

BOARD OF TRUSTEES

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

IN THIS ISSUE:

**Open Enrollment
 Oct. 22nd – Nov 16th**

<<<>>>

Dental & Vision Available

<<<>>>

Medical Plans Available

<<<>>>

Making Changes To Your
 Benefits

<<<>>>

Annuitant Health Insurance
 Benefit Information

<<<>>>

Health Insurance Premium
 Changes

<<<>>>

How Your Health Care
 Plan Works

<<<>>>

Access Your Health
 Insurance Plan Online

<<<>>>

Medical Identity Theft

<<<>>>

5 Vaccines Every Retiree
 Should Have

<<<>>>

Have You Received Your
 New Medicare Card

<<<>>>

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

www.mwrdrf.org

Editors:
 Retirement Fund Staff

Open Enrollment For Annuitants

Open enrollment is the annual opportunity for annuitants to evaluate their benefit options and make their elections for the upcoming year. The open enrollment for the 2019 benefit plan year will be from October 22, 2018 through November 16, 2018.



This is the only period that annuitants have the chance to:

- Change their health care coverage (if under age 65) or enroll themselves or their dependents in one of the District sponsored health plans; or
- Enroll in a voluntary dental and vision plan administered by Group Benefit Associates.

Any changes to your benefits for 2019 must be made during this open enrollment period. If you would like to switch your medical plan, please contact Sandra Hernandez at (312) 751-3222. If you would like to enroll in the voluntary dental and vision plan, please contact Group Benefit Associates at (800) 450-1271. **If there are no changes, no action is required.**

Dental And Vision Plans Available To Annuitants

In an effort to provide annuitants access to additional benefits, the MWRD Retirement Fund is working with Group Benefit Associates (GBA) to offer dental and vision plans to our members. Now annuitants have the opportunity to enroll in a dental plan, a vision plan, or both.



Dental Plans offered through Guardian are:

- > The PPO Option . part of the DentalGuard Preferred Network; With the PPO Plan, members could visit any dentist, but there's a cost savings if the member chooses a Guardian PPO dentist.
- > DHMO Option . part of the First Commonwealth Network (available in CA, CO, FL, IL, IN, MI, MO, NJ, NY and OH): With the DHMO plan, there are negotiated rates from Guardian DHMO network of dentists. There are fixed co-pays for each covered service. Out of network visits are not covered.

Vision Plan:

- > VSP Choice Network: Visit any doctor with the VSP Choice Plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

For more information on dental and vision plans please contact Group Benefit Associates at (800) 450-1271. To enroll in the program, please visit www.groupba.com. The premiums for the dental and vision plans are listed below:

	Member	Member & Spouse	Member & Child(ren)	Family
Dental PPO Option	\$ 49.82	\$ 95.98	\$ 88.07	\$139.84
Dental DHMO Option	\$ 23.91	\$ 42.84	\$ 54.11	\$ 78.99
Vision VSP Choice	\$ 16.62	\$ 26.61	\$ 27.10	\$ 41.72

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 who don't qualify for 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 who don't qualify for 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's no deductible but there is a \$25 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 Medical Benefits

Insurance applications must be received at the Retirement Fund office by November 16, 2018. Applications will NOT be accepted after November 16th.

- 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.



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) for Blue Cross Blue Shield Plans
- ✓ Prescription Drug Mail Order Forms
- ✓ United Healthcare Benefit Highlight Sheet

Health Insurance Premium Changes

Effective January 1, 2019, the annuitant contribution rate will increase to 45% with the District subsidizing 55% of the premium. The annuitants will see an increase between 7.3% and 9.5% in their premiums due to the contribution rate increase and the 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, 2019 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	\$ 484.87	\$ 592.62	\$ 317.94	\$ 388.59
Couple	\$ 969.84	\$1,185.36	\$ 595.19	\$ 727.45
Family (3 or more)	\$1,096.37	\$1,340.01	\$ 912.35	\$1,115.09
Retirees with Medicare*	UnitedHealthcare MAPD			
	Retiree's rate	District's rate		
Member	\$ 139.16	\$ 170.09		
Couple, both with Medicare	\$ 278.32	\$ 340.18		
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	\$ 624.03	\$ 762.71	\$ 457.10	\$ 558.68
Family, one with Medicare	\$ 866.46	\$ 1,059.02	\$ 616.07	\$ 752.98
Family (3 or more), two with Medicare	\$ 520.76	\$ 636.48	\$ 437.30	\$ 534.47

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

How Your Health Care Plan Works

When it comes to your medical costs, planning ahead can save you money. The following are some helpful tips on how to take advantage of your health plan:

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. **Stay in pharmacy network.** In order to keep your prescription costs down, make sure you visit an in-network pharmacy.
3. **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.
4. **Understand health insurance costs.** Health insurance costs can be confusing. Make sure you know what premiums, deductibles, copayments and out of pocket maximums are and how they all work together.

Access Your Health Insurance Plan Online

Annuitants who are enrolled in Blue Cross Blue Shield of Illinois and United Healthcare can access their insurance information online in just a few easy steps. Annuitants can check claim status and history, find an in-network doctor or hospital, review billing and payment history and read helpful tips and wellness articles. To register, you need a valid email address, your home address, your birthdate, your member ID number and group ID number that is found on your insurance card. To sign up, go to www.bcbsil.com for Blue Cross Blue Shield members or www.UHCRetiree.com for members enrolled in United Healthcare.

Medical Identity Theft

Medical Identity Theft is when someone steals personal information such as your name and your health insurance numbers and uses this information to get prescription drugs, surgery, or other medical treatments and files claims with your insurance provider.



Detecting Medical Identity Theft

Your Explanation of Benefits (EOB) and your insurance statements will show signs of medical identity theft. Always read your medical EOB after every doctor's visit and treatment. Some of the warning signs of medical identity theft are:

- You get a bill for medical services you did not receive.
- You get a call from a debt collector about a medical debt you don't owe.
- You have a medical collection notice on your credit report.
- You get a notice from your health plan saying you reached your limit on medical benefits.
- You are denied insurance for a medical condition you don't have.

How to Respond If You Suspect Medical Identity Theft

- Contact each health care provider and ask for a copy of your medical records.
- Review your medical records and report any errors to your health care provider.
- Notify your health insurance plan and the three credit bureaus listed below:
 - i. Equifax (800) 685 - 1111
 - ii. Experian (888) 397 - 3742
 - iii. TransUnion (888) 909 - 8872

5 Vaccines Every Retiree Should Have

As retirees age, they become susceptible to complications from illnesses like the flu. The best way to prevent these illnesses is to get the vaccines. Contact your primary care physician about which specific vaccines are recommended to reduce the risk of complications from preventable diseases. There are 5 vaccines that retirees should consider:



1. Influenza Vaccine . protects against the flu virus. The immune system responds to the inactive virus and develops antibodies against it.
2. Pneumococcal Vaccine . protects against pneumonia caused by the pneumococcus bacteria. This vaccination is recommended for anyone over age 65.
3. Herpes Zoster Vaccine . protects against a painful condition called shingles, a disease that causes a painful blistering rash. Individuals who have had chicken pox are at risk for shingles. Shingles is most common in adults over age 60.
4. MMR Vaccine . protects against measles, mumps, and rubella. The Centers for Disease Control and Prevention (CDC) recommends that adults born after 1956 get vaccinated.
5. Tdap (tetanus, diphtheria, and pertussis) vaccine . protects against whooping cough, diphtheria and pertussis. Whooping cough or pertussis has made a reappearance. Adults over age 65 should get the Tdap vaccine if they never had it. It is also important to get a Tetanus booster every ten years.

Have You Received Your New Medicare Card

Medicare began rolling out their new Medicare cards in April 2018. These cards were mailed in phases by geographic locations and will continue through April 2019. The new cards no longer use the SSN-based claim number (HICN). Instead they have a new Medicare Beneficiary Identifier (MBI) which is 11 characters in length and contains only numbers and uppercase letters. If you are enrolled in the United Healthcare Plan (UHC), Medicare will notify UHC regarding your new Medicare Beneficiary Identifier (MBI). Once you receive your new Medicare card, destroy your old card, and keep the new card in a safe place.

