**FAQs**

**CHARD SNYDER**

Chard Snyder is OSU/A&M’s Billing Administrator for Retiree and COBRA benefits.

Chard Snyder only collects premium payments from OSU/A&M’s Retirees and COBRA enrollees.

Chard Snyder is not an individual person. It is a company.

Chard Snyder is not an insurance company.

**COBRA**

What is COBRA?

* COBRA stands for Consolidated Omnibus Budget Reconciliation Act. It's a federal law that was created in 1985 that gives individuals who experience a job loss or other qualifying event the option to continue their current health insurance coverage for a limited amount of time.

Do Retirees enroll in COBRA?

* No, retirees will enroll in retiree benefits. COBRA benefits are only available for a set amount of time. As a Retiree you can continue your retiree benefits for life, or until you decide to drop them.

If I don’t need COBRA then why did Chard Snyder send me a letter about enrolling in COBRA?

* COBRA requires the employer to give notice to the departing employee of his or her right to continue health insurance coverage through COBRA. Chard Snyder sends this notice to every NEO employee when they leave NEO’s employment. Chard Snyder does not know the difference between a retiree and an employee simply separating from their employment.

**FSA (Flexible Spending Account)**

* Your access to the funds in your FSA will end at the same time as your other Active benefits. The last day of the month during which you retired/separated. You will then have 90 days from that date to submit receipts for charges that were incurred while you were still actively employed.

**Medicare**

When should I apply for Medicare?

* Active Employees –NEO does not require active employees or their covered spouses to enroll in Medicare when turning 65. If an active employee/covered spouse DOES enroll in Medicare Part B while still covered on NEO plans, then Medicare will be the secondary payer.
* Retired Employees –Retired employees and their covered spouses are required by NEO to enroll in Medicare Part B when turning 65. In addition to Medicare, retired employees/covered spouses have the option to also enroll in OSU/A&M’s Medicare Supplement and Medicare Part D Prescription plan.

When should I turn in my Medicare application?

* Medicare applications cannot be turned in more than 90 days before you need the plan to become active. For example: if you want Medicare to start on July 1, you will need to apply on/after April 1.

Does Medicare cost me anything?

* Medicare Part B does have a monthly premium. It changes yearly on January 1st. You can search Google to find the current Medicare Part B premium.
* There is no cost for Medicare Part A.

Do I pay Chard Snyder for my Medicare?

* No, your Medicare Part B premium is withheld from your Social Security benefits. If you are not drawing Social Security yet at the time you sign up for Medicare you will be billed by the Social Security Administration for your Medicare Part B premium.

What do the letters after Medicare mean?

* Medicare Part A **(Hospital Insurance):** Helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.
* Medicare Part B **(Medical Insurance):**Helps cover:
  + Services from doctors and other healthcare providers
  + Outpatient care
  + Home health care
  + Durable medical equipment (like wheelchairs, walkers, hospital beds, and other equipment
  + Many preventive services (like screenings, shots or vaccines and yearly “Wellness” visits)
* Medicare Part D (Drug coverage): Helps cover the cost of prescription drugs (including many recommended shots or vaccines). You join a Medicare drug plan in addition to Original Medicare, or you get it by joining a Medicare Advantage Plan with drug coverage. Plans that offer Medicare drug coverage are run by private insurance companies that follow rules set by Medicare.

What is Medicare Part C?

* A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private companies approved by Medicare.
* If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D).
* Medicare pays a fixed amount for your care every month to the companies offering Medicare Advantage Plans. These companies must follow rules set by Medicare. However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non‑emergency or non-urgent care). These rules can change each year.

**Medicare Supplemental Plans**

What is Medigap Coverage?

* Medigap is another name for Medicare Supplement Insurance. Medicare Supplement Insurance is designed to fill in the “gaps” with Medicare Plans such as Part A (which covers hospital and skilled nursing facility care) and Part B (which covers doctor bills and other medical expenses).

What is Medicare Supplement Insurance?

* Medicare Supplement Insurance is a private health insurance policy designed to help pay some or all of the costs that are not covered by Medicare Parts A and B.

Who is eligible for Medicare Supplement Insurance?

* Anyone who is covered under both Medicare Parts A and B is eligible for Medigap Coverage.

Does Medicare Supplement coverage include prescription drug benefits?

* No, Medicare Supplement is designed to fill in the “gaps” with Medicare Parts A and Part B. For prescription drug coverage, you can select a separate Medicare Part D Prescription Drug Plan.

Does Everyone Need a Medicare Supplement Policy?

* Not everyone needs a Medicare Supplement policy. If you have certain other types of health coverage, the gaps in your Medicare coverage may already be covered.

Will I need to switch doctors if I enroll in a Medicare Supplement plan?

* No, you may continue to see your own doctor.

Can I see a specialist whenever I want?

* Yes. Just remember that your out-of-pocket costs will be less if you choose a physician who accepts Medicare assignment.

What does Medicare assignment mean?

* Medicare assignment is a fee schedule agreement between Medicare and a doctor. Accepting assignment means your doctor agrees to the payment terms of Medicare.

Do I have to enroll in Medicare and Medicare Supplement plans when I turn 65?

* Active Employees – No, NEO does not require active employees or their covered spouses to enroll in Medicare when turning 65. If an active employee/covered spouse DOES enroll in Medicare Part B while still covered on NEO plans, then Medicare will be the secondary payer.
* Retired Employees – Yes, retired employees and their covered spouses are required by NEO to enroll in Medicare Part B when turning 65. In addition to Medicare Retired employees/covered spouses have the option to also enroll in OSU/A&M’s Medicare Supplement and Medicare Part D Prescription plan.

I (or my spouse) am turning 65 soon, how do I enroll in the Medicare Supplement plans?

* Active employees and their covered spouses are not required to enroll in Medicare when turning 65. If they do, the NEO active policy will be the primary payer and Medicare will be secondary. Active employees/covered spouses do have the option to drop NEO coverage and enroll in Medicare as a QLE. However, active employees are not eligible to enroll in OSU/A&M’s Medicare Supplement plans. Therefore, they would need to find Medicare Supplement and Medicare Part D prescription plans elsewhere.
* Retirees – 3 months prior to a retirees 65 birthday a “Turning 65” packet is mailed to them by OSU Benefits. It includes instructions and the applications for OSU/A&M’s Medicare Supplement and Medicare Part D Prescription plans.

What if I am over 65 and my spouse is under 65, or vice versa?

* The Under 65 individual would stay on the BlueOptions or BlueEdge.
* The Over 65 individual would enroll in Medicare and the Medicare Supplement.

How do I pay for my Medicare Supplement plan?

* OSU/A&M’s Billing Administrator is a company called Chard Snyder. All retiree benefit premiums are paid to Chard Snyder. When you retire Chard Snyder will send you information about payment options.

What are my monthly Medicare Supplement plan premiums?

* Medicare Supplement rates are based on age. A rate sheet is available.

Am I covered by my BCBS of Oklahoma Supplement if I don’t live in Oklahoma?

* Yes, OSU/A&M’s BCBS Medicare Supplement plans offer coverage nationwide.

Why should I enroll in or keep OSU/A&M’s Medicare Supplement plans when there are cheaper options available?

* If you are an OTRS retiree who received the OTRS Healthcare subsidy dropping the NEO plans will also terminate the subsidy. The subsidy can only be applied to OSU/A&M’s retiree Health, Medicare Supplement, and Medicare Part D Prescription plans.
* OSU/A&M’s BCBS Medicare Part D Prescription plan does not have a deductible and has a much broader formulary.
* Once OSU/A&M’s retiree plans are dropped there is no option to re-enroll in them.

What is the difference between OSU/A&M’s Medicare Supplement plans and the plans that I can purchase directly through BCBS?

* OSU/A&M’s BCBS Group Medicare Supplement plans are administered by OSU/A&M and their billing administrator, Chard Snyder. OSU/A&M’s Benefit Representatives are able to help you with your plan, billing, and other questions.
* Plans purchased directly from BCBS are individual plans paid directly to BCBS and NEO Human Resources or OSU Benefits would not be able to help you troubleshoot any billing or coverage questions.
* The OTRS subsidy cannot be applied to an individual plan purchased directly from BCBS.

Can I change to a cheaper OSU/A&M’s BCBS Group Medicare Supplement or Medicare Part D Prescription plan?

* Yes, you can switch plans during open enrollment through OSU Benefits. Contact OSU Benefits for assistance. Contacting BCBS directly to inquire about switching plans can cause issues such as loss of the OTRS Subsidy and double billing.

How can I get a replacement Medicare Supplement plan ID card?

* Medicare Supplement - Contact Plan65 Client Services at 1-888-235-2848 or visit [www.bcbsok.com](http://www.bcbsok.com)
* BCBS Medicare Part D Prescription Plan – Contact BlueRx Client Services at 1-877-838-3877 or email [medicare\_service\_center@bcbsok.com](mailto:medicare_service_center@bcbsok.com)
* Call OSU Benefits for assistance.

**My spouse still works at NEO**

Can I go on my spouse’s insurance at NEO when I retire?

* Yes.

Will I still receive my OTRS credit?

* You will not receive the credit while you are covered by your spouse’s active employee benefits. The credit will take effect when your spouse retires/separates and you move to Retiree Benefits.

What happens when/if my spouse leaves/retires? Can I go back on my retiree benefits?

* Yes, when your spouse retires/leaves you will enroll in Retiree Benefits.

**OTRS (Oklahoma Teachers’ Retirement System)**

What happens if I want to retire TODAY and I have OTRS?

* It takes a minimum of 90 days to complete the retirement process with OTRS. I recommend giving yourself at least 120 days.

Can I use Unused Sick Leave to stop working prior to my OTRS retirement date?

* In some cases. Contact OTRS to discuss your specific situation.

OTRS says the ERV needs to be approved, when does that get completed?

* NEO Human Resources completes the ERV. OTRS emails NEO Human Resources when it is time to complete the ERV.
* The ERV 1 is completed after you submit your PIV (Pre-Retirement Information Verification).
* The ERV 2 is completed during a window that starts 5 days before your OTRS retirement date and ends 15 days after your OTRS retirement date.

**WELL ON TARGET POINTS**

* You will not be able to redeem Well on Target points after your Pre-65 plan ends. You will want to redeem all accumulated points by the last day of the month prior to your 65th birthday.

**LIVONGO**

Will I still be eligible for Livongo when I retire?

* You will continue to be eligible for Livongo until you turn 65 and move to Medicare as your primary insurance.