




Frequently Asked Questions

Question	Answer
<p>Who determines the HRA stipend amount? Where is the chart for HRA amounts located online? How do I know what Stipend amount I qualify for?</p>	<p>OP&F determines the stipend amount. You can view a chart of all stipend amounts on OP&F's website https://www.op-f.org/retiredmembers/healthcare.</p>
<p>Can I get reimbursed from the Medicare HRA Stipend other than Monthly? Can I get reimbursed from the pre-Medicare HRA stipend other than Monthly?</p>	<p>(For Medicare-eligible members/dependents ONLY) Yes, you can receive premium reimbursements monthly, quarterly or annually, if the plan offers these type of payments and you've selected this payment timeframe. If you enrolled in the plan through the Exchange, the premium reimbursement will be set up for you automatically. If you've enrolled in a plan outside of the Exchange, you will need to fill out a premium auto-reimbursement form one time that year to set up auto-reimbursement of premium for a given timeframe. This can be done online at YSA's website or by filling out the form manually and sending it in online, by fax, or by mail. (For pre-Medicare eligible members/dependents) Premium payments are monthly only for ACA plans.</p>
<p>Is my HRA prorated if I turn 65 mid-year?</p>	<p>Yes, the Member's HRA is prorated if they turn 65 mid-year. If the dependent ages in mid-year the stipend is not lowered. When a member turns age 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 pro-rated when a dependent turns age 65.</p> <ul style="list-style-type: none">•Example: If the Member turns 65 in April of 2021, they will receive 3 months of Pre-Medicare HRA stipend and 9 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 for 2021
<p>What does the pre-Medicare "open HRA" mean?</p>	<p>You are not required to enroll members/dependents into Qualified Health Plans through eHealth. You may utilize healthcare.gov, a local agent, or enroll through eHealth to enroll in Qualified Health plans to qualify for the stipend (if eligible).</p>

Question	Answer
If my spouse is still employed and health insurance is available through their employer, is the spouse eligible for the stipend?	No. If employer coverage is available, that coverage must be selected and is not eligible for the stipend.
Am I required to enroll through Aon Retiree Health Exchange if I am Medicare-eligible?	Yes, Medicare-eligible members/dependents must enroll through Aon Retiree Health Exchange in a Medical or Rx plan to be stipend-eligible.
Can I keep my Medigap, PDP 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 would be able to keep your plan and it would automatically renew.
What help is available to me if I reach the Catastrophic Drug Coverage level?	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 Aon Retiree Health Exchange by calling 844-290-3674 for more information.
Is Medigap Plan F going away? What is my next best option?	For participants who are Medicare-eligible as of 12/31/2020, Medigap plans F, C and high-deductible plan F will be available in the future. For individuals who become Medicare eligible starting 1/1/2021 and onward, Medigap 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.
How do I get reimbursed if I use a local agent for my Qualified Health Plan enrollment (pre-Medicare)?	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 Your Spending Account (YSA) with instructions on how to get reimbursed. If you need additional information or have questions, please contact Aon Retiree Health Exchange at 844-290-3674.
Where can I find CareSource plans on the eHealth website?	<p>You will find these plans via the link on the banner page.</p> 

Question	Answer
Do Aon's / eHealth's doctor network listings contain all the doctors in a network?	Aon/eHealth's tools are as current as the data provided by the carriers. We do recommend that you double check with your doctor's office whether or not they are participating in the 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 carrier name.
Why doesn't Aon or eHealth offer more PPO plans available in the pre-Medicare marketplace?	Insurance carriers determine whether or not they will offer PPO's versus HMO's (not Aon or eHealth).
I live 1/2 the year in FL and 1/2 in OH. How does that work with my pre-Medicare plan?	Your primary residence drives the network for your plan. HMO plans offers 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 carrier to receive information on what is considered an emergency if you are traveling and outside the network coverage area.
Are pre-Medicare short term, cost-sharing or associate plans eligible for stipend reimbursement?	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.
What is the timeframe for annual enrollment?	For pre-Medicare members/dependents the Open Enrollment Period runs from November 1-December 15, for coverage effective 1/1 of the following year. For Medicare-eligible members/dependents, the Annual Enrollment Period is from October 15-December 7, for coverage effective 1/1 of the following year.