

IMPORTANT INFORMATION

ONCE-A-YEAR OPPORTUNITY FOR MEDICARE MEMBERS

September 2016



Open Enrollment – October 10 - 21, 2016

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 10 through October 21, 2016 for the plan year beginning January 1, 2017. The plan year for Special Medicfill and Express Scripts Medicare PDP is January 1 through December 31.

WHAT DO I NEED TO DO?

- *See Section A* if you, your spouse and/or your dependents are enrolled in Highmark Delaware Special Medicfill WITH prescription coverage. (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 no later than **October 21, 2016**, or a paper form can be requested from the Office of Pensions, completed and returned to the Office of Pensions **no later than October 21, 2016**.
- Frequently Asked Questions are available by clicking on the Special Medicfill Open Enrollment link at www.delawarepensions.com

OTHER IMPORTANT THINGS YOU NEED TO KNOW

- 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, 2017. (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 21, 2016**.
 - 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 21, 2016**.
 - 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, 2017. (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 21, 2016.** Additional copies of the enrollment application are available by clicking on the Special Medicfill Open Enrollment link at 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 21, 2016**.

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 21, 2016**.
 - 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 or by calling the Office of Pensions at 1-800-722-7300.

Completed forms must be submitted to:

Office of Pensions, McArdle Bldg, 860 Silver Lake Blvd, Ste 1, Dover, DE 19904

DEADLINE: All forms must be submitted to the Office Pensions no later than October 21, 2016



IMPORTANT INFORMATION:

Highmark Delaware Special Medicfill Rates Beginning January 1, 2017

Plan	Current Monthly Rate	New Monthly Rate Effective 1/1/17
Special Medicfill with Prescription	\$426.60	\$459.38*
Special Medicfill without Prescription	\$241.86	\$260.44*

- ***The actual premium you pay** is determined by your date of hire, years of service and date of retirement.
 - To determine the specific premium you will pay, refer to the percent of state share chart available by clicking on the Special Medicfill Open Enrollment link at www.delawarepensions.com.
- 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 structure will remain the same for the 2017 plan year as in 2016.

Prescription Copays - Rates effective January 1, 2017

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

- The retail pharmacy network will remain the same. Watch for additional information about the 2017 prescription drug benefit from Express Scripts being mailed to your home in late September.
- 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, vision or blood bank coverage can be made during the State of Delaware Open Enrollment period scheduled in May 2017.
- Non-Medicare State of Delaware pensioners, spouses and/or dependents will be invited to make changes in their health, dental, vision and blood bank coverage during the Open Enrollment period scheduled in May 2017.

Remember, open enrollment for Highmark Delaware Special Medicfill Medicare Supplement and Express Scripts Medicare (PDP) ends October 21, 2016. 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, Additional Forms, Plan Information and more can be found at:

www.delawarepensions.com

Click on the Special Medicfill Open Enrollment Link