

**2014  
PERS Health  
Insurance Program**

**Fall Meetings**



# **Enrollment into the PERS Health Insurance Program (PHIP)**



# PHIP Initial Enrollment Opportunities

Applies to Medicare and Non-Medicare

- **New retiree**
  - Up to 90 days after the effective date of your PERS retirement
- **Continuous group coverage**
  - Must submit enrollment within 30 days from loss of other employer coverage
  - Have 24 consecutive months of employer coverage immediately preceding enrollment into PHIP
- **Medicare eligible or Medicare disability**
  - Up to 90 days after your initial Medicare eligibility into both Medicare Parts A and B (Usually the last opportunity to enroll in PHIP)



Applications may be submitted as early as 90 days prior to the effective date of any of these opportunities

# PHIP Coverage for Your Spouse

**If PERS retiree is Medicare eligible and spouse is not, the spouse may enroll in one of the following:**

- **Employer-sponsored retiree or COBRA coverage**
- **PHIP non-Medicare health plan**
- **Individual policy**
- **Cover Oregon (Health Exchange)**

# PHIP Coverage for Your Spouse

**If the spouse is Medicare eligible, but PERS retiree is not spouse may enroll in one of the following:**

- **PHIP Medicare plan**
- **Commercial Medicare health plan**
- **Enroll in PHIP later when the retiree experiences enrollment opportunity with PHIP**

# PHIP Coverage for Your Spouse

- **Spouse may apply for a PHIP Medicare plan later when they become Medicare eligible**
- **Spouse's continued coverage requires the future enrollment of the PERS retiree**



# PERS Premium Subsidies

**Available to eligible Tier 1 and 2 PERS retirees**

- **Retirement Health Insurance Account (RHIA)**
    - Medicare retirees only
  - **Retiree Health Insurance Premium Account (RHIPA)**
    - State of Oregon non-Medicare retirees only
- ◆ **Retiree and spouse enroll separately if both are eligible Tier 1 or 2 PERS retirees and have 8 or more years of service.**



# 2014 Medicare Rate Comparison (Pg. 31)

## MEDICAL & PRESCRIPTION DRUG MONTHLY PREMIUM RATES

### RETIREMENT HEALTH INSURANCE ACCOUNT (RHIA) CONTRIBUTION PREMIUM RATES *(applies to all health plans)*

The monthly premiums shown below are AFTER the \$60 Retirement Health Insurance Account contribution.

	Moda Health Medicare Supplement Plan	PERS Moda Health PPORX (PPO)	Kaiser Permanente Senior Advantage	PacificSource Medicare Essentials 801	Providence Medicare Extra Group	Providence Medicare Choice Group
Retiree with Medicare	\$171.20	\$200.79	\$161.80	\$168.96	\$179.15	\$158.67
Retiree with Medicare, family with Medicare	\$387.98	\$459.32	\$381.60	\$395.92	\$416.73	\$375.71
Retiree with Medicare, family without Medicare (Core Value)	\$958.19	\$973.81	\$900.52	\$1,110.56	\$945.67	\$925.19
Retiree with Medicare, family without Medicare (Select Value)	\$926.84	\$942.47	\$760.67	\$1,000.89	\$844.05	\$823.57

### NON-CONTRIBUTION PREMIUM RATES *(applies to all health plans)*

The monthly premiums shown below are WITHOUT contribution from RHIA.

Retiree with Medicare	\$231.20	\$260.79	\$221.80	\$228.96	\$239.15	\$218.67
Retiree with Medicare, family with Medicare	\$447.98	\$519.32	\$441.60	\$455.92	\$476.73	\$435.71
Retiree with Medicare, family without Medicare (Core Value)	\$1,018.19	\$1,033.81	\$960.52	\$1,170.56	\$1,005.67	\$985.19
Retiree with Medicare, family without Medicare (Select Value)	\$986.84	\$1,002.47	\$820.67	\$1,060.89	\$904.05	\$883.57

## DENTAL MONTHLY PREMIUM RATES

	ODS	Kaiser Permanente
Retiree only	\$63.38	\$55.51
Retiree and family	\$126.83	\$110.91

**Non-Medicare  
Rates: pg. 32-33**



# PHIP Enrollment Process

Step 1

Enroll in Medicare Parts A and B  
(when eligible)

**MEDICARE HEALTH INSURANCE**

**SOCIAL SECURITY ACT**

NAME OF BENEFICIARY [NAME]  
MEDICARE CLAIM NUMBER XXX-XX-XXXX-X SEX  
IS ENTITLED TO HOSPITAL (PART A) 1-1-01 MEDICAL (PART B) 1-1-01  
SIGN HERE

Step 2

Compare and choose a medical plan  
All include PHIP Prescription Drug Plan (Part D)



Step 3

Compare and choose a dental plan



Step 4

Submit application to PERS  
Health Insurance Program →



**ENROLLMENT REQUEST FORM**

**A. INFORMATION ABOUT YOU**

Your Requested Enrollment Date: \_\_\_\_\_ OFFICE USE ONLY \_\_\_\_\_ PERS Approved Effective Date: \_\_\_\_\_ Member ID # \_\_\_\_\_ SEP type: \_\_\_\_\_ Not Eligible: \_\_\_\_\_ Plan # \_\_\_\_\_  
Effective Date: \_\_\_\_\_ AEP: \_\_\_\_\_ PIP: \_\_\_\_\_ Trans Code: \_\_\_\_\_ Premiums: \_\_\_\_\_ Group # \_\_\_\_\_

PERS Retiree Last Name First MI Social Security No. Date of Birth Gender Medicare eligible? M / F Yes No

→ Individuals Enrolling ☐ Retiree ☐ Retiree & Family ☐ Spouse Only ☐ Surviving Spouse ☐ Dependent ☐ DDP

Spouse DDP Last Name First MI Social Security No. Date of Birth Gender Medicare eligible? M / F Yes No

Dependent Child Last Name First MI Social Security No. Date of Birth Gender Medicare eligible? M / F Yes No

☐ If other dependents, please attach a separate sheet. ☐ Spouse-DDP is a PERS retiree

Reason for this Enrollment (Check all that apply) ☐ New PERS Retiree ☐ New Dependent ☐ Other: \_\_\_\_\_  
☐ Medical & Dental Plan Change ☐ Medicare Eligible ☐ Moving out of the Area ☐ Snowbird Option  
☐ Medical Only Plan Change ☐ Group Coverage Ending Date: \_\_\_\_\_ Insurance Company Name: \_\_\_\_\_  
☐ Dental Only Plan Change ☐ Rx ☐ Health ID# \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permanent Resident Address (Not a P.O. Box) Street: \_\_\_\_\_ Apt# \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Alternate Ph. # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address if Different: Street or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**B. MEDICARE INFORMATION**

If you are enrolling in a Medicare plan, please take out your Medicare card to complete this section. Fill in the blanks to match your Red, White and Blue Medicare card and attach a copy of your Medicare Card or a Letter of Enrollment from the Social Security Administration or Railroad Retirement Board (RRB). YOU MUST HAVE Medicare Part A and Part B to join a PERS Health Insurance Program Medicare Plan.

Retiree		Spouse/Dependent	
MEDICARE HEALTH INSURANCE		MEDICARE HEALTH INSURANCE	
Name: _____	Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____	City: _____
State: _____	State: _____	State: _____	State: _____
ZIP Code: _____	ZIP Code: _____	ZIP Code: _____	ZIP Code: _____
Effective Date: _____	Effective Date: _____	Effective Date: _____	Effective Date: _____
Part A: _____	Part A: _____	Part A: _____	Part A: _____
Part B: _____	Part B: _____	Part B: _____	Part B: _____

PERS Enrollment Request Form Page 1 of 3 Updated 6/16/2013

# PHIP Plan Change Opportunities

## Medicare plan changes

- Change to any PHIP Medicare health plan available within your service area
- Switch from Supplement to Advantage plan or vice versa

## Non-Medicare plan changes

- Change to another PHIP non-Medicare plan within the benefit family (Core/Select) available within your service area
- Move from a Core Value Plan to a Select Value Plan
  - Once enrolled in a Select Value Plan, unable to change back to a Core Value Plan, ever.



# When Do I Enroll in Medicare?

- Age 65 (earlier if on Social Security Disability)
- If you are receiving Social Security benefits, you are automatically enrolled in Medicare Parts A & B at age 65 or 25<sup>th</sup> month of disability
- If you have not filed for Social Security benefits, you **MUST APPLY** for Medicare Parts A & B
  - Apply as early as 90 days in advance of Medicare eligibility



# Original Medicare

## Part A



**Part A Premium**  
**\$0.00**

## Part B



**Part B Base Premium (2013)**  
**\$104.90 per person per month**





# What if I Work Past 65?



**Sign up for Part A at 65**

**You must go to the Social Security office if not drawing Social Security benefits within 90 days of Medicare eligibility**

**Sign up for Part B three months before you quit working**

**You have an eight month window after leaving employment or losing employer-sponsored coverage (whichever comes first) to enroll in Part B**

**Should have Parts A and B before employer-sponsored coverage ends**

**If you no longer have employer-sponsored coverage and have not enrolled in Parts A and B, you will be fully responsible for all medical expenses**

# PHIP Questions & Answers

