WHAT IS MY ASSIGNED HEALTH CARE PLAN?
Health care plans are assigned at the time of retirement; movement between plans is not permitted. The plan names are: Secure, Select, and Model. Read the enclosed 2019 Health Care Summary carefully to determine whether your plan is Secure, Select, or Model. You should refer to the enclosed Health Care Plans chart to locate your 2019 monthly premiums.

ENROLLMENT PROCESS
If you wish to enroll or make changes to your coverage for 2019: Please download the Healthcare Enrollment Form from the Retirement website (https://www.cincinnati-oh.gov/retirement/pension-benefits/retiree-healthcare/), fill it out in full, and mail to CRS. Be sure to select the form that matches your plan; choose Select, Model, or Secure from the list. You may also request forms by phone. Your completed form must be received by CRS no later than November 15, 2018.

If you want to enroll an eligible spouse or dependents into Medical, HRA, Dental and/or Vision coverage for 2019, you (the Pensioner) must also be enrolled in that same type of coverage. A spouse or dependent can only be added to coverage or removed from coverage during open enrollment, unless there is a qualifying event. If CRS does not receive a signed Healthcare Enrollment Form before November 15, 2018, your current healthcare coverage elections will remain the same.

MEDICARE NEWS
Did you know that you may be eligible for free Medicare Part A based on the work record of your current, previous, or deceased spouse (62 years or older)? Contact Social Security to determine your eligibility for free Medicare Part A. Help reduce health care premium rates for all members over time. Do your part to keep the Cincinnati Retirement System’s retiree healthcare costs low and sustainable for years to come.

During this Open Enrollment period, CRS Members 65-and-over will have the opportunity – per Medicare – to shop for an outside Part D plan. If you choose to move to a non-CRS plan, you will lose your current CRS Part D plan with CVS SilverScript. This process will be explained in a letter from SilverScript. Please watch your mail for all Open Enrollment messages arriving in October. If you do not require any changes to your current medical, prescription, dental, or vision coverage, you do not need to do anything during Open Enrollment.

COVERED STUDENT VERIFICATION
Health care coverage for eligible dependent children is available through the end of the month in which they turn age 19, or through the end of the month in which they turn age 24 (must be unmarried and full-time student at an accredited school). Pensioners who request to purchase health care coverage for eligible dependent children aged 19-24 are required to provide verification of full-time student status: once before December 15, 2018, and again before August 15, 2019. Failure to provide verification of full-time student status by these deadlines will result in the termination of the dependent’s coverage.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)
CRS offers a voluntary program called Health Reimbursement Arrangement to pensioners who (1) choose to waive their CRS health care coverage and (2) enroll in another group health care plan that is not sponsored by the City. The HRA reimburses up to $5,000 for single out-of-pocket, or $10,000 for family out-of-pocket medical expenses incurred under the alternate plan. Members who are eligible for Medicare or Tricare, or will become eligible during 2019, cannot enroll in the HRA. Call the CRS office to request an enrollment packet with more information.
MEMBERS TURNING 65

- Prior to turning 65, Members should contact Social Security at 1-800-772-1213 to enroll in Medicare Part A and B. Medicare then becomes their primary healthcare coverage and the Cincinnati Retirement System (CRS) healthcare coverage becomes their secondary healthcare coverage. CRS provides Part D Prescription Drug Plan (CVS/SilverScript) for Medicare-eligible participants who are enrolled in CRS healthcare coverage. If you choose not to enroll or if you do not pay your Medicare premiums on time, Medicare may impose fees, your out-of-pocket costs may increase, or you may lose your prescription coverage.
- When you become enrolled in Medicare, you will then send a photocopy of your Medicare Health Insurance Card to the Cincinnati Retirement System. Once CRS receives your Medicare card, official enrollment into the Medicare Part D Prescription Drug Plan (CVS/SilverScript) can take 8-10 weeks. You should continue to use your CVS/Caremark Prescription Drug card until you receive your new Medicare Part D (CVS/SilverScript) card.
- If, at any time, you choose to purchase a non-CRS Part D plan, you will automatically lose access to CRS Part D (CVS/SilverScript).

NEW MEDICARE CARDS FOR 2018

Medicare is preparing to stop using Social Security numbers for identification and will send new cards to patients with a Medicare Beneficiary Identifier (MBI). The move is required by law to discourage identity theft. By replacing the Social Security number based Medicare cards, Centers for Medicare & Medicaid Services (CMS) can better protect your financial information and federal health care benefit and service payments.

The Medicare Beneficiary Identifier (MBI) will be:
- Clearly different than the previous Social Security based number
- 11-characters in length
- Made up only of numbers and uppercase letters
- Unique, randomly generated, consisting of characters without hidden or special meaning

Ohioans are not scheduled to receive new cards before October 2018. Patients who are new to the Medicare program starting in April 2018 and later will only have a card with the new Medicare Beneficiary Identifier (MBI). If you have questions about this process, please direct inquiries to CMS.gov or 1-800-MEDICARE.

DIVORCE & HEALTH CARE COVERAGE

Divorce is an unfortunate fact of life; it can happen to the best of us. Did you know that upon divorce, spouses are no longer eligible for CRS health care coverage? Retirees are responsible for notifying CRS in the event of divorce. If CRS is not notified of a divorce in a timely manner, the retiree in question may be required to reimburse CRS for their spouse’s ineligible claims, and may be subject to: penalties, potential loss of their own health care coverage, and even criminal prosecution.

COLA POVERTY EXCEPTION

The COLA poverty exception is available for CRS members covered by the Collaborative Settlement Agreement who also meet certain financial requirements. Eligible members include those retirees with at least 5 years’ Service Credit, and whose verified household income is at or below 150% of the Federal Poverty Level. If you think you may qualify for the COLA poverty exception, you must contact the Retirement Office. You will need to submit income verification every year to re-qualify.

**2018 US FEDERAL POVERTY GUIDELINE**

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>150% (POVERTY LEVEL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PERSON</td>
<td>$18,210</td>
</tr>
<tr>
<td>2+ PERSONS</td>
<td>$24,690</td>
</tr>
</tbody>
</table>

THE DEADLINE TO SUBMIT REQUIRED COLA POVERTY DOCUMENTS IS 4:00PM FRIDAY, NOVEMBER 2, 2018