



Pre-Medicare Checklist

Open enrollment begins November 1 for Ohio Police and Fire Pension Fund's (OP&F) pre-65 members and dependents. There had been important changes made in 2020 that continue into 2021, including the opportunity to enroll in an expanded number of qualified plans from the ACA marketplace, a local broker, or Aon's partner, eHealth.

To help members optimize their OP&F stipend and health care choices, Aon and OP&F prepared a checklist to provide additional support as you are considering your options.

When Shopping for Plans - General

- Have the names of your doctors with you when reviewing the networks covered by each plan.
- Know which hospitals or facilities you want to have in your plan's network and take a fresh look at your health care needs for the year ahead.
- Confirm with your doctor's office that they will accept the plan you want to enroll in or are enrolled in. Be as specific about the plan as possible. Provide your doctor's office with the carrier, plan name and plan ID.
- Review premiums carefully as rates can change from one year to the next. If your premium changes, you can adjust your monthly premium reimbursement by logging into the member's Aon account and clicking on the HRA tab. Click on "Manage My Ohio Police and Fire Pension Fund HRA" to get to YSA's website to fill out the new premium reimbursement form.
- If you have not enrolled and experience a Qualified Life Event, you will need to fill out the OP&F Health Care Stipend Eligibility form (available at <https://www.op-f.org/retiredmembers/memberforms#HealthCareForms>).

When Shopping for Plans Through eHealth

- CareSource plans on eHealth website are available via the link on the banner page. Please see below:

The screenshot shows a banner on the eHealth website. At the top left are the eHealth and Ohio Police Fire logos. On the right, there are links for "Individual & Family Health Insurance", "Read and Learn", and a phone number "855-544-1237". The main text of the banner reads: "Your HRA benefit can reimburse you up to \$500 starting in January 2019. See HRA-compatible plans below. Heads up - you may also shop Qualified Health Plans through the Government Exchange. You may also qualify for a premium tax credit offered by the government if your incomes are below certain levels. However they can't be combined with an HRA reimbursement. To see Qualified Health Plans, please visit our partner: [HealthSherpa](#)". A red arrow points to the "HealthSherpa" link. Below the banner, the text says "We found 7 health insurance plans for you."

When Shopping for Plans Through healthcare.gov

- The premium you see on healthcare.gov may already be reduced based on the premium tax credits available to you. This may mean that a premium you see on other sites, including eHealth, may not be the same as healthcare.gov.
- Remember you are not able to accept both the premium tax credits and the OP&F stipend. You will need to choose one or the other.

When Shopping for Plans Through a Local Agent

- Ask the agent if the plan you are considering is “ACA-approved.” In order to use your OP&F stipend the plan must be a “Qualified Health Plan” meaning it is *Affordable Care Act approved and covers 10 essential benefits, including:*
 - *Preventive and wellness visits, including chronic disease management*
 - *Maternity and newborn care*
 - *Mental and behavioral health treatment*
 - *Services and devices to help people with injuries, disabilities, or chronic conditions*
 - *Lab tests*
 - *Pediatric care*
 - *Prescription drugs*
 - *Outpatient care*
 - *Emergency Room services*
 - *Hospitalization*

IMPORTANT REMINDERS

- Be sure you do not have Pop Up Blockers enabled on your internet browser. This may prevent you from linking over to eHealth from Aon’s site.
- The first month’s premium **will be deducted from your bank account** once an application for a new plan is submitted. This will be **in addition** to that month’s premium payment for your current plan if applicable.
- If you enroll in a new Qualified Health Plan, **DO NOT** cancel your existing plan until the new plan is approved. Once the new plan is approved, you are responsible for contacting the former carrier and cancelling the old plan.