

Frequently asked questions about OP&F Health Reimbursement Arrangement

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 <https://www.op-f.org/retiredmembers/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, 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 for a given timeframe. This can be done on the HRA website or by filling out the form and sending it in online, by fax, or by mail.

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

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

A. Yes, if you are the member, your HRA is prorated if you turn 65 mid-year. If you are a dependent and you turn 65 mid-year, the stipend is not 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.

For example, if the member turns 65 in April of 2024, 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. An open HRA means that you or your dependents can enroll in a qualified health plan through Alight, healthcare.gov, or a local agent, and still get the stipend if you are eligible for it.

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

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

Q. To receive the stipend, 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?

A. 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. 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 premiums and out-of-pocket expenses. Information has previously been sent to you with instructions on reimbursement. If you need additional information or have questions, please contact Alight at (844) 290-3674 (TTY), Monday through Friday, 9 a.m. to 9 p.m. ET.

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 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 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 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).

Q. I reside in two different states. 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 for 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.

If you choose to enroll in insurance coverage through Alight Health Market Insurance Solutions Inc., (AHMISI), AHMISI earns a commission paid by the insurance company for each policy AHMISI sells. The commission rate varies by policy and may increase as AHMISI sells more policies. In some cases, AHMISI may earn bonus commission amounts based on criteria such as the number of policies sold. Specifics of the compensation program can be accessed on the Carrier's website.

Medicare has neither reviewed nor endorsed this information.

Alight Retiree Health Solutions is available through Alight Health Market Insurance Solutions Inc., a third-party marketing organization (TPMO), retained to promote or sell a plan sponsor's Medicare products on the plan sponsor's behalf who holds the contract with the Federal government. Alight Retiree Health Solutions represents Medicare Advantage (HMO, PPO, PFFS) organizations and stand-alone PDP prescription drug plans. Each of the organizations represented by Alight Retiree Health Solutions has a Medicare contract. Enrollment in any plan depends on contract renewal. Alight Health Market Insurance Solutions Inc. is contracted to represent insurance plans in your state. California Agency License Number: 0E97576, Arkansas Agency License Number: 100102657, DBA in North Dakota: Alight Health Market Insurance Solutions Inc, Fictitious Name in New York: Alight Health Market Insurance Agency.

We do not offer every plan available in your area. Currently, we represent 68 organizations nationally which offer 3932 products nationally. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

The number of organizations and products available will vary by ZIP Code area and may be updated periodically. Any information we provide is limited to those plans we do offer in your area.