



# The Via Benefits Advocate

## OPERS Fall 2025 Newsletter

## Welcome

Welcome to the fall 2025 edition of **The Via Benefits Advocate**. This newsletter provides Pre-Medicare and Medicare Benefit Recipients with information and resources to help you navigate the upcoming enrollment season effectively.

The Open Enrollment dates for coverage effective January 1, 2026 are:

- Pre-Medicare Open Enrollment: November 1 - December 15, 2025
- Medicare Open Enrollment: October 15 - December 7, 2025

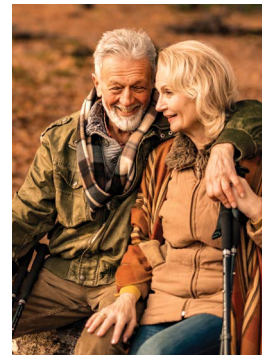
Via Benefits Insurance Services welcomes the opportunity to be your advocate. Please [get in touch with us](#) if you need assistance during Open Enrollment. You can make an appointment to speak with a licensed benefit advisor in advance, but appointments aren't necessary.

### Medicare Benefit Recipients: **M**

Open Enrollment is the best time to update your Medicare Advantage, Prescription Drug, and OPERS vision and dental plans.

If you have a Medicare Supplement (Medigap) or non-OPERS dental/vision plan, you can make changes any time of year.

To avoid delays, we recommend updating those plans outside the Open Enrollment Period, unless you're unhappy with your coverage. See the [Medicare Plan Basics](#) article for more information.



Many articles in this newsletter apply to all OPERS Benefit Recipients. However, if you see the symbols below, the corresponding information will be relevant only to Pre-Medicare or Medicare Benefit Recipients.

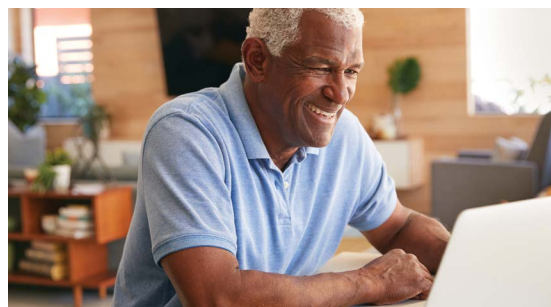


**Pre-Medicare**

**Medicare**

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## Your Time Matters: Reducing Call Wait Times

We recognize that wait times during last year's Open Enrollment were longer than anticipated, and we sincerely apologize for any inconvenience this may have caused. This year, we are committed to making meaningful improvements to ensure a smoother experience for you.

- Expanding our team to handle higher call volumes
- Providing advanced training for staff
- Upgrading our call routing system
- Reevaluating the use of Virtual Hold
- Enhancing communication to make your interactions with us easier and more efficient

Reducing call wait times during this fall's Open Enrollment is our top priority. In this newsletter, you'll find essential tips designed to help you save time—be sure to read the **Listen and Respond** and **Phone Smarts** articles for valuable advice.

We truly appreciate your patience and understanding as we work to better serve you.

# Shop and Compare Plans This Year: Why it Matters More Than Ever

Open Enrollment is your annual opportunity to reassess your health coverage and ensure it still fits your needs and budget for the coming year. If you've been enrolled in the same plan for several years, now is the time to take a fresh look—especially as we head into 2026, when more changes may be on the horizon for both [Pre-Medicare](#) and [Medicare](#) Benefit Recipients.

## Why shop now?

Plan premiums and benefits can shift significantly over time. Even if your current plan has served you well, you might find similar coverage at a better price.

Via Benefits makes it easy to compare plans online or by phone with a licensed benefit advisor. If you're dual enrolled in vision or dental plans through both OPERS and Via Benefits, this is the time to evaluate whether you need that level of coverage.

We suggest comparing plans this season if you've experienced any of the following changes in the past year:

- New ZIP code
- Household change: marriage, divorce, death
- Health status change
- Premium increase
- Plan discontinued
- Prescription drugs changed
- Plan's formulary changed
- In-network pharmacies changed
- Preferred doctors out of network

## Medigap reminder

Medigap plans don't follow the same Open Enrollment timeline and you can apply for a different Medigap at any time. Underwriting may apply and premiums can change whenever you switch Medigap plans.

## Take action

- [Sign in to Via Benefits](#) to review your plan options. If it feels confusing or you just want someone in your corner, Via Benefits is here to make the process smoother.
- Make an appointment to speak with us early in the enrollment season for fastest service or just call early during Open Enrollment.
- Watch your mailbox and inbox for updates from your insurance carrier or the state/federal marketplaces.

If you're happy with your plan, no action is needed. Unless advised otherwise, coverage will auto-renew for 2026.

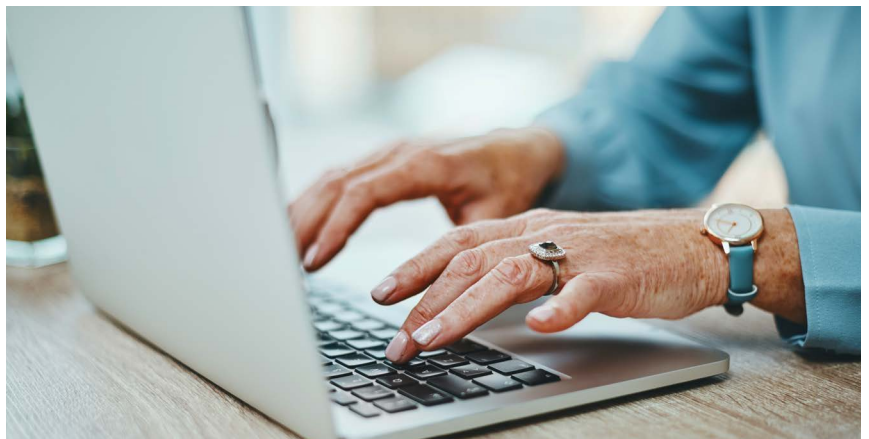
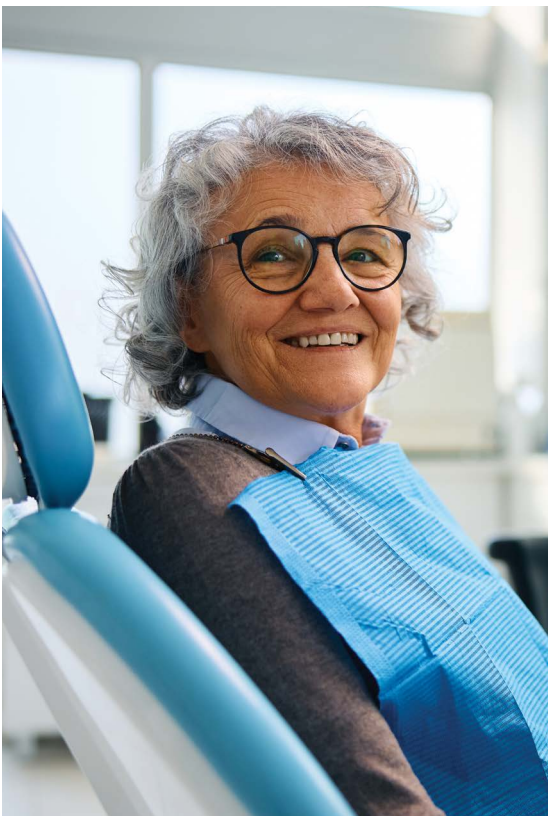




## Happy With Your Medigap? Bypass Busy Season **M**

Open Enrollment is the best time to update your Medicare Advantage, Prescription Drug, and OPERS vision and dental plans. If you have a Medicare Supplement (Medigap) or non-OPERS dental/vision plan, you can make changes any time of year.

To avoid delays, we recommend updating Medigap plans outside the Open Enrollment Period, unless you're unhappy with your current coverage.



## For OPERS Vision and Dental Plan Enrollees

If you switch to a vision or dental plan through Via Benefits, don't forget to contact OPERS to cancel your old plan. This helps prevent accidental enrollment in multiple vision and/or dental plans at the same time.



# A Pre-Medicare Guide to Upcoming Coverage Changes

As Open Enrollment approaches, Pre-Medicare Benefit Recipients get the opportunity to review and refresh their coverage. With changes on the horizon that could affect costs and care, now's the perfect time to stay informed on what's ahead—and how Via Benefits can help you navigate it with confidence.

## Expiration of enhanced PTCs

Since 2021, enhanced Premium Tax Credits (PTCs) have made Pre-Medicare health plans more affordable for millions. However, unless Congress acts, eligibility for these credits will tighten in 2026, resulting in less federal support and a possible rise in monthly premiums. If you currently use a PTC and you are eligible for the OPERS HRA, you can opt in by contacting Via Benefits between November 1 and December 15, 2025.

## Premium rate increases

Health insurance premiums change every year with a variety of contributing factors. Ohio anticipates premium hikes of about 20%. Key drivers this year include:

- Potential expiration of enhanced PTCs
- Increased cost and frequency of use of health care services
- Inflation and rising labor costs
- Rising drug prices, especially for high-cost weight loss medications
- An unhealthier risk pool, as healthier individuals drop coverage due to rising premiums

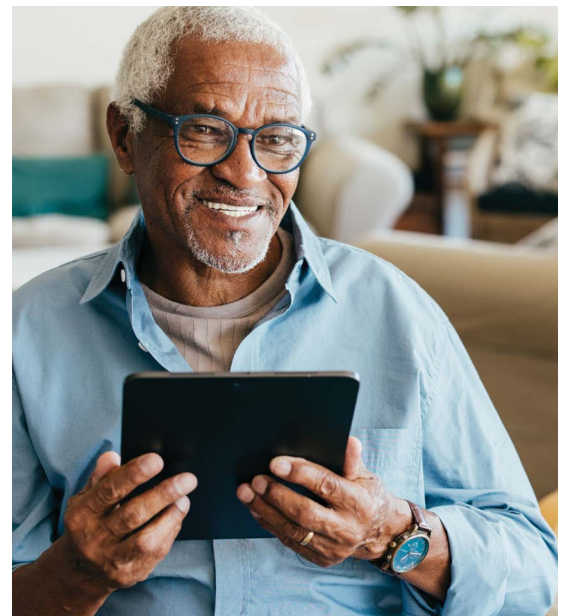
## Some good news

The process for getting procedures approved (called prior authorization) is becoming more transparent and efficient. Starting in January, insurers must explain coverage denials and share how often they approve or deny requests. By 2027, they'll also be required to use electronic systems to speed things up.

## What you can do

- **Watch for notifications from your insurance carrier.** If your premiums are rising beyond your comfort level or your plan is ending, contact Via Benefits.
- **Compare plans on the Via Benefits website or schedule an appointment early** to speak with a licensed benefit advisor when Open Enrollment begins. We'll help you find coverage suited to your health needs and budget.

Change is constant, but with support from Via Benefits, you can remain confident in your coverage selection.





# What Medicare Beneficiaries Need to Know for Open Enrollment

As Medicare Open Enrollment approaches, Benefit Recipients should be aware of several key changes that could impact coverage and costs in 2026. Via Benefits is here to guide you every step of the way.

## Premium rate increases

Health insurance premiums change every year, with a variety of contributing factors. Key drivers this year include:

- Higher costs and increased use of health care services, especially outpatient care
- General inflation and rising labor costs
- Changes to Medicare Part D, where individual plans now cover more costs and receive less government support
- Rising drug prices, particularly for specialty medications that treat complex conditions

## Prior authorization reforms

Starting in January, Medicare will test a new system in six states—Arizona, New Jersey, Ohio, Oklahoma, Texas, and Washington. In these states, doctors will need to get approval (called “prior authorization”) before providing certain outpatient services.

- Doctors can either request approval ahead of time or have their claims reviewed after the service is provided.
- The rules for what’s covered aren’t changing, and licensed medical professionals will make the final decisions.
- This only affects people using Original Medicare, including Medigap enrollees, not those with Medicare Advantage.

Outside of the pilot, Medicare Advantage and Medicaid plans will follow new rules starting in 2026. Decisions must be made faster, and plans will be publicly accountable for how often they deny requests. The goals of these changes are to cut down on low-value care while still covering what patients truly need. They aim to help patients and doctors understand decisions better through clearer explanations and public reporting.

## What you can do

While some years bring more change than others, you don’t have to navigate it alone. Via Benefits is here to help you stay informed and confident.

- **Update your Via Benefits Profile.** The information in your Via Benefits Profile powers Coverage Checkup, our comprehensive coverage recommendation tool.
- **Watch for notifications from your insurance carrier.** If your premiums are rising beyond your comfort level or your plan is ending, contact Via Benefits.
- **Compare plans on the Via Benefits website or schedule your enrollment appointment early.** When Open Enrollment begins, we’ll be ready to help you find a plan that matches your health needs and budget.

Change is constant, but with support from Via Benefits, you can stay confident in your coverage selection.





# Listen and Respond: Why Authentication Matters

We know your time is valuable—and no one wants to spend more of it on the phone than necessary. Here are a few quick tips to help make your call to Via Benefits as smooth and efficient as possible.

## You are our priority

**OPERS Benefit Recipients receive priority treatment. However, it's crucial you let us know who you are when you call so we can give you that priority.** There's an easy way to do that.

When you call Via Benefits, our Interactive Voice Response (IVR) system will ask you to confirm a few simple pieces of information.

- The last four digits of your Social Security number (SSN)
- Your ZIP code
- Your date of birth

## Why this matters

As an OPERS Benefit Recipient, entering this information ensures you receive priority routing to the appropriate service center agent.

If you skip this step, you will not receive priority and will need to **authenticate with a service agent**, which may delay your support.

Once your identity is confirmed, you'll be routed to a benefit advisor or funding agent, depending on your selection. Remember, scheduling an appointment by calling us or going online will help you reach a benefit advisor faster.

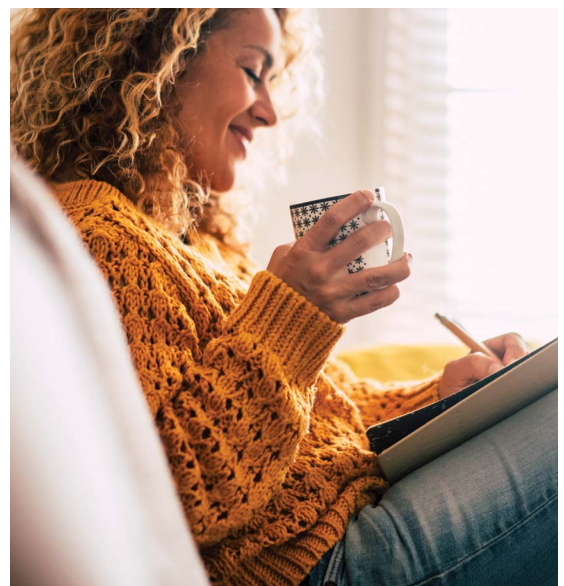
## Plan application process

If you select a new plan, an application must be sent to the carrier. Most of the time, you can do this from your online account. Alternatively, you can wait to do this with an application customer service representative (ACSR), which involves an additional transfer and listening to disclaimers over the phone. We advise using the online route, if available.

## Reconfirming is required

We realize it's not ideal but reconfirming basic information with each staff member you speak with is a federal requirement. We must ensure we speak with the right person before lending assistance.

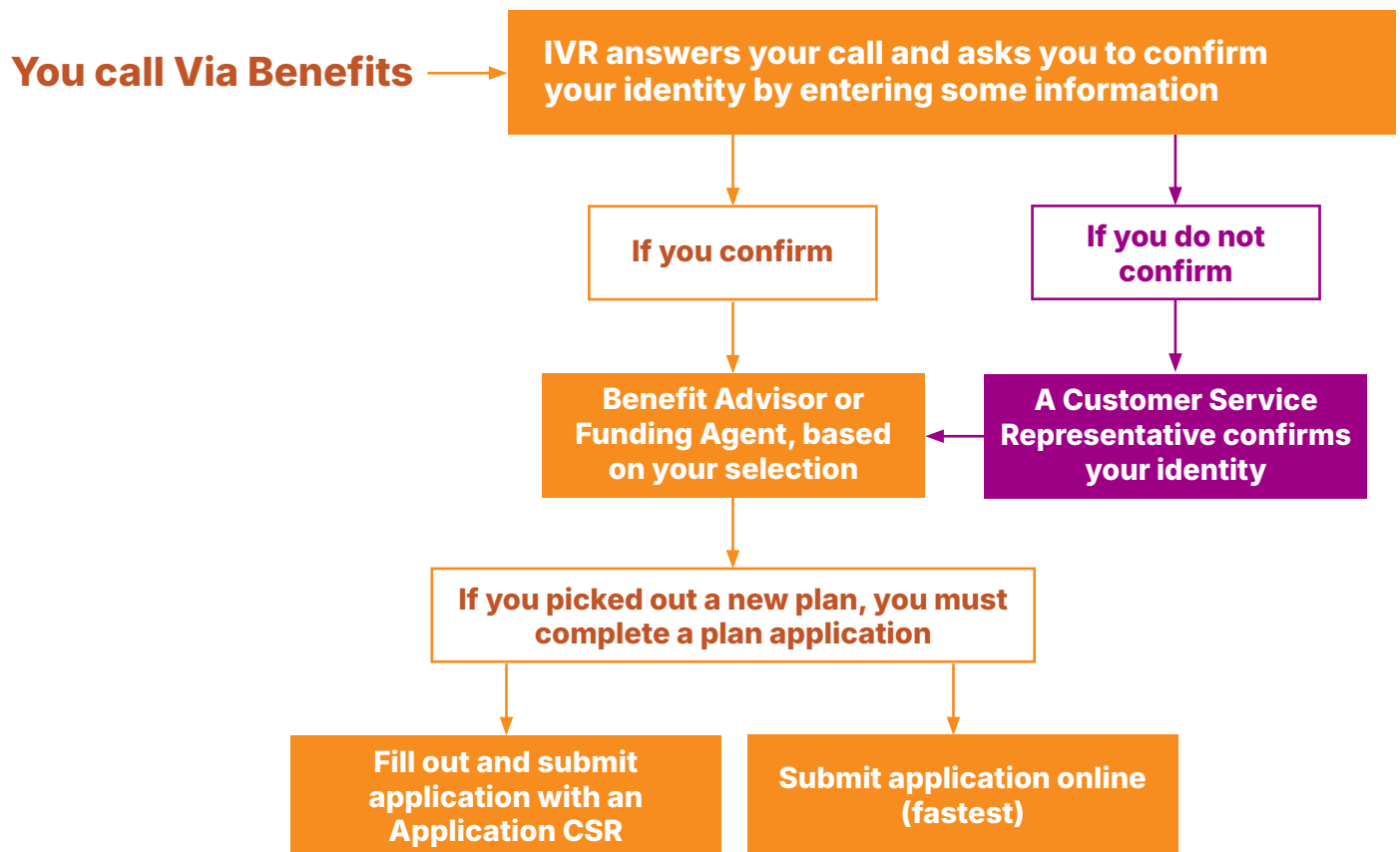
Remember, our team is here to support you every step of the way.



# Phone Smarts: How Our System Works and Who's on the Other End

Via Benefits employs a team of professionals to provide comprehensive support tailored to your needs.

- **Customer Service Representative (CSR):** Answers your call and ensures you are directed to the right person. A CSR can also answer HRA questions and some basic enrollment questions.
- **Benefit Advisor:** A specially trained insurance agent licensed for your state, providing guidance on the available plan options for your needs.
- **Funding Agent:** A customer service representative specializing in HRA-related topics and questions.
- **Application CSR:** Helps complete enrollment applications over the phone by asking questions and recording your answers.





## 8 Tips for a Smoother Via Benefits Phone Call

1. Listen and respond to the Interactive Voice Response (IVR) system to route your call properly.
2. Authenticate your identity when asked by providing the last four digits of your SSN, your ZIP code, and your date of birth.
3. If you need to speak with us to enroll, make an appointment if one is available.
4. If you can't make an appointment and are calling about enrollment, contact us as early as possible during the enrollment period. Things always get busier later in the season.
5. Make sure your online Profile is updated with your current doctors and prescription drugs. This can significantly reduce the time you spend on the phone.
6. Use Virtual Hold when available to free your time while in queue.
7. Consider shopping for Medigap plans, non-OPERS vision and dental plans, and protection plans outside the Open Enrollment Period, as these plans can be changed any time of year.
8. Call us as close to your appointment time as possible.



# Early Medicare Eligibility and Avoiding Overpayments

Your Health Reimbursement Arrangement (HRA) benefits change once you become eligible for Medicare. As an OPERS Medicare Benefit Recipient, your contribution will decrease from what you received before Medicare eligibility due to Medicare's more expansive coverage. If you are under 65, you must notify OPERS and Via Benefits within 30 days of receiving your Medicare eligibility notification from the Social Security Administration (SSA). This ensures you have the right coverage and that updates to your contribution can be made prospectively. Failure to do so may result in HRA overpayments, which you would be responsible for repaying.

If you become eligible for Medicare before age 65:

- Contact OPERS to inform them of your Medicare eligibility within 30 days of receiving notification from the SSA.
- Contact Via Benefits to ensure you enroll in a Medicare medical plan to maintain your HRA as a Medicare Benefit Recipient.



## Meet Devin

Devin, an OPERS Benefit Recipient, has a Pre-Medicare HRA of \$900 per month, which he uses entirely for his medical premiums. In January, at age 62, he becomes eligible for Medicare due to a health condition.

While managing his health, he forgets to inform OPERS and Via Benefits about his Medicare eligibility. Three months later, he enrolls in a Medicare plan through Via Benefits, knowing it is necessary to retain his OPERS HRA. His plan goes into effect in April. His new HRA amount as a Medicare Benefit Recipient is \$300 a month.

Subsequently, he receives a notice that his Pre-Medicare HRA was retroactively terminated for the months he wasn't enrolled through Via Benefits after becoming Medicare-eligible. His overpayments then begin to stack up quickly. (For simplicity, the Via Benefits administrative monthly fee of \$2.60 is not included in these totals.)

Date	HRA Balance	Note
January	\$0	\$900 is allocated and reimbursed.
February	\$0	\$900 is allocated and reimbursed.
March	\$0	\$900 is allocated and reimbursed.
March	-\$2,700	Devin notifies OPERS/Via Benefits of his early Medicare and \$2,700 is retracted for January-March. He's eligible for \$300/month as a Medicare Benefit Recipient starting in January, but he has to enroll to qualify and Medicare enrollments can only be prospective. He enrolls effective April.
April	-\$2,400	Devin is enrolled and qualified for a Medicare HRA of \$300 that's applied to the overpayment.

By the time Devin is enrolled in a Medicare plan, he's already \$2,400 in debt.

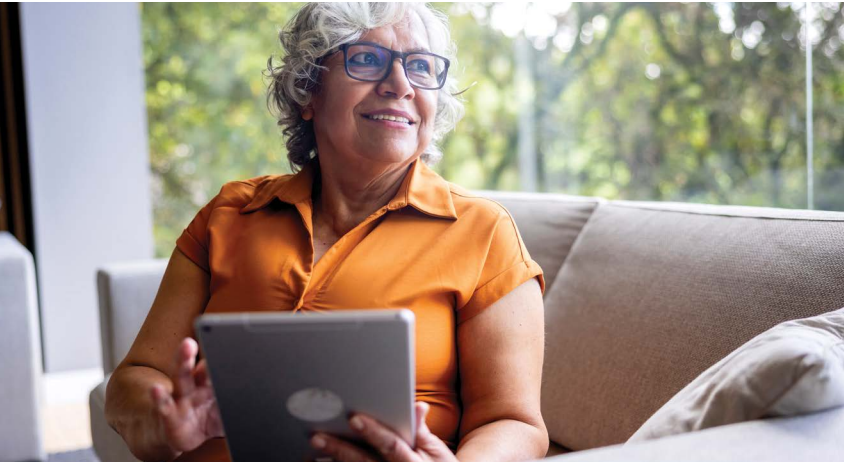
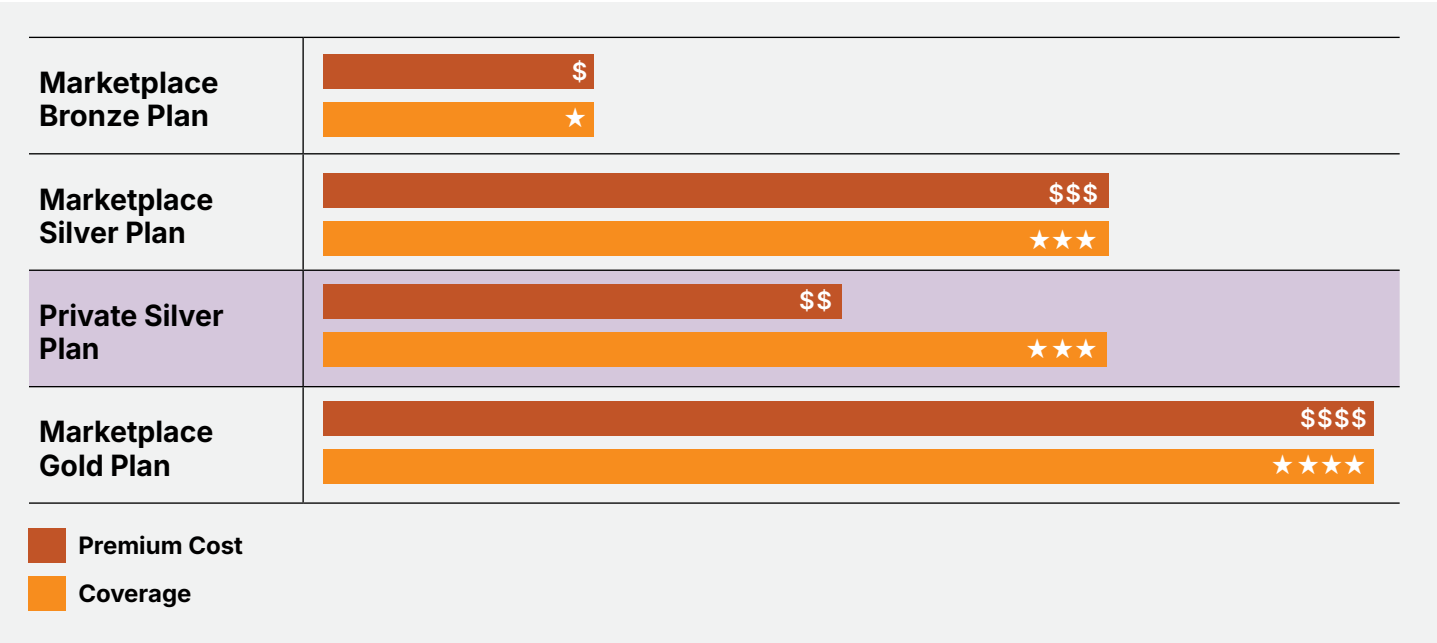
# Private Plans Might Surprise You, In a Good Way

Via Benefits now offers Pre-Medicare Benefit Recipients in Ohio a new class of health plans that deliver excellent value at a lower cost: **Private Plans**.

These plans are provided directly by insurance carriers and are of the same quality as Via Benefits’ Marketplace Plans. While they don’t appear on the federal Health Insurance Marketplace—hence the term “private”—they can offer comparable or even better coverage than Marketplace Plans, often at a reduced cost. It’s important to note that these plans are not eligible for federal subsidies—but if you are opted into the OPERS HRA, this is not a concern.

## Why consider a Private Plan?

If you’re enrolled in the OPERS HRA and are not planning to use a Premium Tax Credit or Cost-Sharing Reduction, a Private Plan could be a smart choice. These plans are not available in every state, but they are in Ohio, Michigan, and several others.





## Who should explore Private Plans?

- **Current Silver Plan enrollees:** If you're enrolled in a Silver Marketplace Plan and have opted into the OPERS HRA, consider reviewing Private Plan options during Open Enrollment.
- **Bronze or Gold Plan enrollees:** If you're in a Bronze plan and want more coverage, or in a Gold plan and could use less, a Private Silver Plan might strike the right balance.

## Explore further

To explore your options, mention Private Plans to your benefit advisor on an enrollment call or sign into our website.

1. From the Home screen, select **Shop & Compare**.
2. Answer the health-related questions.
3. If Private Plans are available in your area, you'll see an option to view them. Follow the prompts to explore your choices.

**Note:** If you live in a state where Private Plans are not offered, or if you've chosen to receive a federal subsidy instead of the OPERS HRA, you won't see this option.

## Need help?

If you have questions or need assistance choosing the right plan, contact a licensed benefit advisor at Via Benefits. We're ready to help you make the right decision for your needs.

VIA BENEFITS

Prepare to Shop

Choose to shop for Private or Marketplace insurance plans.

Based on your [Pre-Enrollment Assessment](#) answers, a Marketplace plan may be a better decision for you.

### Private Plans

Private Individual and Family Plans are available directly through insurance carriers. These plans may have lower premiums but offer similar coverage when compared to Marketplace plans.

If you're considering a Private plan, please keep in mind:

- You can't use a Premium Tax Credit but can use an HRA.
- You must apply by phone.

[Learn More About Private Plans](#)

[Shop Private Plans](#)

### Marketplace Plans

Marketplace Individual and Family Plans are available through the federal Health Insurance Marketplace. These plans may be more expensive than similar Private plans, but there's a wider selection of plans to choose from.

If you're considering a Marketplace plan, please keep in mind:

- You can use a Premium Tax Credit or an HRA.
- You can apply online or by phone.

[Learn More About Marketplace Plans](#)

[Shop Marketplace Plans](#)

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# Medicare Plan Basics: When Can I Change My Plan?

Navigating the timing for changing your Medicare plan can seem overwhelming, but it becomes straightforward once you're familiar with the guidelines. The first step is to identify what type of plan you have.

You might think, “I have an AARP” or “I have a Humana plan,” but those are your insurance carriers, not your plan **types**.

There are three main types of Medicare plans, each with specific rules for when you can change them:

- Medigap (also called Medicare Supplement)
- Medicare Advantage (abbreviated as MA or MAPD if paired with a Prescription Drug plan)
- Prescription Drug (also called Medicare Part D or PDP)

To find out the plan type(s) you are enrolled in, [sign into your Via Benefits Profile](#) or call us. After signing in, go to **View My Coverage** under **Applications and Policies**.

## Rules for changing plans

Once you know the types of plans you have, follow these rules for when they can be changed.

### Medigap plans

Medigap plans can be changed at any time. However, depending on where you live and your health status, you may need to go through underwriting, and your premiums can change. This means if you have a Medigap plan, you don't necessarily have to contact Via Benefits during the Open Enrollment Period—unless you are unhappy with your prescription coverage.

In certain states, you can change from one Medigap plan to another with equal or lesser benefits without underwriting during your birthday month. Contact Via Benefits to learn the specific rules for your state.

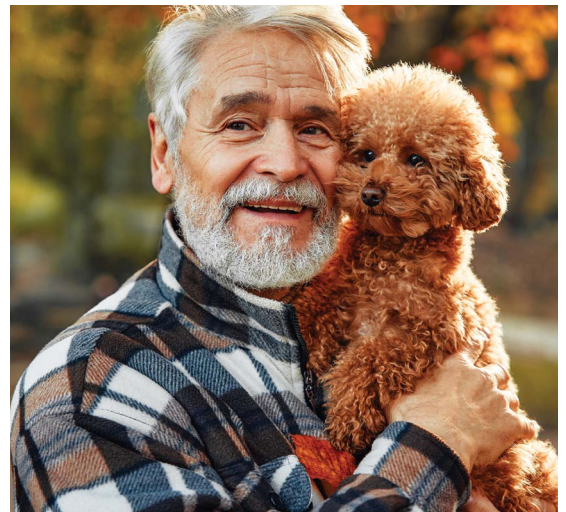
If you are applying for an underwritten Medigap plan, we advise you not to cancel your current coverage until you know the premium for your new plan.

### For those enrolled in a Medigap and a Prescription Drug plan (PDP)

Many OPERS Benefit Recipients have both a Medigap plan and a PDP, so this is important to understand.

- Your PDP can only be changed during the Open Enrollment Period, October 15–December 7.
- Your Medigap plan can be changed at any time throughout the year.

Therefore, you don't have to change both plans at the same time – unless you are unhappy with both.

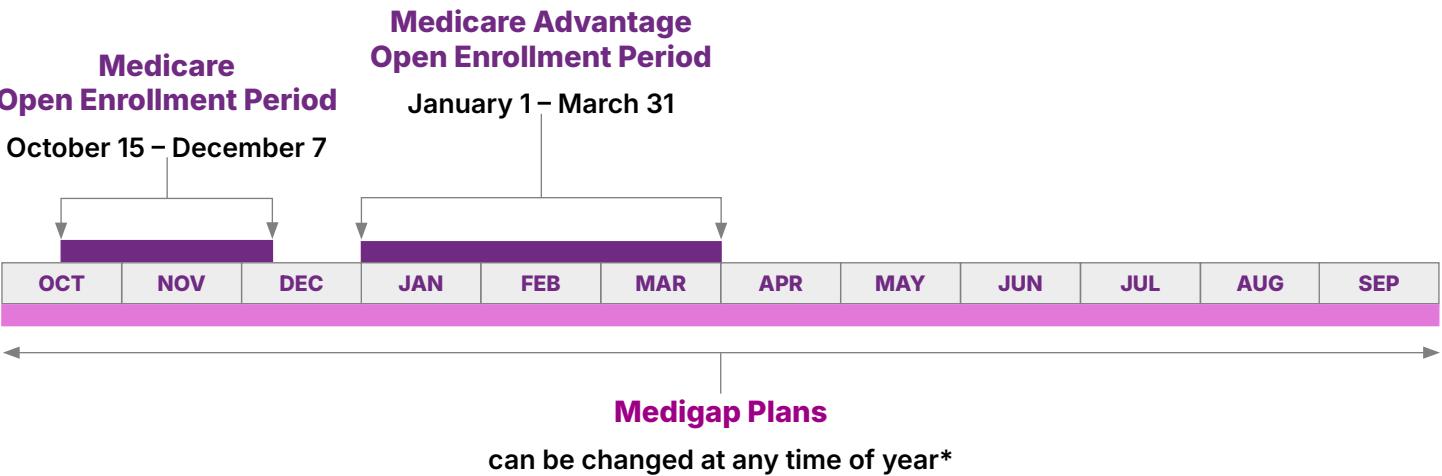


### Medicare Advantage and Prescription Drug plans

You can change these plans annually during the Medicare Open Enrollment Period (October 15 – December 7).

Additionally, Medicare Advantage enrollees can change or disenroll from their plans during the Medicare Advantage Open Enrollment Period (January 1 – March 31). This period is often used by those switching from a Medicare Advantage to a Medigap plan.

Changing these plans at any other time requires a Special Enrollment Period (SEP), which is triggered by events like losing coverage, becoming eligible for Medicare, or changing your ZIP code. If you’ve experienced one of these events and want to make a change, contact Via Benefits.



\* When changing Medigap plans, you may need to go through underwriting and your premiums can change.

### Why did my benefit advisor ask me to call back later to enroll in a Medigap plan?

Some Medigap plan carriers have rules that only allow applications effective the first day of the next month. If you can't accept that effective date, you may be asked to call back later.

For example, Mary receives a notice from her Prescription Drug plan carrier that her premium is about to increase significantly. She makes an appointment in October and, while on the call with a Via Benefits advisor, finds a PDP with a better rate, effective January 1. During the call, she and her advisor also find a more affordable Medigap plan. However, the advisor tells her that if she wants her plan to go into effect at the same time as her PDP, on January 1, she will have to call back in December.

Mary can either call back in December or accept a November 1 effective date for the Medigap plan.



## Smarter Shopping

If you're Medicare-eligible, when you sign in to shop for a plan, the Via Benefits website now automatically checks if you're eligible for an HRA. If you've already qualified, a green button will tell you that. If you haven't yet qualified, select "How to Qualify" to see how much you're eligible for and what steps you need to take. The website also provides a clear summary of the types of expenses that can be reimbursed—so you know what's covered before you enroll.

The first screenshot shows the 'Prepare To Shop' section. It includes a header 'Prepare To Shop' and a section 'Who are you shopping for?' with four radio button options: James Demo (1/09/1965, Age: 60), Amy Demo (3/01/1987, Age: 33), John Demo (7/01/1995, Age: 29), and Nora Demo (10/07/1990, Age: 34). Below this is a dashed box labeled 'Edit Household'. A status bar indicates 'Nora is Medicare-eligible.' and 'Shopping in ZIP Code 90210'. A dropdown menu shows 'Reimbursement Funds Offered' with a 'How To Qualify' button. The main section asks 'Which Medicare coverage are you shopping for?' with three radio button options: Medicare Advantage (selected), Medicare Supplement Insurance (Medigap), and Prescription Drug. It also asks 'Why are you shopping today?' with two radio button options: 'I want to browse 2025 plans.' (selected) and 'I'm losing group coverage, had a life-changing event, or need to enroll outside of the annual Open Enrollment Period.' Below this is a 'Choose an Enrollment Reason' button. At the bottom, it asks 'When do you need coverage?' with a date selector set to 'July 1, 2025'. A 'Save and Continue' button is at the bottom right.

The second screenshot shows the 'Reimbursement Funds Offered' section. It has a header 'Reimbursement Funds Offered' and a sub-header 'Reimbursement accounts are set up by your former employer or benefits provider with funds that can be used to reimburse you for eligible health care expenses. After you pay for your expenses, you can request reimbursement from these funds.' Below this is a 'Learn More About Funds' link. A large green box displays '\$900.00 Monthly\*' and a red status 'Not Yet Qualified'. Below this is a section 'Tootsie Roll' with the text 'This funding contribution will end if your coverage through Via Benefits is dropped.' It then lists 'Enroll in one or more of the following plans through Via Benefits to qualify:' with a bullet point 'Medicare Medical'. Below this is a section 'After paying expenses, you can request reimbursement for the following plan premiums:' with a list of expenses: Medical, Prescription Drug, Dental, Vision, Medicare Part A/B, Long Term Care, and Hearing. At the bottom, there is a disclaimer: '\*Your reimbursement account details are subject to change according to the program rules set up by your former employer or benefits provider. The funding amount shown is not your available balance. You can view your available balance in the Reimbursement Center. Your available balance is subject to provision and may differ from the amount shown. Premiums for group health plans paid with pre-tax dollars are not eligible expenses. You can't use your employer funding and Premium Tax Credits at the same time.'



## Via Benefits Curates Medicare Plans You Can Trust

When browsing **Medicare.gov**, you may notice that some plans don't appear on the Via Benefits plan roster. This difference is intentional and reflects our commitment to quality.

At Via Benefits, we offer a curated selection of plans that prioritize quality, choice, and long-term stability. Each plan we include undergoes a careful evaluation. Plans may be excluded if they show signs of pricing volatility, limited provider access, or a higher risk of early termination.

Our goal is to ensure that the plans we offer are reliable, sustainable, and aligned with your long-term needs. We aim to provide a competitive marketplace that balances choice and a quality-first approach, providing our members with peace of mind and consistent access to care.





# Beat the Busy Season: Understand Medicare Costs Early

Navigating Medicare can be complex—understanding when and why premiums change can help you make informed decisions. Here's a breakdown of Medicare plan premiums, when they change, and how to manage the different rules.

## Medicare Advantage and Prescription Drug plans

- **Annual updates:** These premiums update annually, effective January 1. As federal regulations require, the new premiums are released to the public in early October. Until then, neither our website nor our benefit advisors can provide pricing information.

## Medigap plans

- **Variable changes:** Unlike Medicare Advantage and Prescription Drug plans, Medigap plan premiums can change at any time at the carrier's discretion. These changes are not tied to the Open Enrollment Period (OEP).
- **Stay informed:** Our best advice is to pay attention to notifications from your insurance carrier. If you experience more than one premium increase in a year, or if the increase totals more than 5%, contact Via Benefits to explore your options.

## Timing your changes

- **Avoiding the rush:** Since OEP is our busiest time, and Medigap changes aren't tied to OEP, consider changing Medigap plans outside of OEP. This way, you can more easily connect with a benefit advisor.
- **Example:** Let's say you get a notification from your Medigap carrier in September that your plan premium is going up by 10% in 60 days. It's best to shop online and/or make an appointment with Via Benefits before October 15 to explore your options before OEP begins.

## Factors affecting Medigap pricing

- **Personalized premiums:** Medigap pricing is influenced by factors such as your ZIP code, enrollment date, and age. For example, you and a friend might be in the same plan but have different premiums due to these factors.
- **Quoted prices:** The premiums displayed on the Via Benefits website are quoted prices. Your carrier will confirm your final premium.

## Enrollment requirements

- **Carrier-specific processes:** Some Medicare plan carriers, as well as some carriers of ancillary plans like dental and vision, require you to call Via Benefits to complete your enrollment. If this is the case, you'll be prompted to call when checking out online. We appreciate your willingness to enroll online, but in these cases, we must comply with the carrier's requirements.

Understanding these points allows you to better navigate your Medicare options and make decisions that suit your needs.





# No Retiree Left Behind

Navigating health insurance can feel overwhelming, especially in the fall when plan changes may be needed. Via Benefits is here to help you every step of the way. Here's how to stay on track:

## Watch for updates

Keep an eye on letters, emails, or notices from your insurance carrier. If anything's unclear, reach out—we're happy to help.

## Review your plan

If your premium jumps more than 5%, it's time to explore other options. Visit our site or call us to find a better fit.

## Book early

Last year, 25% of enrollment calls happened in the final week. Beat the rush—schedule your appointment early in the Open Enrollment Period.

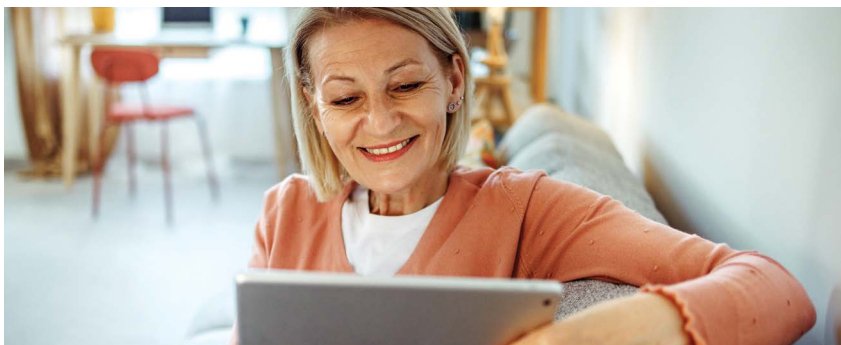
When you call us, please follow the prompts in the Interactive Voice Response (IVR) system to ensure your call is routed correctly. To verify your identity, be ready to provide the last four digits of your Social Security number, your ZIP code, and your date of birth. This confirms you're an OPERS Benefit Recipient and helps us prioritize your call.

## No appointment? No problem

Can't find a time that works? Don't stress. We've added capacity to support you—just call during business hours early in the season.

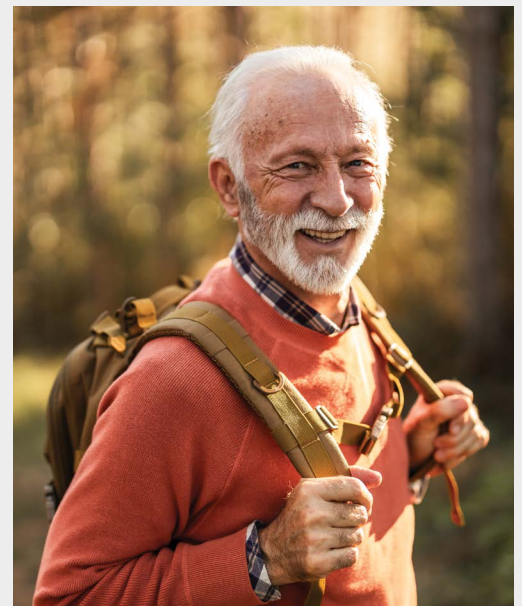
## We've got you

Appointment or not, we're committed to helping every retiree. No one gets left behind.



## IMPORTANT

**OPERS Medicare Benefit Recipients must make coverage changes through Via Benefits to remain eligible for the OPERS HRA.**



## How John navigated enrollment

John is an OPERS Benefit Recipient who learned that his medical premiums were rising by 7%. Acting early, he scheduled an appointment with Via Benefits, where he reviewed several plans and found one that worked better for him. Thanks to his proactive approach and the support from Via Benefits, John navigated Open Enrollment hassle free.



# Your 24/7 Support Buddy

Do you have questions about your coverage? Have you had technical issues with the app? The Via Benefits Virtual Guide is a chat feature on the Via Benefits website that can help with funding, enrollment, or technical issues.

Here's how to use the Virtual Guide:

- Start at our [Help and Support](#) page or the Sign In / Sign Up pages.
- Select the "Chat with Via Benefits" button.
- Choose your question category (funding, enrollment, or website/mobile app assistance).
- Use the prompts to get answers to your questions.

If the Virtual Guide can't answer your question, it can connect you with a live agent Monday through Friday, 8:00 a.m. to 7:00 p.m. ET.



## Donna meets the Virtual Guide

Donna has an OPERS HRA. She submitted a reimbursement request a few days ago and wants to know the status. She heads to [help.viabenefits.com](https://help.viabenefits.com) and finds the "Chat with Via Benefits" button at the bottom of the page. With the help of the Via Benefits Virtual Guide, she can locate her reimbursement request status on the app. The Virtual Guide also shows her how to turn on Automatic Premium Reimbursements for future expenses.

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