

# KENTUCKY

## TEACHERS' RETIREMENT SYSTEM

RETIRED MEMBER  
EDITION



DECEMBER  
2014

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**“MEHP” refers to the Medicare Eligible Health Plan.  
“KEHP” refers to the Kentucky Employees’ Health Plan.**

~MEHP~

### Very Important! Humana Termination Notice & NEW UnitedHealthcare ID Cards

MEHP enrollees should have already received their Humana termination notice for 12/31/2014 and their new UnitedHealthcare ID card to be used effective January 01, 2015. Please do not be concerned as you will not experience any break in coverage during this transition of insurance carriers. KTRS has communicated this change through our newsletters and mailings in 2014. There will be no material changes to the MEHP plan design for 2015. In addition, the KTRS Insurance Team participated in 100+ outreach events this year in an effort to discuss this and other insurance updates with as many retired teachers as possible. Most of the outreach events were:

- **14 Retired Teacher District Workshops**
- **28 MEHP UnitedHealthcare Educational Sessions** with 25 Across Kentucky & 3 Teleconferences
- **32 Presentations to Local and Regional Retired Teacher Groups**
- **Our Second Ever “Turning 65” Seminar with Almost 200 Attendees!**

#### • 24 Kentucky Employee Health Plan Benefit Fairs

**PLEASE NOTE:** MEHP enrollees will NOT receive a new Express Scripts Medicare Drug ID card. Please use the same card for 2014 and 2015.

**Additional Caution:** KTRS MEHP enrollees should be aware that enrolling in another Medicare Advantage plan outside of the KTRS MEHP or another Medicare Part D Drug plan outside of the KTRS MEHP will result in immediate termination from the KTRS MEHP. This is a Medicare rule. Also, Medicare eligible retirees and Medicare eligible spouses must continue to timely pay their Medicare Part B premiums or any additional premiums due on Medicare Part D or Part A directly to Social Security/Medicare or the result is immediate termination from the KTRS MEHP. Medicare eligible retired teachers may rejoin the KTRS MEHP during any annual open enrollment, but the Medicare eligible spouses may not rejoin during any annual open enrollment. The Medicare eligible spouses must experience a KTRS qualifying event to rejoin the KTRS MEHP.

~MEHP~

## Welcome "Calls" from UnitedHealthcare®

KTRS Medicare Eligible Health Plan (MEHP) enrollees should expect to receive two phone calls from UnitedHealthcare (UHC) within the first 90 days of your enrollment in the UnitedHealthcare Medicare Advantage plan. First, a UHC representative will call you to welcome you to the UHC Group Medicare Advantage Plan and to answer any questions you may have about your plan.

The second phone call from UnitedHealthcare is more focused on your current health. During this call you will have the opportunity to answer a few questions about your health and wellness. An example of the type of question you might be asked is, "In general, would you say your health is excellent, very good, good, fair, or poor". This is confidential and KTRS will not have access to any of your answers.

Not only does Medicare require this call and health assessment, KTRS encourages you to participate. This health assessment will help UHC determine what, if any, additional health programs would be beneficial to you. Your cooperation helps the plan receive the most accurate Medicare subsidy and therefore helps KTRS contain costs and preserve the medical insurance fund.

If you do not want to complete this health assessment during the second call, you can ask for a paper copy to complete, or you can complete the assessment online at [www.uhcretiree.com/ktrs](http://www.uhcretiree.com/ktrs) after your enrollment is effective. Regardless of how you complete the health assessment, KTRS asks that you complete it so that Medicare will subsidize our plan to the fullest extent possible.

You may also satisfy the health assessment by participating in an old-fashioned house call where a UHC health care practitioner will visit you in your home. See the following article, "Introducing HouseCalls from UnitedHealthcare" for more information.

~MEHP~

## Introducing HouseCalls from UnitedHealthcare

As part of your UnitedHealthcare (UHC) Medicare Advantage plan, you are offered the HouseCalls program. HouseCalls is designed to support and complement your regular doctor's care through an annual visit with a licensed health care practitioner in your home. This visit is meant to add to your health care experience and it may help you stay ahead of your health care concerns. Best of all, there is no cost to you for a HouseCalls visit. Also, this appointment will satisfy Medicare's health assessment requirement as mentioned in the article "Welcome Calls from UnitedHealthcare."



### **What you can expect from a HouseCalls visit.**

On behalf of UHC and KTRS, a UHC HouseCalls health care practitioner will come to your home to conduct a health and well-being assessment. The practitioner who performs the assessment will:

- ◆ Perform a physical exam
- ◆ Get your brief medical history
- ◆ Review your medications
- ◆ Identify health risks
- ◆ Provide education

### **How a HouseCalls visit can help you and your doctor.**

Your HouseCalls results will be shared with your doctor to help coordinate your care. This may include:

- ◆ Identifying any treatment needs
- ◆ Addressing health education needs
- ◆ Recommending preventive services you may need

### **Who receives a HouseCalls visit?**

HouseCalls is for all MEHP enrollees, whether you are healthy or have chronic conditions. Everyone can benefit from a HouseCalls visit. The UHC HouseCalls program may contact you when they have an available health care practitioner in your area.

*"HouseCalls" continued on page 3 ...*

### What to expect next.

You will receive a letter and a phone call from the UHC HouseCalls program to schedule your visit. If you are not comfortable having the HouseCalls visit in your home, they recommend you ask a friend or family member to be there with you. Or, they can visit you at another location.

If you prefer, contact UHC HouseCalls directly to schedule your appointment by calling toll free 1-866-686-2504 (TTY users should call 711), Monday - Friday, 8 a.m. - 7:30 p.m. EST; Saturday 8 a.m. - 6:30 p.m. EST.

~MEHP~

## Hearing Aids at a Discount through hi HealthInnovations™

Beginning January 1, 2015, Medicare Eligible Health Plan (MEHP) enrollees will have access to a \$500 hearing aid allowance, every 3 years, and will also have access to some of the most competitively priced hearing aids available in the market today through hi HealthInnovations.

Call hi HealthInnovations at 1-855-523-9355, TTY 711, or follow these easy steps to take advantage of your hearing discount.

### 1. Get your hearing tested.

Call hi HealthInnovations toll-free at 1-855-523-9355 to schedule an appointment with a hearing professional, search for a provider online at [hihealthinnovations.com](http://hihealthinnovations.com), or ask your doctor for a hearing test. Your UHC plan covers one routine hearing exam every plan year.

### 2. Submit your hearing test.

You or your hearing test provider can submit your test results (audiogram) by mail or fax:

**Mail:**

Hi HealthInnovations  
PO Box 356  
Minneapolis, MN 55440

**Fax:** 1-877-955-4336

Within three days of receiving your test results (audiogram) by mail or fax, hi HealthInnovations will call with your recommended hearing aid options.

### 3. Place your order.

After receiving a call from hi HealthInnovations with your recommended hearing aid options, you can place your order through one of these convenient options:

**In Person:** If your hearing test was with a hi HealthInnovations hearing professional, your custom-programmed hearing aids may be dispensed at the time of your appointment. If your appointment is with another contracted hearing professional, they will fax your hearing test results to hi HealthInnovations and they will call you to complete your order.



**By Phone:** You can call hi HealthInnovations at 1-855-523-9355, TTY 711, 9 a.m. to 5 p.m. CT, Monday - Friday to order. Your custom-programmed hearing aids will be sent directly to you.



**Online:** Go online to [hihealthinnovations.com/medicare](http://hihealthinnovations.com/medicare) to order your recommended hearing aids. Your custom-programmed hearing aids will be sent directly to you.



### 4. Use your allowance to save even more.

Your plan includes a \$500 allowance (every 3 years) that can be used toward the cost of hearing aids, further reducing your out-of-pocket costs.

### 5. Send your receipt to UnitedHealthcare for reimbursement.

You will pay the total discounted amount of the hearing aids to hi HealthInnovations. You can then submit your itemized receipt and proof of payment along with a letter requesting reimbursement to UnitedHealthcare. UnitedHealthcare will reimburse you for your \$500 allowance. **You can submit your claim to:**

**UnitedHealthcare Claims Department  
P.O. Box 31362  
Salt Lake City, UT 84131-0362**

This address can also be found on the back of your member ID card. In your request, please be sure to include your name, address, date of birth and UHC member ID number.

*see "Hearing Aids" continued from page 3 ...*

*"Hearing Aids" continued from page 3 ...*

**Additional Assistance: Daily Seminars**

Every Monday-Thursday at 6 pm CT (7 pm ET, 4 pm PT) and Friday at 10 am CT (11 am ET, 8 am PT) a hi HealthInnovations audiologist will lead a discussion on the importance of hearing health and tips for preserving hearing. Includes information about affordable, high-tech hearing aids and effective communication strategies that can improve your hearing. Call 1-888-844-7278. When prompted, enter the special access code: 9428061#.

For more information call 1-855-523-9355 or visit [www.hiHealthInnovations.com/medicare](http://www.hiHealthInnovations.com/medicare).

~MEHP~

**Enhanced Benefits for Some Routine, Non-Medicare Covered Expenses**

Moving the MEHP medical coverage to UnitedHealthcare for 2015 now allows enrollees to have coverage for some routine, non-Medicare covered expenses such as one routine hearing exam and one routine eye exam per year. Please understand that this coverage is not to be confused with comprehensive hearing or vision coverage. Also, Medicare and the UnitedHealthcare Medicare Advantage plan do not cover eye glasses and contacts unless they are the result of cataract surgery. And other types of routine care such as most dental care, dental procedures, or supplies, like cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices also are not covered. You would need to keep, or purchase, an additional comprehensive vision or dental plans to have those items covered.



Kentucky Teachers' Retirement System's

**"Turning 65" Seminar**

**Thursday, January 15, 2015**

**9:00 AM – 11:00 AM Seminar**

**(8:30 AM – Check-in)**

**Administrative Office  
of the Courts**

**1001 Vandalay Drive  
Frankfort, KY 40601**

**~ You Must REGISTER  
to Attend ~**

**Call 1.800.618.1687 Ext. #8539**

**OR visit our Web site at**

**[www.ktrs.ky.gov](http://www.ktrs.ky.gov)**

Many retirees find "Turning 65" to be a daunting process as they approach Medicare eligibility. Let KTRS help you with a full presentation and walk-through on the features and benefits of the KTRS Medicare Eligible Health Plan (MEHP).

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**DIRECTIONS:** From I-64: Take Exit 53B and continue towards Frankfort / Turn right at the first stoplight onto Westridge Drive / (Westridge Drive runs between Longhorn Steak House & Kroger) / Continue and turn right at the stop sign onto Vandalay Drive / Park in the lot on the left.

~MEHP~


## The Know Your Rx Coalition Do Not Miss Out on this Resource!! Call 1-855-218-5979 NOW!

During presentations and phone calls, we are surprised to learn that some MEHP enrollees have never heard of or have never used the medication therapy management counseling services of the pharmacists working for the Know Your Rx Coalition. These pharmacists are and have been available to you by phone from the comfort of your own home since January of 2012. They are already helping thousands of your retired colleagues.

If you have a drug that has been moved to the brand non-preferred or non-formulary tier resulting in a much higher coinsurance to you,

please call one of these pharmacists now. They can walk you through your other clinically viable options. They can even call your doctor for you to ask if it is clinically okay to switch you to a lower cost brand drug or generic alternative.

They can also help you navigate through the Express Scripts mail order process, saving you time on the phone by streamlining this process. Many retirees are already using one of the Know Your Rx pharmacists as their **first line help** with all their prescription needs. KTRS encourages you to do the same.



Age 65 and Over Only

### Know Your Rx Coalition *Pharm-Assist* Offering ...

- In addition to purchasing power, Know Your Rx Coalition offers member institutions clinical resources to help further manage Rx spend.
- Free counseling service via live pharmacists.
  - Identification of lower cost prescription alternatives.
  - Contacting physician to facilitate seeking authorization for lower cost alternative therapies.
  - Liason for retirees/physicians for issues with Rx benefit including prior authorization, step therapy, and other programs.
  - Educational resources for retirees – adverse effects, drug interactions and general medication information.

<b>Know Your Rx Coalition</b>
<b>855-218-5979</b>
<b>Clinical Director</b>
Lucy Wells
<b>Dedicated Clinical Pharmacists</b>
Lea Goggin Carrie Isaacs Matt McMahan Allison Russell Kimberly Bottom

~KEHP~  
**Health Plan Year 2015**



If you elected insurance coverage through the Kentucky Employees' Health Plan (KEHP), you'll be receiving a lot of information about your 2015 health insurance, pharmacy services, wellness program and other benefits in December 2014. Below is a synopsis of what you can expect from each vendor.



Beginning January 1, 2015, **Anthem** will become the medical third-party administrator.

- ◆ You will receive an Anthem member identification (ID) card in December. Effective January 1, 2015 present this new card when you need medical services.
- ◆ You may call 1-844-402-KEHP for customer service or go to [anthem.com](http://anthem.com).

## **CVS/caremark**

CVS/caremark will be the pharmacy benefits manager in 2015.

- ◆ CVS/caremark pharmacy information will be included on the back of your Anthem member identification (ID) card. So you will continue to have one ID card for medical and pharmacy services. Present this card when you need pharmacy services.
- ◆ You will receive a CVS welcome packet with tips to help you manage your prescription care and save money, along with a copy of the 2015 drug formulary list.
- ◆ You may call 1-866-601-6934 for customer service or go to [caremark.com](http://caremark.com).



WageWorks will administer the Health Reimbursement Arrangement (HRA) beginning in January.

- ◆ You will receive a WageWorks VISA healthcare card if you selected a Consumer Driven Health Plan (CDHP).
- ◆ After December 31, 2014 your HumanaAccess VISA card will no longer work.
- ◆ In order to transfer your Humana information to WageWorks, there will be a transition period from January 1 - 26, 2015. **No action is required from you.**

You will be able to submit 2015 claims and use the WageWorks VISA healthcare card beginning January 1, 2015.

However, outstanding 2014 claims will not be processed during the transition period (January 1 - 26). If you have 2014 claims, please submit them to WageWorks AFTER JANUARY 26, 2015.

You may call 1-877-430-5519 for customer service or go to [wageworks.com/kehpr](http://wageworks.com/kehpr).

## **Humana Vitality**

HumanaVitality will remain as the wellness vendor.

- ◆ You will receive a HumanaVitality member ID card for 2015, if you have your health insurance through KEHP.
- ◆ Use this card at certain gyms and onsite medical locations so that your wellness activity and prevention screenings will be provided to HumanaVitality and you can earn those points!

- ◆ If you already have a MyHumana username/password, you can use it to sign in with HumanaVitality in 2015.
- ◆ You may call 1-855-478-1623 for customer service or go to [humana.com](http://humana.com).
- ◆ **REMINDER: If you elected one of the LivingWell plans for 2015 you must complete the LivingWell Promise by completing either a Health Assessment OR VitalityCheck (biometric screening) between January 1 and May 1, 2015.** Only the planholder must complete the LivingWell promise. If you have a family cross-reference plan, you and your spouse must complete the LivingWell Promise.



Compass SmartShopper continues to be the transparency vendor.

- ◆ You can shop for medical procedures or diagnostic tests by calling 855-869-2133 or by visiting [compassmartshopper.com](http://compassmartshopper.com).
- ◆ Earn cash incentives for choosing a cost-effective facility for your procedures or tests.



~KEHP~

## Enrollees Who Are Eligible for Medicare

Prior to January 1, 2013, KTRS allowed under age 65 retirees and/or dependents who were eligible for Medicare to choose to be covered on the KEHP or move to the KTRS Medicare Eligible Health Plan (MEHP). The cost to KTRS to cover a Medicare eligible member on the KEHP with only secondary coverage is more than double the cost of the MEHP.

If you or any of your covered dependents are under age 65, enrolled in the KEHP, and become eligible for Medicare will no longer be eligible for the KEHP. Medicare eligible participants will only be allowed to enroll in the MEHP through KTRS. Please contact KTRS immediately should you or any of your covered dependents gain Medicare. These reasonable and necessary steps will help ensure the continuation of affordable medical insurance for all KTRS participants.

## KTRS Holiday Closing Schedule

◆ CHRISTMAS ◆  
Wednesday & Thursday,  
December 24-25, 2014

◆ NEW YEAR'S ◆  
Thursday & Friday,  
January 1-2, 2015

**~ALL RETIREES~**

**Reemployed  
Retirees**

KTRS retirees who return to work and become eligible for insurance coverage are ineligible for KTRS coverage. Therefore, if your active employment makes you eligible for insurance coverage, you must waive coverage through KTRS. If you become re-employed, please contact KTRS to determine your eligibility for health insurance.

**Upon the Death of an  
Active or Retired  
Teacher**

Eligible spouses have 30 days from the member's date of death to elect or decline health insurance coverage through KTRS. If coverage is declined or waived, it is a permanent election, and no qualifying event will allow the surviving spouse to re-enroll.

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