

JANUARY 2012

LOOK FOR CHANGES ON THE FEBRUARY 1ST PENSION PAYMENT

Deductions for Medical, Dental & Vision Coverage.

The February 1st pension payment will include the new deductions for your health care coverage that became effective January 1, 2012. These may include medical, dental or vision coverage depending on your open enrollment elections that occurred in October and November of 2011.

Medicare Part B Premiums. Beginning with the February 1st pension payment, CRS will no longer reimburse Medicare eligible retirees and spouses for the cost of Medicare Part B premiums. Retirees were always responsible for paying their Part B premiums directly to Medicare. CRS

never paid these premiums to Medicare directly but instead reimbursed retirees through their pension payment. Note, for many retirees who receive a Social Security pension payment, these premiums are usually deducted from your Social Security payment automatically.

If you did not return an election form as requested, you and your eligible spouse or dependents who were enrolled in 2011, were automatically enrolled in the 80/20 PPO medical plan. You or other eligible family members were not enrolled in dental or vision coverage.

REMEMBER, THE FEBRUARY 1ST PENSION PAYMENT IS FOR THE MONTH OF JANUARY

Pension checks are paid on the first of the month following the month for which the payment applies. The February 1 pension check is for the month of January. If you receive your pension check by direct deposit, your payment is usually deposited into your account on the first of the month. This may vary by a day or two depending on the financial institution you use or if the first of the month falls on a weekend or holiday. Everyone is strongly encouraged to receive their pension checks by

direct deposit. This helps ensure your checks are deposited into your account in a timely manner, avoids the hassle of going to a place to have your check deposited, and reduces the risk of a lost or stolen check. If you would like to change to direct deposit, please call the Retirement Office at **513-352-3227** or stop by the office for the necessary paperwork. The Direct Deposit Form needs to be notarized. For your assistance, the Retirement office has notaries on staff.

BENEFICIARY DESIGNATION FORMS & DEATH BENEFITS

It is important that CRS have current and accurate information about designated beneficiaries in order to process correct and timely death benefit claims if eligible. The retiree death benefit of \$5,000 only applies to members who retired on or before July 1, 2011. Members who retire after July 1, 2011 are not eligible for a death benefit. **Death**

benefits are not payable due to the death of a spouse. The Change of Beneficiary Forms are available from the Retirement Office by calling **513-352-3227** or you can print a copy from the CRS website at www.cincinnati-oh.gov/cityfinance/pages/-7388/. These forms must be signed by the retiree and their signature must be notarized.

HELP US STAY CONNECTED WITH YOU!

Please help us stay connected by making sure we have the correct mailing address and contact information for you. This can include home and cell phone numbers, home mailing address, and an email address. You can update your information in writing by mailing to: Cincinnati Retirement System, 801 Plum Street, Suite 240, Cincinnati, OH 45202 **OR** you can send an email to retirement@cincinnati-oh.gov. For security purposes we do not accept address changes by phone.

Visit the CRS website at www.cincinnati-oh.gov/cityfinance/pages/-7388/

LET US KNOW ABOUT LIFE CHANGES

Help us administer your benefits correctly and timely. Let us know when your life situation changes. Some examples include:

- Change of mailing address or telephone number
- Change in banking information that could affect your direct deposit
- Marriage or divorce
- Change in dependent student status
- Death of a retiree, spouse, or covered dependent
- Death of or change in your designated beneficiary
- Change of a Power of Attorney

TWO CRS MEDICAL PLANS FOR 2012

The two medical plans available in 2012 are the **80/20 PPO** and the **Carve-Out PPO**. The Modified PPO was eliminated at the end of 2011. Eligible members who were enrolled in the Modified PPO in 2011 were automatically moved to the 80/20 PPO effective January 1, 2012.

The member premiums (cost for coverage) for the 80/20 PPO equal 5% of the full premium cost rate. The full premium rates were developed based on the cost of all CRS retiree claims. Retiree groups usually use more and costlier healthcare services than active employees. Therefore the retiree rates will be different than those that apply to active employees.

The Carve-Out PPO was first offered on January 1, 2010 with certain eligibility criteria and has been closed to additional members since. For January 1, 2012 the criteria became more restrictive. Members in the Carve-Out PPO who did not meet the new eligibility criteria, or did not provide proper proof, were moved to the 80/20 PPO effective January 1, 2012. Members who remained qualified for the Carve-Out PPO for 2012 were sent confirmation letters before the end of 2011.

If you would like a detailed description of your medical plan benefits, you can call Anthem at 1-800-887-6055 and request a copy of a Health Benefit Booklet.

HEALTH CARE MEMBERSHIP CARDS & PHONE NUMBERS

MEDICAL COVERAGE (NEW CARD)

Members enrolled in the 80/20 PPO or Carve-Out PPO should have received new cards from Anthem. The information on the back of the card has changed slightly. The Anthem card from 2011 no longer applies.

Anthem 1-800-887-6055

RX COVERAGE (SAME CARD)

Members will not receive new cards for Medco. If your medical plan changed in 2012, your Rx benefit has changed and is being tracked electronically by Medco. The Rx card from 2011 still applies for 2012.

Medco 1-877-508-4854

VISION COVERAGE (NEW CARD)

Members who purchased Vision coverage for 2012 should have received new cards from EyeMed. The card from 2011 no longer applies.

EyeMed 1-866-299-1358

DENTAL COVERAGE (SAME CARD)

Members who purchased Dental coverage for 2012 will not receive new cards. The Guardian card from 2011 still applies for 2012.

Guardian 1-888-600-1600

MEDICARE PART B FOR MEMBERS AGE 65 AND OLDER

Medicare Part B covers doctor services, outpatient care, home health services & other medical services. For members who are covered by Medicare, Medicare pays its portion of a claim first and Anthem pays second. **Eligible retirees and spouses who do not enroll or maintain their enrollment in Medicare Part B will be responsible for the medical expenses that Medicare B otherwise would have paid.**

If you are age 65 or older and did not enroll in Medicare Part B during your initial eligibility window, or you have not maintained your Part B coverage, Medicare provides a “general enrollment period” each year. For 2012 you can enroll in Medicare Part B from January 1 to March 31. Your Medicare coverage will not become effective until July 1, 2012.

For additional assistance you can contact Medicare at 1-800-MEDICARE.

DO YOU KNOW ABOUT THE DIABETES AND HYPERTENSION PROGRAM?

KROGER PHARMACY - DIABETES & HYPERTENSION COACHING PROGRAMS

The City of Cincinnati has two health and wellness programs designed to assist those with diabetes and/or hypertension to better manage their conditions. These programs are available to employees and their dependents and City of Cincinnati retirees and spouses.

Participants in the Diabetes and Hypertension Coaching Programs receive counseling from a specially trained Kroger Pharmacist. During these individual appointments, the pharmacist provides healthy lifestyle education, medication reviews, monitoring of diabetes and hypertension goals, and physical assessments including, but not limited to, blood pressure, weight, cholesterol and blood sugar control.

These programs are entirely voluntary; however retirees who participate will realize the following benefits:

- Diabetes and/or hypertension classes provided by a Kroger Pharmacist – 100% paid by CRS
- Follow-up visits with your assigned Kroger Pharmacist – 100% paid by CRS
- A waiver of your drug co-pays for medications related to diabetes, hypertension and cholesterol

Participants have reported 99% satisfaction with the counseling provided by the pharmacist and on average have lowered their blood pressure, cholesterol, and HbA1c. These results were achieved through improved medication usage, better understanding of medical conditions, and positive changes in dietary and exercise habits.

To enroll in the program, call 1-888-242-5841.

POLICY & PROCEDURES FOR PARTICIPATING REQUIREMENTS

- Diagnosis of diabetes or high blood pressure
- Meet with a Kroger Pharmacist through a series of ongoing appointments
- Complete appropriate paperwork
- Complete regular lab work (every 3 – 6 months)
- Set and make progress toward achieving health related goals

BENEFITS

- Regular care by a specially trained Kroger Pharmacist. The pharmacist will assist you in following the care plan your physician has created for you.
- Co-pays will be waived for all diabetes, hypertension and cholesterol related medications. If you are unsure if a medication will be covered, address your questions to the pharmacist.

MEETINGS WITH THE KROGER PHARMACIST

- You will meet with a Kroger pharmacist every one to three months for 30-60 minutes.
- Your first appointment will be an “enrollment visit” to gather baseline information about your health status, knowledge of your medical conditions, and quality of life.
- During subsequent visits, you will meet with your pharmacist or a dietitian to discuss topics related to your health and set/review goals to improve management of your conditions.

CANCELLATIONS & MISSED APPOINTMENTS

- A 24-hour notice must be given by calling **1-888-242-5841** or by contacting your pharmacist if you are unable to make a scheduled appointment.
- Upon a second missed appointment without prior notification, a pharmacy representative will contact you about continuing in the program.
- If you cannot meet the requirements of the program or choose not to continue to participate, please contact your pharmacist or the program coordinator as soon as possible.
- Your pharmacist will need to communicate with you outside of a scheduled appointment regarding lab work, upcoming visits, important reminders, etc. They will contact you via your preferred method of communication. If you fail to respond in a timely manner you will be disenrolled from the program, forfeiting all future program incentives.
 - Participants who are disenrolled from the program will no longer be eligible for any incentives listed above under **BENEFITS**
- You may be eligible to re-enroll after six months from the date you discontinued or are disenrolled from the program.