

BOARD OF TRUSTEES

JOSEPH F. KENNEDY
 ROBERT T. REGAN
 HON. MARIYANA T. SPYROPOULOS
 STEPHEN J. CARMODY
 JOHN P. DALTON, JR.
 HON. BARBARA J. MCGOWAN
 KATHLEEN THERESE MEANY

IN THIS ISSUE:

**Open Enrollment
 Oct. 23rd – Nov 17th**

<<<>>>

Medical Plans Available

<<<>>>

Making Changes To Your
 Benefits

<<<>>>

Health Insurance Premium
 Changes

<<<>>>

Annuitant Health Insurance
 Benefit Information

<<<>>>

BCBS New Pharmacy
 Home Delivery Service

<<<>>>

Maintain Your Medicare

<<<>>>

Maximize Your Health
 Benefits

<<<>>>

24 /7 Nurseline

<<<>>>

Don't Overpay For The
 Shingle Vaccine

<<<>>>

Help Prevent Healthcare
 Fraud

<<<>>>

MWRD

Retirement Fund
 111 E. Erie Street
 Chicago, IL 60611
 (312) 751-3222

www.mwrdrf.org

Editors:
 Retirement Fund Staff

Open Enrollment for Annuitants

The open enrollment period for 2018 runs from October 23, 2017 through November 17, 2017. This is the only period that annuitants have the chance to change their health care coverage or to enroll in one of the District sponsored health plans. Any changes to your benefits for 2018 must be made during this open enrollment period. If you would like to switch your plan, please contact Debra Kozlowski at this office at (312) 751-3222. If there are no changes, no action is required.



Medical Plans Available to Annuitants

The medical plans the District offers to annuitants, who meet the insurance eligibility requirements, are Blue Cross Blue Shield PPO, HMO Illinois, and United Healthcare (UHC) Medicare Advantage Plan. Movement between PPO and HMO is only available for non-Medicare eligible annuitants and dependents. There are significant differences between these plans which are summarized below:



BCBS PPO

- For annuitants and dependents under age 65, and without Medicare.
- Offers annuitants flexibility to choose their own doctors, hospitals, and specialists.
- For in-network providers, the plan pays 85% for a covered medical claim. The annuitant is responsible for 15% co-insurance.
- The annual individual deductible is \$350 and the maximum out of pocket expense is \$1,500.
- Prescription copays are: \$9 for generic, \$25 for formulary brand, \$45 for non-formulary brand, \$100 for specialty drugs.

HMO Illinois

- For annuitants and dependents under age 65, without Medicare and live in Illinois.
- Annuitants have to choose a medical group and a primary care physician from the HMO network.
- Need referrals to see specialists within the medical group.
- There is no deductible but there is a \$20 co-pay for office visits.
- Prescription copays are: \$9 for generic, \$25 for formulary brand, \$45 for non-formulary brand, \$100 for specialty drugs.

United Healthcare (UHC) Medicare Advantage Plan

- Annuitants must be enrolled in Medicare Part A and Part B and continue to pay for the Medicare Part B premiums.
- Annuitants can see any provider as long as the provider accepts the plan and did not opt out of Medicare.
- The plan pays 85% of the Medicare allowable cost for a covered medical claim. The annuitant is responsible for 15% co-insurance.
- The annual individual deductible is \$350 and the maximum out-of-pocket expense is \$1,500.
- Prescription copays are: \$9 for generic, \$25 for formulary brand, \$45 for non-formulary brand, \$100 for specialty drugs.

MAKING CHANGES TO YOUR BENEFITS

- Insurance applications must be received at the Retirement Fund office by Nov. 17, 2017. Applications will NOT be accepted after November 17th.
- If you have questions, you are encouraged to contact the Retirement Fund office to discuss the medical plans available and the differences between the plans.
- Return completed forms to the MWRD Retirement Fund, 111 East Erie Street, Suite 330, Chicago, IL 60611.
- According to the District's General Health Insurance Eligibility Policy, MWRD annuitants who have dropped their retiree health insurance may re-enroll only once into a District-sponsored health insurance plan.



HEALTH INSURANCE PREMIUM CHANGES

Effective January 1, 2018, the annuitant contribution rate will increase to 42.50% with the District subsidizing 57.50% of the premium. In addition to the contribution rate change, the annuitants will see a 3.4% increase in their premiums due to the slight increase in claims last year. Fortunately, the District continues to offer health insurance benefits to the annuitants. The new premiums will be reflected on your January 1, 2018 annuity payment. The new rate is shown below in the row reflecting the number of insured members covered under PPO and HMO policy and the number of insured members on Medicare:

Retirees without Medicare*	BCBS of Illinois PPO		HMO Illinois	
	Retiree's rate	District's rate	Retiree's rate	District's rate
Member	\$ 442.80	\$ 599.08	\$ 290.36	\$ 392.84
Couple	\$ 885.70	\$1,198.30	\$ 543.55	\$ 735.39
Family (3 or more)	\$ 1,001.25	\$1,354.63	\$ 833.20	\$1,127.27
Retirees with Medicare*	UnitedHealthcare MAPD		UnitedHealthcare MAPD	
	Retiree's rate	District's rate	Retiree's rate	District's rate
Member	\$ 129.68	\$ 175.46	\$ 129.68	\$ 175.46
Couple, both with Medicare	\$ 259.37	\$ 350.91	\$ 259.37	\$ 350.91
Rates for Those Covering at least 1 With Medicare* and at least 1 without	UnitedHealthcare MAPD and BCBS PPO		UnitedHealthcare MAPD and HMO Illinois	
	Retiree's rate	District's rate	Retiree's rate	District's rate
Couple, one with Medicare	\$ 572.48	\$ 774.54	\$ 420.04	\$ 568.30
Family, one with Medicare	\$ 793.88	\$1,074.08	\$ 565.22	\$ 764.72
Family (3 or more), two with Medicare	\$ 480.77	\$ 650.45	\$ 404.55	\$ 547.33

* Must have Parts A and B to qualify for the MAPD plan.

ANNUITANT HEALTH INSURANCE BENEFIT INFORMATION:

For additional information on annuitant benefits, please visit our website at www.mwrdrf.org, or contact the Fund's office. We offer the following resources to our members:

- ✓ A Benefits Comparison Guide for Retired Employees enrolled in BCBS
- ✓ Summary of Benefits and Coverage (SBC)
- ✓ Prescription Drug Mail Order Forms.
- ✓ United Healthcare Benefit Highlight Sheet

BCBS NEW PHARMACY HOME DELIVERY SERVICE

As of July 1, 2017, PrimeMail has combined with Walgreens Mail Service. As a result, PrimeMail prescriptions are now filled by Walgreens Mail Service. Most things remain the same such as the mail service phone number, the customer service hours, and refill reminders.

However, the changes our annuitants might notice are: the Walgreens name on prescription bottles, invoice, and pharmacy benefit communications. To request a refill, know your prescription number and choose one of these convenient options:

1. Register at www.walgreens.com/primemail and follow instructions to submit your prescription information.
2. Call the phone number provided on your prescription label and order your refill.
3. Send in the refill request slip that was included with your order.

For additional information on Walgreens Mail Service, please visit Walgreens.com/PrimeMail.

MAINTAIN YOUR MEDICARE PART A AND PART B COVERAGE

The United Healthcare Medicare Advantage Plan (UHC MAPD) includes all the benefits of Original Medicare (Parts A and B) and prescription drug coverage (Part D). To participate in this plan, the annuitant must be enrolled in Medicare Part A and Part B and continue to pay Medicare Part B premium and the Income Related Monthly Adjusted Amount (IRMAA) if it applies. When an annuitant fails to pay the Medicare Part B premium, they will be disenrolled from the UHC MAPD. Once the annuitant is disenrolled, there are serious consequences:



- The annuitant will not have medical and prescription coverage.
- To re-enroll in UHC MAPD, the annuitant would have to wait for the next open enrollment period.
- If the annuitant is not enrolled in the UHC MAPD for more than 63 days, the annuitant may accumulate a permanent late-enrollment penalty (LEP) for every month that they are without some form of creditable prescription coverage.
- If annuitant enrolls in a new Medicare prescription plan either voluntarily or involuntarily, they will be automatically disenrolled from UHC MAPD.

If involuntary disenrollment from UHC MAPD occurs, please contact the MWRD Retirement Fund.

MAXIMIZE YOUR HEALTH INSURANCE BENEFITS

1. Stay in network. BCBS PPO and HMO use certain groups of doctors, hospitals, and other health care professionals. If you visit a doctor outside of this network, you may pay more for your medical services. If you belong to HMO Illinois, make sure you go to your primary care physician first. All referred specialists need to be in the network to receive benefit coverage.
2. Know what is covered. Before you schedule a service or treatment, make sure it is covered under your plan. If you have BCBS PPO, you may need pre-authorization from Blue Cross Blue Shield before you receive services. To receive pre-authorization, please contact the Medical Services Advisor (MSA) at (800) 232-7018 or (800) 851-7498. This MSA information is also located on the back of your BCBS PPO card.
3. Conduct an annual check-up of your health plan. Make sure your plan meets your needs. Always notify the Retirement Fund of any major life events like birth, death, marriage, divorce or change of address.

24/7 NURSELINE

Whether you have questions about a medication or have health concerns in the middle of the night, you can call the Nurseline and speak with a registered nurse, 24 hours a day, 7 days a week.

- BCBS Nurseline: (800) 299-0274
- United Healthcare (MAPD) Nurseline: (877) 365-7949



Don't Overpay for the Shingle Vaccine

Shingles is a painful blistering skin rash. The chances of getting shingles increases as you get older, when your immune system weakens, and if you had chickenpox. Some will experience complications from shingles such as nerve pain which could last for months. The shingles vaccine (Zostavax) is recommended for adults age 60 and older even if they have had shingles before. Not all insurance plans cover the shingle vaccine the same. The most cost-effective way for annuitants to receive the shingle vaccine depends on the health insurance plan.



BCBS PPO

- Annuitants have option of getting the shingle vaccine either at the physician's office or at the pharmacy.
- At the physician's office, the vaccine is covered at 100%. This claim would be submitted directly to BCBS electronically and there would be no additional costs to the annuitant.
- At the pharmacy, vaccine is covered at 100% of the allowed amount. Please ask whether the pharmacy will bill BCBS electronically. If the pharmacy does not then the annuitant will need to pay the claim upfront and submit a claim to BCBS for reimbursement. Anything over the allowed amount would be annuitant's responsibility.

HMO Illinois

- Annuitants must have the shingle vaccine ordered and administered at their primary care physician's office.
- There would be no cost for the vaccine.
- If the physician bills for office visit, then the \$20.00 copay will apply.

United Healthcare (UHC) Medicare Advantage Plan

- The shingle vaccine is covered under the prescription Medicare Part D.
- Annuitants can get the shingle vaccine at the pharmacy. Since this vaccine is a Tier 3 drug, the annuitant's responsibility would be the \$45.00 copay.
- At the physician's office the annuitant would have to pay the bill in full which would include the \$45.00 copay for the vaccine, coinsurance for the office visit, and the cost for the doctor administering the injection. The annuitant would have to submit the vaccine claim for reimbursement through the pharmacy side.

HELP PREVENT HEALTH CARE FRAUD AND ABUSE

Fraud is committed when a provider or patient intentionally submits false or misleading information to a health plan for use in determining the amount of health care benefits payable. The impact of fraud and abuse is widespread. It is recognized as a key driver of rising health care costs. There are steps you can take to prevent health care fraud and to report suspected fraud and abuse.



- Review your health care charges. Know your benefits and review your BCBS Explanation of Benefit statements. Verify that your receipts from your doctor or pharmacist have the correct dates of service and that you are billed for the right services and medication.
- Protect your health insurance information. Keep your insurance card and health care records in a safe place.
- Monitor your medications. Count your pills each time that you pick up your prescription.
- Report suspected fraud and abuse. To report health care fraud contact BCBS Provider Fraud Hotline at 800-543.0867.