

## IMPORTANT INFORMATION

### ONCE-A-YEAR OPPORTUNITY FOR MEDICARE MEMBERS

September 2017

First Name Last Name

Address 1

Address 2

City, State Zip

#### Open Enrollment – October 9 - 20, 2017

#### Special Medicfill Medicare Supplement & Express Scripts Medicare (PDP) Prescription Drug Plan

Your once-a-year opportunity to review the State of Delaware, Highmark Delaware Special Medicfill Medicare Supplement Plan and Express Scripts Medicare (PDP) Prescription Drug Plan is fast approaching!

The Open Enrollment period begins **October 9 through October 20, 2017** for the plan year beginning January 1, 2018. The plan year for Special Medicfill and Express Scripts Medicare PDP is January 1 through December 31.

#### WHAT DO I NEED TO DO?

- **If you, your spouse and/or your dependents are enrolled in Highmark Delaware Special Medicfill WITH prescription coverage and DO NOT wish to change coverage, you DO NOT need to do anything.** For additional information or if you wish to make changes *see Section A. (ALSO, see below for Spousal Coordination of Benefits Information)*
- *See Section B* if you, your spouse and/or your dependents are enrolled in Highmark Delaware Special Medicfill WITHOUT prescription coverage. *(ALSO, see below for Spousal Coordination of Benefits Information)*
- *See Section C* if you, your spouse and/or your dependents are eligible but NOT enrolled in Highmark Delaware Special Medicfill. *(ALSO, see below for Spousal Coordination of Benefits Information)*
- Spousal Coordination of Benefits Form – Do I need to complete this form?
  - If you cover a spouse under the Highmark Delaware Special Medicfill Medicare Supplement plan, you DO NOT need to complete a Spousal Coordination of Benefits Form UNLESS your spouse's employment or health insurance status has changed since the last time you completed this form.
  - The Spousal Coordination of Benefits form can be completed online at [www.ben.omb.delaware.gov/documents/cob](http://www.ben.omb.delaware.gov/documents/cob) no later than **October 20, 2017**. Here you will also find the Spousal Coordination of Benefits Form Self-Service Guide, which provides step by step instructions to access and submit the Spousal Coordination of Benefits Form. If you do not have access to a computer, or if you have questions, please **contact the Office of Pensions at 1-800-722-7300 or 302-739-4208**.
- Frequently Asked Questions are available by clicking on the Special Medicfill Open Enrollment link at [www.delawarepensions.com](http://www.delawarepensions.com)

#### OTHER IMPORTANT THINGS YOU NEED TO KNOW

- **If you have enrollment in a Medicare Advantage Plan please see the section titled IMPORTANT INFORMATION, included in this letter.**
- For other important information, please see the section titled, **IMPORTANT INFORMATION**, included in this letter.

## **Section A: Currently Enrolled in Highmark Delaware Special Medicfill WITH Prescription Coverage**

1. If you **DO NOT** wish to change your State of Delaware Highmark Delaware Special Medicfill or prescription coverage, you **DO NOT** need to do anything. Your current benefits will remain the same for the next plan year beginning January 1, 2018. (You may need to complete a Spousal Coordination of Benefits form. Refer to “What Do I Need to Do?” on the front page of this letter.)
2. If you want to drop prescription coverage only, please contact the Office of Pensions at 1-800-722-7300 **no later than October 20, 2017**.
  - If you drop prescription coverage;
    - You can continue your Highmark Delaware Special Medicfill coverage; and
    - You will need to purchase a Medicare Part D prescription plan from another source for you and/or your spouse and/or your dependent(s) enrolled in Medicare.
3. If you want to drop Highmark Delaware Special Medicfill and prescription coverage, please contact the Office of Pensions at 1-800-722-7300 **no later than October 20, 2017**.
  - If you drop both Highmark Delaware Special Medicfill and prescription coverage, for you and/or your spouse and/or your dependent(s) enrolled in Medicare;
    - You will need to purchase a Medicare supplement plan AND Medicare Part D prescription plan from another source.

## **Section B: Currently Enrolled in Highmark Delaware Special Medicfill WITHOUT Prescription Coverage**

1. If you **DO NOT** want to change your coverage, you **DO NOT** need to do anything. Your current benefits will remain the same for the next plan year beginning January 1, 2018. (You may need to complete a Spousal Coordination of Benefits form. Refer to “What Do I Need to Do?” on the front page of this letter.)
2. **If you want to add prescription coverage to an existing Special Medicfill Medicare Supplement Plan, please complete and return the enclosed enrollment application to the State of Delaware Office of Pensions no later than October 20, 2017.** Additional copies of the enrollment application are available by clicking on the Special Medicfill Open Enrollment link at [www.delawarepensions.com](http://www.delawarepensions.com) or by calling the Office of Pensions at 1-800-722-7300.
3. If you wish to cancel your Highmark Delaware Special Medicfill coverage, please contact the Office of Pensions at 1-800-722-7300 **no later than October 20, 2017**.

## **Section C: Currently Eligible but NOT Enrolled**

1. To enroll in the Highmark Delaware Special Medicfill Medicare Supplement Plan, complete and return the enclosed enrollment application to the State of Delaware Office of Pensions **no later than October 20, 2017**.
  - a. You must select with prescription coverage **OR** without prescription coverage by checking the appropriate box on the enrollment application.
  - b. Additional copies of the enrollment application are available by clicking on the Special Medicfill Open Enrollment link at [www.delawarepensions.com](http://www.delawarepensions.com) or by calling the Office of Pensions at 1-800-722-7300.

***Completed health enrollment application must be submitted no later than October 20, 2017 to:  
Office of Pensions, McArdle Bldg, 860 Silver Lake Blvd, Ste 1, Dover, DE 19904***



**IMPORTANT INFORMATION:**

**If you have enrollment in a Medicare Advantage plan and the Highmark Delaware Special Medicfill WITH or WITHOUT Prescription Coverage plan please contact the Office of Pensions.**

- Enrollment in a Medicare Advantage plan is not compatible with the Highmark Delaware Special Medicfill with or without Prescription Coverage plan. Enrollment in both is not permitted by Medicare.
  - The Highmark Delaware Special Medicfill with or without Prescription Coverage plan is considered a Medigap plan and Medicare does not permit enrollment in a Medigap plan and a Medicare Advantage Plan.
  - If your spouse is only offered a Medicare Advantage plan through his/her former employer/retirement benefits and they are paying less than 50% of the monthly premium, he/she must enroll and maintain enrollment in the Medicare Advantage plan.

**If you have current enrollment or obtain future enrollment with another qualified Part D prescription drug plan and are enrolled in the Highmark Delaware Special Medicfill WITH Prescription Coverage plan please contact the Office of Pensions.**

- The Centers for Medicare & Medicaid Services (CMS) only allows for enrollment in one qualified Part D prescription drug plan. The State of Delaware offers enrollment in the Special Medicfill plan *with OR without* the qualified Part D prescription drug coverage.

**Highmark Delaware Special Medicfill Rates Beginning January 1, 2018**

The premium is based on retirement date and how many years of creditable service were earned while working for the State of Delaware. Please refer to the charts below for rate details. Contact the Benefits Section of the Office of Pensions if you have questions. **Eligible Pensioners hired prior to July 1, 1991 – State pays 100% of the State Share.**

If you have less than 20 years of service and were first hired on or after July 1, 1991, the State does not pay the full state share but will pay a percentage of the state share of the cost of your coverage as explained in the chart below.

Eligible Pensioners hired by the State on or after July 1, 1991 through December 31, 2006*		Eligible Pensioners hired by the State on or after January 1, 2007*	
Less than 10 years:	0%	Less than 15 years:	0%
10 years less than 15 years:	50%	15 years less than 17.5 years:	50%
15 years less than 20 years:	75%	17.5 years less than 20 years:	75%
20 years or more:	100%	20 years or more:	100%

\*Except those receiving a disability pension or receiving an LTD benefit from the Hartford

**Highmark Delaware Special Medicfill plan rates effective January 1, 2018, the same rates as they were in 2017.**

SPECIAL MEDICFILL WITH PRESCRIPTION				
Retired Prior to or on 7/1/12				
		TOTAL COST	STATE SHARE	PENR SHARE
Individual	100% state share	459.38	459.38	0.00
Individual	75% state share	459.38	344.54	114.84
Individual	50% state share	459.38	229.69	229.69
Individual	0% state share	459.38	0.00	459.38

SPECIAL MEDICFILL - NO PRESCRIPTION				
Retired Prior to or on 7/1/12				
		TOTAL COST	STATE SHARE	PENR SHARE
Individual	100% state share	260.44	260.44	0.00
Individual	75% state share	260.44	195.33	65.11
Individual	50% state share	260.44	130.22	130.22
Individual	0% state share	260.44	0.00	260.44

SPECIAL MEDICFILL WITH PRESCRIPTION				
Retirement Effective 7/2/12 & later				
		TOTAL COST	STATE SHARE	PENR SHARE
Individual	100% state share	459.38	436.42	22.96
Individual	75% state share	459.38	327.32	132.06
Individual	50% state share	459.38	218.21	241.17
Individual	0% state share	459.38	0.00	459.38

SPECIAL MEDICFILL - NO PRESCRIPTION				
Retirement Effective 7/2/12 & later				
		TOTAL COST	STATE SHARE	PENR SHARE
Individual	100% state share	260.44	247.44	13.00
Individual	75% state share	260.44	185.58	74.86
Individual	50% state share	260.44	123.72	136.72
Individual	0% state share	260.44	0.00	260.44

- The Highmark Delaware Special Medicfill benefits will remain the same. A copy of the Summary Plan Description is available at <http://ben.omb.delaware.gov/medical/bcbs/index.shtml>.

The Express Scripts Medicare (PDP) Prescription Drug Plan copay cost will remain the same for the 2018 plan year.

**Prescription Copays - Rates effective January 1, 2018**

STATE OF DELAWARE PRESCRIPTION COVERAGE	TIER 1 GENERIC DRUGS	TIER 2 PREFERRED BRAND DRUGS	TIER 3 NON-PREFERRED BRAND/GENERIC DRUGS
30-DAY SUPPLY	\$8.00	\$28.00	\$50.00
90-DAY SUPPLY	\$16.00	\$56.00	\$100.00

- The retail pharmacy network will currently remain the same. Watch for additional information regarding the 2018 prescription drug benefit from Express Scripts being mailed to your home in late September.
- Formulary change information is communicated directly from Express Scripts. Please review all Express Scripts mailings for important information that may impact your pharmacy benefits.
- If you add Medicare Part D prescription coverage by enrolling in Highmark Delaware Special Medicfill with Prescription, watch for your new ID cards and additional important information from Express Scripts Medicare (PDP) Prescription Drug Plan. *There is no option available for prescription coverage only.*
- There are no State of Delaware sponsored health fairs or information sessions being offered as part of this Open Enrollment.
- Changes to dental and vision coverage can only be made during the State of Delaware Open Enrollment period scheduled in May 2018 unless a qualifying event has occurred.
- Non-Medicare State of Delaware pensioners, spouses and/or dependents will be invited to make changes in their health, dental, and vision coverage during the Open Enrollment period scheduled in May 2018.

**Remember, open enrollment for Highmark Delaware Special Medicfill Medicare Supplement and Express Scripts Medicare (PDP) ends October 20, 2017.** If you have any questions about this Open Enrollment or your benefits, please contact the Office of Pensions at 1-800-722-7300.

***Frequently Asked Questions, Health Enrollment Application, Plan Information and more can be found at:***

[www.delawarepensions.com](http://www.delawarepensions.com)

***Click on the Special Medicfill Open Enrollment Link***