

Frequently asked questions

Q. Who determines the health reimbursement account (HRA) stipend amount? Where is the chart for HRA amounts located online? How do I know what stipend amount I qualify for?

A. OP&F determines the stipend amount. You can view a chart of all stipend amounts online at www.op-f.org/retired_members/healthcare.

Q. Can I get reimbursed from the Medicare HRA stipend or the Pre-Medicare HRA stipend other than monthly?

A. For Medicare-eligible members/dependents ONLY:

Yes, you can receive premium reimbursements monthly, quarterly or annually, if offered by the plan, and you have selected a payment timeframe.

- If you enrolled in the plan through Alight Retiree Health Solutions (Alight), the premium reimbursement will be set up for you automatically.
- If you have enrolled in a plan outside of Alight, you will need to fill out a premium auto-reimbursement form once a year to set up auto-reimbursement of premium for a given timeframe. This can be done online at Your Spending Account (YSA)'s website or by filling out the form and sending it in online, by fax, or by mail.

For Pre-Medicare-eligible members/dependents: Premium payments for ACA plans are monthly only.

Q. Is my HRA prorated if I turn 65 mid-year?

Yes, if you are the member, your HRA is prorated if you turn 65 mid-year. If you are a dependent and you age in mid-year, the stipend is not lowered. When a member turns 65 mid-year, the HRA will be prorated. You will receive a portion of the Pre-Medicare stipend for the months you are Pre-Medicare, and a portion of the Medicare stipend for the months you are Medicare-eligible.

The HRA stipend is not prorated when a dependent turns age 65.

- Example: If the member turns 65 in April of 2022, they will receive three months of Pre-Medicare HRA stipend and nine months of Medicare HRA stipend
- Pre-Medicare annually—\$8,220
- Medicare annually—\$1,716
- \$2,055 (Pre-Medicare 3 months) + \$1,287 (Medicare 9 months) = \$3,342

Q. What does the Pre-Medicare “open HRA” mean?

A. You are not required to enroll members/dependents into qualified health plans through eHealth. You may utilize healthcare.gov, a local agent, or eHealth to enroll in a qualified health plans to qualify for the stipend (if eligible).

Q. If my spouse is still employed and health insurance is available through their employer, is my spouse eligible for the stipend?

No. If employer coverage is available, that coverage must be selected and is not eligible for the stipend.

Q. Am I required to enroll through Alight if I am Medicare-eligible?

A. Yes, Medicare-eligible members/dependents must enroll in a medical or prescription drug plan through Alight to be stipend-eligible.

Q. Can I keep my Medicare Supplement, prescription drug plan or Medicare Advantage plan if I like it?

Yes, as long as the insurance company is offering the plan next year and you are up to date on premium payments, you can keep your plan. You must be enrolled in either a medical or prescription drug plan through Alight in order to be eligible for the stipend.

Frequently asked questions



Q. What help is available to me if I reach the catastrophic drug coverage level?

A. Catastrophic drug coverage benefits are available in the event that you are stipend-eligible and you reach the catastrophic drug coverage level within the Medicare Part D structure. OP&F will provide assistance in addition to your annual stipend. Contact Alight by calling 844-290-3674 (TTY), Monday – Friday, 8 a.m. – 8 p.m. CT, for more information.

Q. Is Medicare Supplement plan F going away? What is my next best option?

A. For participants who are Medicare-eligible as of December 31, 2020, Medicare Plans F, C and high-deductible plan F will be available in the future. For individuals who become Medicare-eligible starting January 1, 2021 and later, Medicare plans F, C and high-deductible plan F will no longer be offered. There will be comprehensive coverage available to this group, including plan G.

Q. How do I get reimbursed if I use a local agent for my qualified health plan enrollment (Pre-Medicare)?

A. You will need to submit a reimbursement claim form for both premiums and out-of-pocket expenses. Information has previously been sent to you from YSA with instructions on reimbursement. If you need additional information or have questions, please contact Alight at 844-290-3674 (TTY), Monday – Friday, 8 a.m. – 8 p.m. CT.

Q. Can I regain stipend eligibility once it is lost?

A. In some cases, yes. Experiencing a qualified life event, such as turning age 65, may allow you to regain stipend eligibility. Contact OP&F and submit a Health Care Stipend Eligibility form to see if you are eligible.

Q. Do Alight's/eHealth's doctor network listings contain all the doctors in a network?

A. Our tools are as current as the data provided by the insurance companies. We do recommend that you check with your doctor's office to find out

if they participate in a particular plan's network. Be sure to provide the doctor's office with the specific plan name and number you are asking about. Do not just provide the insurance company name.

Q. Why doesn't Alight or eHealth offer more PPO plans available in the Pre-Medicare marketplace?

A. Insurance companies determine if they offer PPOs or HMOs, or both, and how many (not Alight or eHealth).

Q. I live half the year in Florida and half in Ohio. How does that work with my Pre-Medicare plan?

A. Your primary residence drives the network for your plan. HMO plans offer comprehensive and emergency coverage when in-network, and only emergency coverage when out-of-network. PPO plans offer in-network and out-of-network benefits. You pay more when using PPO out-of-network benefits. Contact your insurance company to receive information on what is considered an emergency if you are traveling and outside the network coverage area.

Q. Are Pre-Medicare short-term, cost-sharing or associate plans eligible for stipend reimbursement?

A. Enrollment in a short-term, cost-sharing, or associate plan will not qualify you for the stipend. The plan must be ACA certified to be eligible for the stipend. However, those premiums would be eligible expenses from the stipend *if* you are also enrolled in a qualified health plan.

Q. When is the annual enrollment?

- A.** For Pre-Medicare members and dependents, the Open Enrollment Period is November 1–December 15, for coverage that takes effect January 1 of the following year.
- For Medicare-eligible members/dependents, the Annual Enrollment Period is October 15–December 7, for coverage that takes effect January 1 of the following year.