

The PERS Health Insurance Program (PHIP)

PHIP Enrollment Opportunities

- **New retiree**
Up to 90 days after the effective date of your retirement
- **Continuous group coverage**
Immediately after at least 24 months of continuous employer-sponsored group health insurance
- **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)

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

PHIP Coverage for Your Spouse

When PERS retiree is Medicare eligible first and spouse is not Medicare eligible, spouse may:

- Retain employer-sponsored coverage, portability or COBRA
- Apply for a PERS non-Medicare health plan
- Apply for an individual commercial health plan

PHIP Coverage for Your Spouse

When spouse is Medicare eligible first and PERS retiree is not Medicare eligible, spouse may:

- Apply for a PHIP Medicare plan
- Apply for an individual commercial health plan
- Enroll as a dependent when the retiree becomes Medicare eligible

PHIP Coverage for Your Spouse

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

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
- If you have not filed for Social Security benefits, you **MUST APPLY** for Medicare
- 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
\$96.40 - \$115.40



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 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

Medicare Plan Basics

Medicare Supplement (Medigap)

- Medicare is billed first
- Covers gaps in what Medicare doesn't pay
- Covered services are determined by Medicare
- Go to any Medicare participating provider
- Part D prescription not included

Medicare Advantage (Part C)

- Only health plan is billed
- Pay copay/coinsurance
- May provide additional services
- Network of doctors available
- Part D prescription may be included

Prescription Drug Comparison

Medicare Part D Basic 2012

PHIP Uniform Prescription Drug Plan 2012

Calendar Year Deductible	You pay first \$320	You pay 40% not to exceed \$150 per prescription; No coverage gap
Initial Coverage	You and the Plan pay up to a combined total of \$2,930	
Coverage Gap	You Pay 100% of billed amount to \$4,700	
Catastrophic Coverage	After \$4,700 you pay 5%	After \$4,700 you pay \$0

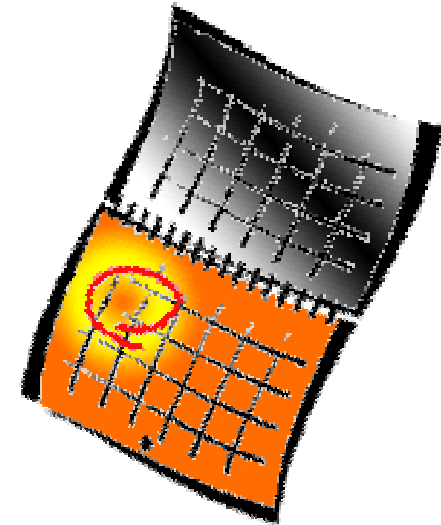
PHIP Choices



PHIP Plan Change Opportunities

Annual plan change

- October 1st through November 15th
- Effective January 1st
- Can move between all PERS health plans within your service area
- Switch from Supplement to Medicare Advantage plan or vice versa
- No changes? No action necessary.



PHIP Plan Change Opportunities

Leaving a plan service area

- Switch to a PHIP plan within a new service area
 - Change of residence
 - Travel over 60 days
 - Review health plan's travel benefits



PHIP Premium Subsidies

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



2012 Medicare Rate Comparison (Pg. 26-27)

DENTAL MONTHLY PREMIUM RATES		
See benefit comparison for more detailed benefit information.		
	ODS	Kaiser Permanente
Retiree only	\$59.97	\$51.62
Retiree and family	\$120.25	\$103.14

Non-Medicare Rates:
pg. 30-31

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. More information on the RHIA contribution and eligibility can be found on page 14 of this handbook.

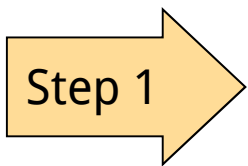
	ODS Supplement Plan	ODS Advantage PPORX	Kaiser Permanente Senior Advantage	PacificSource Medicare Essentials 801	Providence Medicare Choice	Providence Medicare Extra
Retiree with Medicare	\$169.46	\$181.85	\$155.46	\$163.74	\$143.77	\$163.77
Retiree with Medicare, family with Medicare	\$385.19	\$421.45	\$368.92	\$385.48	\$345.86	\$385.92
Retiree with Medicare, family without Medicare	\$948.17	\$951.32	\$832.17	\$1,157.48	\$906.47	\$926.47

Non-contribution premium rates *(applies to all health plans)*

The monthly premiums shown below are WITHOUT contribution from RHIA or Retiree Health Insurance Premium Account (RHIPA). More information on RHIA and RHIPA contributions and eligibility can be found on pages 14 and 15 of this handbook.

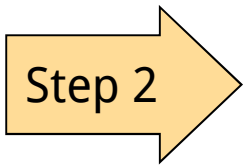
	ODS Supplement Plan	ODS Advantage PPORX	Kaiser Permanente Senior Advantage	PacificSource Medicare Essentials 801	Providence Medicare Choice	Providence Medicare Extra
Retiree with Medicare	\$229.46	\$241.85	\$215.46	\$223.74	\$203.77	\$223.77
Retiree with Medicare, family with Medicare	\$445.19	\$481.45	\$428.92	\$445.48	\$405.86	445.92
Retiree with Medicare, family without Medicare	\$1,008.17	\$1,011.32	\$892.17	\$1,217.48	\$966.47	\$986.47

PHIP Enrollment Process



Step 1

Enroll in Medicare Parts A and B
(when eligible)



Step 2

Compare and choose a medical plan
All include PHIP Prescription Part D Drug Coverage



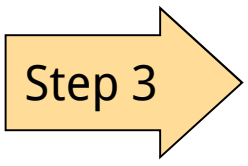
KAISER PERMANENTE®



PacificSource



PROVIDENCE



Step 3

Compare and choose a dental plan



KAISER PERMANENTE®




Step 4

Submit application to PERS
Health Insurance Program →

Plan Change Enrollment Process

- No changes? No action necessary.
- If changing, submit updated application between October 1st and November 15th
- Dental may not be added at plan change


 PERS HEALTH INSURANCE PROGRAM
 P.O. Box 40187, Portland, Oregon 97240-0187
 (503) 224-7377 or 1-800-768-7377

ENROLLMENT REQUEST FORM

A. INFORMATION ABOUT YOU

Your Requested Enrollment Date: _____

OFFICE USE ONLY Member ID # _____ SEP (Type) _____ Net Eligible _____ Plan # _____
 Effective Date of Coverage _____ PERS _____
 ICEPIEP _____ OEP _____ AEP _____ Tran. Code _____ Pharmacy Group # _____

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

Last PERS Employer: _____ Date of Retirement: _____ Years of Service: _____

Individuals Enrolling Retiree Retiree & Family Spouse Only Surviving Spouse Dependent

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

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.

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

Permanent Resident Address (Not a P.O. Box) Street: _____ State: _____ ZIP Code: _____ County: _____ Apt# _____
 City: _____

Phone Number: _____ E-mail Address: _____

Mailing Address if Different: Street or P.O. Box: _____ 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 your letter from the Social Security Administration or Railroad Retirement Board. 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
SAMPLE ONLY		SAMPLE ONLY	
Name: _____	Sex: _____	Name: _____	Sex: _____
Medicare Claim Number: _____	Effective Date: _____	Medicare Claim Number: _____	Effective Date: _____
Is Enrolled In: _____		Is Enrolled In: _____	
HOSPITAL (Part A)		HOSPITAL (Part A)	
MEDICAL (Part B)		MEDICAL (Part B)	

81107_PERS Enrollment Form Page 1 of 5 Updated 3/8/2010

We Are Here to Help You

PERS Health Insurance Program

- Eligibility and Enrollment
- Rates
- Premium payments: PERS pension deduction
- Address updates, family status changes

PERS Pension Office

- Pension benefit information
- 1099 Income Statement
- Address change for pension payments

Health Plans

- Claims issues
- Coverage questions
- Help finding a doctor
- ID Cards
- Rx and formulary information
- Wellness tools
- Value-added resources

