



# After SERIP Health Insurance Options

# SERIP

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The SERIP contribution continues for five years through the end of the month in which you retired in 2010

## Example

You retired on May 7, 2010.

The state contributions to your health insurance will end on May 31, 2015

You have a number of options available to you

# What we will discuss today

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- Options – Before Medicare Eligibility
- Options – After Medicare Eligibility
  - Group N Plan – Low cost option
- Next Steps
- SHIP Presentation: SERIP & Medicare
- Wellmark's Medicare Supplement Plans
- Dental Insurance
- Q & A

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Important  
Information

**No provision for  
rejoining the state's  
health plans if you drop  
coverage**

**Exception:** *If you continue coverage on your spouse's State of Iowa health and/or dental coverage, you can rejoin retiree coverage when spouse terminates employment*

# What we will discuss today

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# Before Medicare-Eligible

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- **If still eligible** - Continue to use funds from your Sick Leave Insurance Plan (SLIP)
  - Not Medicare-eligible and
  - SLIP funds are still available
- Continue with the same state health insurance plan
- Change to different state health insurance plan
- Change coverage level
- Drop the state health insurance and purchase a private health insurance plan

# Before Medicare-Eligible

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## If you elect to -

- Continue with the same state health insurance plan
- Change to different state health insurance plan
- You will pay 100% of the premium

# Before Medicare-Eligible

2015 Monthly Premiums	Single	Family
Blue Advantage	\$561.67	\$1,315.24
Blue Access	\$582.66	\$1,364.27
Gold Preferred	\$655.28	\$1,534.27
Iowa Select	\$821.31	\$1,922.68
Program 3 Plus	\$823.84	\$1,928.68
Deductible 3 Plus	\$828.09	\$1,938.68

 Premiums change each calendar year

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- **Options – After Medicare Eligibility**
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# Options – After Medicare Eligibility

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- Continue health insurance coverage in the same health insurance plan currently enrolled in
- Change to a different State-sponsored health insurance plan
- Change coverage level
- Enroll in the Group N Plan
- Drop the State's health insurance plan and enroll in a Medicare Supplement Plan
- Drop the State's health insurance plan and enroll in a Medicare Advantage Plan

# Options – After Medicare Eligibility

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## To lower your Wellmark Premium

- MedicareBlue Rx Iowa – Medicare Part D
  - MedicareBlue Rx is primary
  - Wellmark is secondary
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- Wellmark and MedicareBlue Rx Iowa coordinates prescription drug coverage
  - You save a substantial amount in the Wellmark monthly premium

# Options – After Medicare Eligibility

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**2015 MedicareBlue Rx Iowa Monthly Premium**  
**\$93.20 per Medicare-eligible person**



# Options – After Medicare Eligibility

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## 2015 Monthly Premiums w/o MedicareBlue Rx

Plans	Single	Family
Blue Advantage	\$613.92	\$1,336.63
Blue Access	\$637.72	\$1,386.62
Gold Preferred	\$677.82	\$1,456.89
Iowa Select	\$912.11	\$1,961.98
Program 3 Plus	\$902.39	\$1,941.73
Deductible 3 Plus	\$914.20	\$1,966.55

# Options – After Medicare Eligibility

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## 2015 Monthly Premiums with MedicareBlue Rx

Plans	Single	Family
Blue Advantage	\$303.80	\$803.90
Blue Access	\$320.02	\$831.93
Gold Preferred	\$339.76	\$881.29
Iowa Select	\$446.17	\$1,147.30
Program 3 Plus	\$447.99	\$1,151.85

Deductible 3 Plus is **not** available with MedicareBlue Rx



# Options – After Medicare Eligibility

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- Continue with a regular State plan
  - Blue Access
  - Blue Advantage
  - Gold Preferred
  - Iowa Select
  - Program 3 Plus

- Currently enrolled in MedicareBlue Rx

**Do not need to reenroll in MedicareBlue Rx**

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- Not Enrolled in MedicareBlue Rx
  - Call **888.299.5513**
  - Enroll in the State of Iowa group # **38073-IOWA**

# What we will discuss today

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# Group N Plan – Low Cost Option

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- Plan design of the Group N Plan is similar to the Medicare Supplement Plan N that can be purchased individually
- The Group N Plan is designed to **pay for health care expenses beyond what Medicare covers**
- Includes first dollar coverage for Part A hospitalization expenses by covering your Part A deductible and coinsurance
- Part B medical services require only a small copay once your Part B deductible is met

# Group N Plan – Low Cost Option

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## Additional Benefits

- National coverage with any healthcare provider that accepts Medicare
- Predictable cost-sharing
- Foreign Travel Benefit

## Advantages of the Group N Plan

- Remain in the State's Group - **just another health plan option to elect**
- Low Premium Option
- No Age or Gender-Related Premiums
- No Preexisting Conditions

# Group N Plan – Low Cost Option

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## **Eligibility for Group N Plan**

- State of Iowa Medicare-eligible retiree
- Medicare-eligible family member

## **Currently Enrolled in Family Coverage**

- Your Medicare-eligible dependents must also move to the Group N Plan and you will each have single contracts

# Group N Plan – Low Cost Option

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## **You are eligible for Medicare but Your Spouse is Not Eligible for Medicare**

- You can enroll in Group N Plan when you are both eligible for Medicare (allowed to move when both you and your spouse are Medicare-eligible)

# Group N Plan – Low Cost Option

Medicare Part A Services Hospital Benefits	Medicare Pays	Group Retiree Program N	You Pay
<b>Hospitalization<sup>1</sup></b> – Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,260	\$1,260 (Part A deductible)	<b>\$0</b>
Days 61 thru 90	All but \$315 a day	\$315 a day	<b>\$0</b>
Days 91 and after:			
-While using 60 lifetime reserve days	All but \$630 a day	\$630 a day	<b>\$0</b>
<b>Once lifetime reserve days are used:</b>			
-Additional 365 days	\$0	100% Medicare eligible expenses	<b>\$0<sup>2</sup></b>
-Beyond the additional 365 days	\$0	\$0	<b>All Costs</b>

<sup>1</sup> A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<sup>2</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days provided in the policy's "Basics Benefits." During the time, the hospital is prohibited from billing you for the balance on the difference between its billed charges and the amount Medicare would have been paid.

# Group N Plan – Low Cost Option

Medicare Part A Services Hospital Benefits	Medicare Pays	Group Retiree Program N	You Pay
Skill Nursing Facility <sup>3</sup> – You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
-First 20 days	All approved amounts	\$0	<b>\$0</b>
-Days 21 thru 100	All but \$157.23/day	Up to \$157.50/day	<b>\$0</b>
-Days 101 and after	\$0	\$0	<b>All costs</b>
Blood			
-First 3 pints	\$0	3 pints	<b>\$0</b>
-Additional amounts	100%	\$0	<b>\$0</b>
Hospice Care	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	<b>\$0</b>

<sup>3</sup> A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.



# Group N Plan – Low Cost Option

Medicare Part B Services Medical Benefits	Medicare Pays	Group N Program	You Pay
<b>Medical Expenses<sup>4</sup></b>			
-First \$147 of Medicare-approved amounts <sup>5</sup>	\$0	\$0	<b>\$147</b>
-Remainder of Medicare-approved amounts	Generally 80%	Balance, other than the office visit and ER copays	<b>Up to \$20 per office visit Up to \$50 per ER<sup>6</sup></b>
<b>Part B Excess Charges (Above Medicare-Approved Amounts)</b>	<b>\$0</b>	<b>\$0</b>	<b>All Costs</b>
<b>Blood</b>			
-First 3 pints	\$0	3 pints	<b>\$0</b>
-Additional amounts	80%	20%	<b>\$0</b>
<b>Clinical Laboratory Services Tests for diagnostic services</b>	<b>100%</b>	<b>\$0</b>	<b>\$0</b>

<sup>4</sup> In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.

<sup>5</sup> Once you have been billed for the first \$147 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

<sup>6</sup> The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

# Group N Plan – Low Cost Option

Medicare Parts A & B Services	Medicare Pays	Group Retiree Program N	You Pay
Home Health Care Medicare-Approved Services			
- Medically necessary skilled care services and medical supplies	100%	\$0	<b>\$0</b>
Durable Medical Equipment			
-First \$147 of Medicare-Approved amounts <sup>7</sup>	0%	0%	<b>\$147</b>
-Remainder of Medicare-Approved amounts	80%	20%	<b>\$0</b>

<sup>7</sup> Once you have been billed for the first \$147 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.



# Group N Plan – Low Cost Option

Benefits Not Covered by Medicare	Medicare Pays	Group Retiree Program N	You Pay
Foreign Travel Emergency Care Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
-First \$250 each calendar year	\$0	\$0	<b>\$250</b>
-Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	<b>20% and amounts over the \$50,000 lifetime maximum</b>

# Group N Plan – Low Cost Option

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Group N Plan Monthly Premium  
Single Contract

**\$159.54**

- Group N Plan is only available as a single contract
- You and your Medicare-eligible spouse would each have a single Group N Plan contract

# Group N Plan – Low Cost Option

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Two MedicareBlue Rx plans to choose that coordinate with your Group N Plan

- MedicareBlue Rx (Basic)
- MedicareBlue Rx (Plus)
- MedicareBlue Rx is required with the Group N Plan

# Group MedicareBlue Rx Retail

Drugs	Basic	Plus
Tier 1: Covered Generic Drugs	\$10 copay	\$10 copay
Tier 2: Covered Preferred Brand Drugs	\$30 copay	\$25 copay
Tier 3: Covered Non-Preferred Brand Drugs	\$50 copay	\$40 copay
Covered Specialty Tier Drugs	\$50 copay	25% coinsurance
Monthly Premium	<b>\$93.20</b>	<b>\$128.10</b>

# Group N Plan – Low Cost Option

**Catastrophic Coverage: True Out of Pocket Cost \$4,700+**

## **Basic and Plus**

Pay the greater of:

- \$2.65 for covered generics or multi-source preferred brand drugs or
- \$6.60 for all other covered drugs or
- 5% percent of the cost of covered drugs

**Coverage Gap: Total Yearly Drug Cost \$2,960 - \$4,700**

## **Plus**

- Pay the same copays as in the initial coverage

## **Basic**

- Pay up to \$10 copay for generics
- Receive up to 52.5% discount on drugs eligible for the Medicare Coverage Gap Discount Program
- Generally pay no more than 65% of the plan's cost for generic drugs

**Initial Coverage: Total Yearly Drug Cost \$0 - \$2,960**

## **Basic and Plus**

- No initial deductible
- Pay copays until your “total yearly drug costs” reach \$2,960

\$4,700

\$2,960

# Group N Plan – Low Cost Option

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## Group MedicareBlue Rx uses a Formulary

How much you pay for prescription drugs depends on what type of drug (generic, brand name, or specialty) and varies by what tier the drug is covered at on the formulary

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ATTENTION

- MedicareBlue Rx formulary is different that the Wellmark formulary for the regular plans
- Check the MedicareBlue Rx formulary for your drugs
- The formulary is available at:

<https://www.yourmedicareolutions.com/home/search-drug-list>

# Group N Plan – Low Cost Option

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## Group N Plan & MedicareBlue Rx Premiums

	MedicareBlue Rx (Basic)	MedicareBlue Rx (Plus)
Group Plan N	\$159.54	\$159.54
MedicareBlue Rx	\$93.20	\$128.10
<b>Total</b>	<b>\$252.74</b>	<b>\$287.64</b>

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# Next Steps

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## **If you want to continue with your current State health plan or change coverage level**

- Complete a new Wellmark health insurance application
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## **Send the completed application**

- Retiree from CBC or DOT – Send your new application back to your CBC location or DOT
- All other retirees – Send your new application to DAS

# Next Steps

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## **If you want to change to a different State health plan (except Group N Plan)**

- Complete a Wellmark health insurance application
- 

## **Send the completed application**

- Retiree from CBC or DOT – Send application back to your CBC location or DOT
- All other retirees – Send your new application to DAS

# Next Steps

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## If you want to enroll in the Group N Plan

- Complete
  - 1) Group N Plan application **and**
  - 2) MedicareBlue Rx application (indicating the Basic or Plus option you are electing)
- Complete a new MedicareBlue Rx application even if you are already enrolled in MedicareBlue Rx
- Your spouse will also need to complete both the Group N Plan and the MedicareBlue Rx applications
- All retirees – Send your Group N Plan & MedicareBlue Rx applications to DAS

# Next Steps

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## If you want to cancel your State health plan

- Complete the **SERIP Retiree Cancellation of Health Insurance** form
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## Send the cancellation form

- Retiree from CBC or DOT – Send application back to your CBC location or DOT
- All other retirees – Send your new application to DAS

# Next Steps

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## Applications/Cancellation Due Dates:

Your SERIP Coverage Ends	Application/Cancellation Due
March 31, 2015	March 16, 2015
April 30, 2015	April 9, 2015
May 31, 2015	May 6, 2015
June 30, 2015	June 5, 2015

# Next Steps

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Send central payroll applications to:

**Department of Administrative Services  
Human Resources Enterprise  
ATTN: Cindy Broshous  
Hoover Building, Level A  
1305 E. Walnut Street  
Des Moines, 50319-0150**

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# Dental Insurance

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You can continue State dental coverage after SERIP ends

Single	Family
\$29.13/month	\$78.29/month

Medicare is health insurance not dental insurance

## Vision Discount Program

Access to a vision discount program through EyeMed Vision Care at no additional cost

# Contacts

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DAS-HRE Retiree	866.895.2464
DAS-HRE Retiree Email	<a href="mailto:state.retirees@iowa.gov">state.retirees@iowa.gov</a>
Wellmark Customer Service	800.622.0043
MedicareBlue Rx	888.299.5513 (enrollment) 877.838.3827 (customer service)
DAS-HRE Benefit website	<a href="http://benefits.iowa.gov/">http://benefits.iowa.gov/</a>



