefits.com**.

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- <sup>1</sup> Participating locations (PL) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.
- <sup>2</sup> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.



# Are You Almost 65?

If you're a PSERS retiree about to turn age 65, we take a number of steps to make sure you understand how the Health Options Program works.

We send you a package of information from four to nine months before your 65th birthday. We mail these twice a year—in the fall for people turning age 65 during the first six months of the following year and in the spring for people turning age 65 in the second half of the year. The package contains a description of the medical, prescription drug, and dental and vision benefits available under the Health Options Program—plus a personalized statement that has information specific to you, including your monthly premiums for all your coverage options.

# The Health Options **Program Advantage**

Here are a few things that set the Health Options Program apart from other commercial plans:

- Substantial premium subsidy. If you meet the requirements for Premium Assistance, you can receive up to \$100 a month reimbursement (see article to the right).
- **Age 65 discount.** If you enroll in the HOP Medical Plan at age 65, you will pay a discounted premium.
- Choice. You can choose between Medicare Supplement plans and Medicare Advantage plans, as well as Medicare prescription drug (Part D) plans and a dental and vision option.



# **Premium Assistance**

### Annual verification of payments

Premium Assistance is a reimbursement of a premium paid by an eligible retiree to an approved health plan. It is added to a retiree's retirement benefit and is not subject to federal or state income tax. In order to preserve this tax-favored treatment, PSERS is required to obtain verification that retirees who receive Premium Assistance actually have out-of-pocket premium expenses from approved plans.

Each year, PSERS asks school employers to verify that Premium Assistance recipients have paid premiums each month that equal or exceed the amount of the Premium Assistance benefit. If the school employer is unable to do so, PSERS must collect unverified benefits from the retiree.

PSERS sends a letter to all retirees who have received overpayments. The letter requests that overpayments be returned and explains how they can be returned, including lump-sum or monthly deductions.

Don't know if you're eligible for Premium Assistance? Call 1-866-483-5509 for help.

# Remember to Call PSERS

If you are receiving Premium Assistance and your out-of-pocket premium expense changes or stops, it is your responsibility to notify PSERS. You must also notify PSERS if you have terminated your health coverage with your former school employer and have not enrolled in the Health Options Program.

If you are unsure about your eligibility for Premium Assistance, call the Premium Assistance Unit at 1-866-483-5509, and ask a customer service representative to check your retirement benefit records.



HOP Administration Unit P.O. Box 1764 Lancaster, PA 17608-1764

# Know More About Your BENEFITS

### Have a Question?

If You Have a Question About	Please Call	Or Go Online
Enrollment in the Health Options Program Health Options Program in general	HOP Administration Unit 1-800-PSERS25 (1-800-773-7725) TTY: 1-800-498-5428 From outside the U.S.: +1 717-305-7388 8:00 a.m. to 8:00 p.m. ET, weekdays	HOPbenefits.com
Premium Assistance	Premium Assistance 1-866-483-5509 8:00 a.m. to 8:00 p.m. ET, weekdays	
Retirement	<b>PSERS</b> 1-888-PSERS4U (1-888-773-7748) 7:30 a.m. to 5:00 p.m. ET, weekdays	psers.pa.gov
Medicare	Medicare 1-800-MEDICARE (1-800-633-4227)	medicare.gov