



HOP NEWS

Choose Your Benefits; Choose Wisely

It's time to starting thinking about your health care options for 2025.

Option Selection Period for 2025 will take place in October. This is your opportunity to consider your current benefits and whether they'll continue to meet your health care needs next year.

As a starting point, you may want to think about what benefits you used most this year, what you didn't use, how your plan fits your budget, and if your health care needs will change next year.



Personalized statement kits will arrive in October. Take the time to review all the materials you receive so you know what's changing and what it means to you. Then, you can make an informed decision about whether you want to make any changes to your Health Options Program coverage for 2025.



In the News: The Inflation Reduction Act (IRA)

The IRA affects all Medicare prescription drug plans, including the Health Options Program. Starting in 2025, the government is requiring significant changes to Part D plan designs. Review your Option Selection Period materials carefully.

Plan Ahead: Your Option Selection Period Checklist

Use the list to the right to prepare for making your 2025 coverage decisions. Unless you notify us during the Option Selection Period, your current medical and/or dental and vision coverage, updated for 2025 plan changes, will continue. The prescription drug portion of your coverage will be updated to the applicable 2025 plan option.

-  **Consider overall costs.** When calculating your overall costs, be sure to include the monthly premium and deductible, as well as what it will cost when you need care (copays and coinsurance).
-  **Review what's covered by each plan.** Read your Personalized Statement for a summary of benefits for all your plan options—including the Medicare Advantage plans. Consider your health care needs and how any benefit changes may affect your coverage for next year.

-  **Check the formulary.** The formulary is the list of medications covered by a prescription drug plan. Use the online Find a Drug tool on [HOPbenefits.com](https://www.hopbenefits.com) for the most current version of the formulary. If you are currently enrolled in, or considering, a Medicare Advantage plan, ask the insurance carrier for the applicable formulary.
-  **The first person to retire determines enrollment options.** If you are married and your spouse is not currently enrolled, consider when they might retire. Retirees and dependents must be enrolled in the same plan options, which is determined by who enrolls first. Therefore, if your spouse will become eligible within the next year, but after you make your decision this Option Selection Period, you may want to consider what options will work for both of you. Otherwise, you won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period.

The Medicare Prescription Payment Plan in 2025

The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January–December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. If you are enrolled in a prescription drug plan through the Health Options Program, watch for a mailing from Optum Rx in the next few weeks with more information. If you are enrolled in a Medicare Advantage plan, contact the plan for additional information. You can also visit [medicare.gov](https://www.medicare.gov) to learn more.

Make an Informed Decision

In October, you will receive a packet of information mailed to your home that explains all of your choices for 2025 and any changes to your current coverage. Take the time to evaluate the materials, and decide whether you want to make any changes to your Health Options Program coverage for 2025.

Here's what you'll receive from us in October:

- A **Personalized Statement** that shows your current coverage and your 2025 options and premiums based on where you live
- A Health Options Program **Change Form** to use if you want to change options effective January 1, 2025
- A survey card with questions about our communications

Every member enrolled in a Medicare Rx Option will also receive the following (married couples may receive two sets), as required by Medicare:

- A 2025 **Abridged Prescription Drug Formulary**, listing the most frequently prescribed medications (The Comprehensive Formulary will be posted to [HOPbenefits.com](https://www.hopbenefits.com).)
- A 2025 **Annual Notice of Change**, which provides an overview of the changes to your current Medicare Rx Option
- A mailing from Optum Rx to eligible members about the new Medicare Prescription Payment Plan. The letter explains what it is, who's eligible, and how to enroll.

Take the time to review all the materials you receive so you know what's changing and what it means to you.

Online Materials for 2025

The Centers for Medicare & Medicaid Services (CMS) has ruled that plans can provide certain documents electronically instead of mailing printed copies. For the 2025 Option Selection Period, the following materials will be available in mid-October on [HOPbenefits.com](https://www.hopbenefits.com).

- The 2025 **Evidence of Coverage**, which contains information about your Medicare prescription drug plan, your rights and responsibilities, what is covered, and what you pay as a member of the plan.
- The **Pharmacy Locator Tool** lists the network pharmacies. You can use this tool to find a network pharmacy near you.

Print by request. If you would like a printed copy of either document, call the HOP Administration Unit (1-800-773-7725) and one will be mailed to you. Let the representative know if it is a one-time request or you want to make it permanent.



Medicare Launches Innovative Caregiver Program for Dementia

Medicare recently launched the **Guiding an Improved Dementia Experience (GUIDE) Model**, a pilot program to support dementia patients and their unpaid caregivers. The program began in July 2024 and is expected to run for eight years. Experts believe it could set a new standard in dementia care, delaying the need for long-term nursing home care.

The program works by paying providers a monthly per-patient amount to provide support services. There are 390 providers around the country participating in GUIDE. These providers offer services that include 24/7 access to a support line, personalized care plans, and trained care coordinators to assist families in managing the complex needs of dementia patients.

A person with Medicare may receive services under the GUIDE Model if they meet certain eligibility requirements, such as being diagnosed with dementia (which may be mild, moderate, or severe). They will also need to find a health care provider that is participating in the GUIDE Model in their community. For more information, visit cms.gov/priorities/innovation/innovation-models/guide.

2024 Medicare Star Rating ★★★★★

Each year, Medicare evaluates prescription drug plans and awards a star rating to each plan based on performance. The Health Options Program's prescription drug plans received a 4.5-star rating for 2024, indicating that the program is highly rated in comparison to other prescription drug plans nationwide.

Attend an Information Session

Getting information about the Health Options Program is easy. Do you need one-on-one assistance, or would you prefer to attend a presentation online? It's your choice.

One-on-one consultations

Schedule a 30-minute telephone appointment (not a group meeting) with a staff member of the Health Options Program. Just call the HOP Administration Unit at 1-800-773-7725, and tell the representative you want to schedule an individual telephone consultation.

Online webinars

Attend a webinar online during the months of October and November. The schedule and webinar links are posted to the **Information Sessions page** on HOPbenefits.com.

Recorded webinars are also available if you are unable to attend a live session.



Is Your Spouse Almost 65?

If you are married and your spouse is not currently enrolled, consider when they might become eligible—for example, when they turn age 65. Retirees and dependents must be enrolled in the same plan, which is determined by who enrolls first.

Therefore, if your spouse will become eligible within the next year but after you make your decision this Option Selection Period, you may want to consider what options will work for both of you.

For example, if you elect the HOP Medical Plan, when your spouse retires, he or she must also elect the HOP Medical Plan (if Medicare-eligible) or the HOP Pre-65 Medical Plan (if not eligible for Medicare). You won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period.

Coverage for your spouse

- If your spouse is also a PSERS retiree, you may each enroll individually in any option.
- If your spouse is NOT a PSERS retiree and is Medicare-eligible, he or she must enroll in the **same plan** that you enroll in.
- If your spouse is not eligible for Medicare, he or she must enroll in the **same type of plan** that you enroll in (the HOP Pre-65 Medical Plan if you enroll in the HOP Medical Plan, Value Medical Plan, or a Pre-65 managed care plan offered by the same insurance company, if you enroll in a Medicare Advantage plan).

Call the HOP Administration Unit at 1-800-773-7725 with any questions and for more information about enrolling in the Health Options Program.

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 through lump-sum or monthly deductions.

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.



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

Get ready for Option Selection Period

Have a Question?

If You Have a Question About	Please Call	Or Go Online
Health Options Program enrollment or eligibility HOP Medical Plan, Value Medical Plan, or HOP Pre-65 Medical Plan benefits or claims	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
Prescription drugs (retail or mail order) under the Enhanced, Basic, or Value Medicare Rx Option or the HOP Pre-65 Medical Plan	Optum Rx 1-888-239-1301 TTY/TDD: 1-800-498-5428 Available 24/7	HOPbenefits.com
Medicare Advantage or Managed Care plan benefits, claims, or prescription drugs	Please call the plan directly.	
MetLife Dental and EyeMed Vision Option	MetLife 1-855-700-7997 8:00 a.m. to 11:00 p.m. ET, weekdays EyeMed 1-855-663-7444 7:30 a.m. to 11:00 p.m. ET, weekdays 8:00 a.m. to 11:00 p.m. ET, Saturdays 11:00 a.m. to 8:00 p.m. ET, Sundays	Dental and Vision Coverage page on HOPbenefits.com
Premium Assistance	Premium Assistance 1-866-483-5509 8:00 a.m. to 8:00 p.m. ET, weekdays	
Retirement	PSERS 1-888-PSERS4U (1-888-773-7748) 8:00 a.m. to 5:00 p.m. ET, weekdays	psers.pa.gov