

Important message from your SRSRA Resource Center

SRR/SRMC Retiree Benefit Program Changes 2023-2024

Updated as of 11/15/2023

VIA phone number: 1 800 848-1831, WEB: my.viabenefits.com/SRMC

Your medical insurance coverage is important to you, your spouse, and SRMC.

Tailoring your new SRMC health benefit changes and opportunities to your needs requires thoughtful evaluation on your part to decide what you want. SRMC has contracted VIA Benefits and Humana to take over from RightOpt and HealthEquity (formerly WageWorks). Please pay attention to the changes in your healthcare choices for 2023-2024 if you want to continue to qualify for your Health Reimbursement Account (HRA) stipend. SRMC retirees will not have the same insurance company Medicare Supplement Plan or Medicare Advantage Plan as they currently have in 2023.

1. Figuring out your Retiree Medical Plan Company (SRMC or SRNS/Battelle)

Look at the top center part of your monthly pension pay stub. If you have **Pay Group 007 (SRR)** or **009 (SRMC)**, the information presented below pertains to **your** retiree health benefits. If you are in this group you should have received mailings from Ted Myers, VIA, and Humana. These changes will apply to SRR/SRMC retirees. *NOTE: SRR Retirees in the 2009 to 2013 category may have never dealt with RightOpt and may not have been in contact with SRS for years. We don't want them to risk losing their HRA stipend, but sometimes mailings are not always effective if seniors have moved. If you know of a retiree whose retirement date falls into this time and who is unaware of the pending changes, please have them contact the SRSRA Resource Center message line (803-508-7065) ASAP, or call VIA (800-848-1831).*

2. Important Dates to Remember

- **11/6 to 11/17/2023:** SRMC's 2024 special enrollment period. You should call VIA Benefits (1-800-848-1831) to make an appointment sometime during this priority period for your pre-enrollment assessment. They may have already called you.
- **12/31/2023:** deadline for 2024 Humana medical plan choices and enrollment through VIA, the SRMC Benefit Advisor company, to ensure receiving your Health Reimbursement Account (HRA) stipend going forward.
- **01/31/2024:** deadline for filing prior years incurred health reimbursement claims through Health Equity (formerly Wage Works). This is explained in more detail below.
- **02/2024:** New SRMC VIA benefit claims reimbursement function begins. This was previously managed by HealthEquity (formerly WageWorks). The exact date is to be announced by SRMC following the date when the transfer blackout period ends.

3. Your Medical Plan Choices

Understand the differences between your upcoming medical plan choices for 2024. Know what you need to do to keep or get your annual stipend allocation.

- **You can choose a Humana Medicare Supplement Plan with separate Medicare Part D Rx Plan. *OR***
- **You can choose between two Humana Group Medicare Advantage PPO Plans (MAPD).**
 - The high plan choice (079/604) with a higher premium (\$164.26/month), lower copays and an out-of-pocket limit of \$400.
 - The low plan choice (079/603) with a lower premium (\$102.58/month), higher copays and an out-of-pocket limit of \$2,000.

Both group Medicare Advantage Plans include Part D Rx coverage through the Humana network of pharmacies.

4. For those choosing a Humana Medicare Supplement Plan (MEDIGAP Plan)

- **GOOD NEWS: For a limited period (thru December 2023) you can enroll, through VIA, into a Humana supplement lettered plan with no underwriting (no health questions) which will take effect January 01, 2024.** Monthly premiums for Humana plans can be found on the VIA website (<https://my.viabenefits.com/srmc>) or through a VIA agent. If you currently have a Medicare Advantage Plan, and want to change to a Medicare Supplement plan, this would be a helpful time to make that change.
- **You can also maintain the Medicare Supplement Plan Level you have now if you want. If you have a Plan F you can enroll in that same Plan F with Humana, if you have a Plan G, you can get that same Plan G with Humana, etc. for all Medicare Supplement Plans. You do not have to change to a Medicare Supplement Plan type with less or more coverage benefits unless you choose to do so.**
- **If for some reason, that option of staying with your same plan level was not given you by VIA, you can call VIA and they will take care of you right away. There was a website glitch that effected some people a few weeks ago, but SRMC addressed that quickly and impacted retirees were called.**
- **Remember, with Medicare Supplement Plans, you can use any doctor or hospital, anywhere in the USA that accepts Medicare. Supplement (Medigap) plans do not have limited networks.**
- **Medical Supplement Plans will pay for all procedures that Medicare Parts A or B have approved; they have no approvals needed for payment.** Medicare Advantage Plans can have insurer medical procedure approval processes which are necessary before the service is performed.
- **If you are choosing a Medigap Supplement Plan you must also choose a Part D Rx drug plan.** This can be done in one of three ways:
 - You may choose to have VIA review the available Humana plans they sell. They will enroll you.
 - You can request a review with the SRSRA Resource Center. All reviews are done using the [Medicare.gov](https://www.medicare.gov) web site which will include all Rx plans available in your area.
 - Alternatively, you can perform the review and enroll in a plan yourself online at the [Medicare.gov](https://www.medicare.gov) website yourself.
- **If you choose a Part D Rx plan without using VIA you will continue to receive your stipend. However, your chosen Part D Rx plan will not qualify for Automatic Premium Reimbursement (APR) through VIA. Your Supplement Plan can qualify, though, for APR.**

- **Remember, it is important for you to take advantage of Medicare’s annual Open Enrollment period (October 15th to December 7th each year) to review your Part D Rx plan options.** This is the best way to control of your annual prescription drugs costs.

5. For those opting for the Humana Medicare Advantage plan options (MAPD plan)

Medicare Advantage Plans can work well for certain retirees. However, you must do your homework to decide if a MAPD best meets your needs. Do not just look at the premium amounts. Listed below are examples of things you may want to consider when choosing to go with a MAPD.

- Consider that MAPD carriers’ networks run on an annual contract basis with both doctors and hospitals. Those networks can and do change. If the provider is outside the network, the provider may want you to pay them directly, then file for reimbursement from the MAPD plan.
- If it is important to continue receiving services from doctors that have been treating you in the past make sure those doctors are in the MAPD network. The same goes for hospitals.
- MAPD’s are private insurance carriers that receive funding from Medicare and sometimes require prior approval (coverage decision or organization determination) for certain medical procedures. MAPDs make the decision as to whether a medical procedure is covered by insurance, not Medicare. There is an appeal process to the insurance carrier which can take time.
- If dissatisfied with a MAPD you can return to original Medicare, however, it may not be easy to get a Medicare Supplement Plan. Medicare Supplement Plans will almost certainly require medical underwriting (health questions) before accepting you back into a plan. Check to see what is needed to change if it turns out you are not satisfied with your MAPD plan. Know the restrictions and deadlines for you to return to your old supplement plan, if you had one.

Check with your SRMC Benefits Advisor (VIA) when necessary because interpretation of an insurer’s benefits can be complex and subject to change. These are the legal documents you should receive:

- **The insurers’ (Humana) written Evidence of Insurance Coverage (EOC) guides** will tell you what is covered, what is excluded, and what you will pay, as well as other coverage information.
- **The SRMC Retiree Medical Health Reimbursement Account (HRA) Summary Plan Description.** This will detail qualified reimbursable medical expenses. We have been told that this information will be posted on the SRMC websites and mailed to you on a timely basis.

6. Other Important Information about Your HRA and Claims Reimbursements

- You should pay close attention to your HealthEquity/WageWorks HRA (Health Reimbursement Account).
 - ✚ **After 01/31/2024 you no longer can file for reimbursement of health claims incurred by you or your spouse before 01/01/2024. The SRSRA Retiree Resource Center can help you file claims.**
 - ✚ With VIA, SRMC’s new Benefits Advisors, you will no longer have a PAY MY PROVIDER (PMP) choice (direct payment to vendor). The Automatic Premium Reimbursement (APR) will be available. However, you will need to set up the APR with VIA.
 - ✚ Also, with VIA, you must accept reimbursements by direct deposit to your bank account. There will be no choice for receiving a reimbursement check through the mail.
 - ✚ The list of allowable expenses for HRA claims will not change for 2024.

- The HRA stipend age-based allocation amounts will not change for 2024

- **What exactly is a Health Reimbursement Account (HRA)?**

The HRA is an employer provided account that reimburses “Eligible Medical Expenses” with tax advantages. Once you become a participant, your employer establishes an HRA for you. The HRA is a notional bookkeeping account that keeps a record of HRA dollars allocated to your account and reimbursements made to you. This account is owned by the employer, and the participant has no vesting rights. As a participant, you have no property rights in the HRA.

If you die, and on your date of death you are not married or your spouse is under age 65 and therefore, not eligible for an HRA, your estate must submit Medical Expenses Incurred by you for reimbursement. If, after payment of such claims, there are still funds in the HRA, the remaining funds will be forfeited and revert to the employer.

It is not prudent to allow a large balance to build up in your HRA, especially when you can take tax-free withdrawals now. The HRA guidelines are subject to change, and any balance will revert to the company after your death if you are the surviving spouse as defined in the plan. HealthEquity and the SRSRA Retiree Resource Center are available to work with you to submit your claims for medical expenses incurred before 2024 by the January 31, 2024, deadline.

- **How do I know if am eligible to be a participant of the HRA?**

Each retiree or spouse who meets the requirements and initially enrolled in RightOpt plan, or now as a future participant, enrolls in a Medicare Supplement or Medicare Advantage Plan through VIA, shall be a participant as of the date of enrollment or start of the plan. For purposes of the Plan an individual is eligible for Incumbent Retiree medical coverage if the individual terminates employment with the employer and at the time of the termination was an active participant in the Savannah River Nuclear Solutions LLC Multiple Employer Pension Plan and at the time of the termination met the requirements for a Normal, Early, Optional, or Incapability Retirement benefit under the terms of the pension plan.

7. SRMC Benefit changes for 2023-2024 are significant

- **Newly Medicare eligible SRMC retirees retiring in the last quarter of 2023 will be automatically enrolled into the “Low” Humana Medicare Advantage plan.** This is the plan mentioned earlier with lower premiums and higher out-of-pocket limits.

This is true even if the retiree earlier enrolled in a Medicare Supplement plan with RightOpt and was confirmed to start in a different plan anytime in the last quarter (three months) of 2023. No Supplement Plans are available for new enrollees in the last quarter of 2023.

- **If you do NOT want the automatic “Low” Humana Advantage option you can call VIA benefits (1-800-848-1831).** They will discuss Low and High plan options and accommodate your choice of enrolling in the High or Low Advantage plan for the rest of 2023 (and 2024, if you want a MAPD plan in 2024).
- **If you prefer a Medicare Supplement (Medigap) plan for 2024, then you can enroll in a Humana Supplement plan,** with no medical underwriting (health questions), to take effect on January 01,

2024. Call VIA for this choice if you have not spoken with them and made your choice clear already.

- **Bottom Line: Speak with VIA to obtain the right plan for you for the rest of 2023 and for 2024. DO NOT just cancel any medical insurance plans without first talking to VIA.** It could affect your eligibility to receive an HRA stipend.

8. If you have Tricare for Life or SC PEBA health benefits

- **If you initially bought a RightOpt plan and were able to opt out of that plan in favor of your Tricare for Life or SC PEBA health benefits after meeting the HRA stipend enrollment period requirement, we have been told that SRMC will not require you to re-enroll into a Humana plan.** We recommend asking VIA to confirm; VIA agents appear to be familiar with this feature.
- **SRMC has told us that any SRMC retiree can satisfy the SRMC HRA stipend requirement by keeping the Humana coverage for the first calendar year of coverage (through December 31). After that, the retiree and/or spouse can drop their Humana coverage, obtain their health coverage from other sources, and keep their HRA stipend going forward.** This is no different from current procedures, **NOTE: Changing insurance carriers is not easy so you should be sure you have coverage confirmed before cancelling any current Humana or other Medicare insurance coverage.**

9. Miscellaneous Issues

- How will married couples, with one retiree from SRNS and the other SRMC having a joint HRA stipend accounts with HealthEquity be managed? The Retiree Resource Center has not yet received written information from SRMC or SRNS regarding the handling of dual couples.
- Some retirees have 'Approved But Not Yet Paid' health reimbursement claims amounts more than their HealthEquity account balances at each year-end. These excess amounts have always been paid out in early January as new stipend amounts are distributed into the retirees' HRA.

10. Catastrophic Drug Benefit

That benefit has been ended because Medicare has stopped the retiree paying any part of the claims beyond the catastrophic limit beginning in 2024. The last year you will be able to submit claims is for the calendar year 2023 if you exceeded your cat limit of \$7,400. Submit your claim by the end of February.