



2023 Enrollment Guide

Your resource for Medicare coverage options

We're Here to Assist You

Please spend time to review this guide and learn how Via Benefits Insurance Services can help you evaluate your Medicare options. The support you get from Via Benefits to enroll and manage your plan(s) is provided at no cost to you or your eligible dependents.

Via Benefits makes it easy for you to compare plans and enroll. You can sign in to our website, or you can speak to a licensed benefit advisor on the phone. Some people find it helpful to review information and options on the website prior to contacting us over the phone. You decide what works best for you!

If you decide to call our licensed benefit advisors, keep in mind that you should allow at least 90 minutes for your call. If more than one individual needs to enroll in a plan(s), the call may last longer. By reviewing this guide in advance and following the steps to enroll — like gathering necessary information and setting up your Profile online — you will likely need to spend less time on the phone.

To get started, contact Via Benefits using the information shown below.



Online

my.viabenefits.com/opers



By Phone

1-844-287-9945 (TTY: 711)

Monday through Friday,

8:00 a.m. until 7:00 p.m. Eastern Time



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Go to my.viabenefits.com/about/privacy-policy to access our privacy policy. If you have questions or concerns, please contact us.

Who Is **Via Benefits?**

Via Benefits is a service that helps you understand and navigate your Medicare plan options. We're not a health insurance carrier, but rather an unbiased resource that helps you understand your choices. Think of us as your "coach" – offering advice and guidance throughout all the stages of your retirement.

We operate the country's largest private Medicare marketplace – meaning we give you access to Medigap, Medicare Advantage and Medicare Part D Prescription Drug plans, as well as vision and dental plans, from the nation's leading health insurance carriers.

Our licensed benefit advisors help you select the coverage that's right for you. We are objective advocates and have no incentive to steer you into any type of plan or insurance carrier.

Plus, our online tools and resources make it simple to search, compare, and select a plan on your own.



Get Ready to Enroll in Health Care Coverage in a New Way

Dear John Sample:

Finding the right Medicare coverage can be complicated, and your health care decisions are important. That's why OPERS has selected Via Benefits to help you transition to coverage offered in our Medicare marketplace.

If you are enrolled in an employer's group plan

If you are currently enrolled in an employer's group health plan, and are planning to retire, Via Benefits will help you through that transition. To avoid a gap in coverage, enroll into a new Medicare medical and/or prescription drug plan before coverage ends under your group plan.

If you are enrolled in an individual or family plan

If you are currently enrolled in an individual or family plan, you should enroll into a new Medicare medical and/or prescription drug plan through Via Benefits when you become Medicare-eligible. You should also disenroll from your current individual or family plan when you become Medicare-eligible to avoid being enrolled in more than one medical plan at a time. You can call in advance to indicate a future disenrollment date. Be sure you keep coverage for any Pre-Medicare dependents. If you enrolled in an individual or family plan through Via Benefits, we can assist you in this disenrollment process.

Working with Via Benefits

Via Benefits is here to help you find, review, and enroll in the health care coverage that fits your needs. You'll get personalized support from licensed benefit advisors who are trained and certified to match you to a plan in your area. You can enroll online or speak with us on the phone to determine and select the right plan for your situation. We provide our enrollment assistance at no cost to you or your eligible dependents.

Paying for health care

OPERS will make a monthly contribution to a Health Reimbursement Arrangement (HRA) that you can use to reimburse yourself for post-tax premiums and qualified medical expenses that you and your eligible dependents incur.

You'll learn more about the OPERS HRA on page 42 of this guide. If this is the first time you're qualifying for the OPERS HRA, you'll receive a more detailed **Getting Reimbursed Guide** closer to when your new coverage begins. You can also find this guide in the Important Information section at my.viabenefits.com/opers.

Pre-Medicare Benefit Recipients are not required to enroll in a medical plan through Via Benefits in order to receive contributions to the OPERS HRA. However, as a Medicare Benefit Recipient, **you must enroll in a Medicare medical plan through Via Benefits in order to qualify for the OPERS HRA.**

Enrolling in coverage

You'll follow a three-step process to enroll in coverage. Each step is outlined in this guide. The most important thing to know is that Via Benefits is here to help. Licensed benefit advisors will guide you each step of the way.

Supporting you all year long

Via Benefits is here for you year-round – not just during enrollment. We can help you understand and navigate your insurance and answer any questions you might have. Call us to speak with a representative or access our online resources anytime.

Ready to get started?

Read this guide to learn more about your options. When you're ready to enroll, call Via Benefits or sign in to our website. We look forward to working with you.

Sincerely,
Via Benefits

Your New Coverage: Getting Started

As you consider individual Medicare coverage, you will need to take an active role in evaluating your plan options.

If you're coming from a group plan, you need to understand that individual health plans are different from group plans. An individual health insurance plan is one you buy on your own, like those available through the Via Benefits marketplace. A group health plan is one established and maintained by an employer or other benefits provider.

Via Benefits helps you understand those differences and works with you to find individual plans that meet your medical and financial needs.

There are a few times when federal law guarantees coverage regardless of your current medical condition. One is when you lose group coverage and another is when you first become eligible for Medicare. Your licensed benefit advisor will make sure you understand the actions and timing required in order to ensure you have the coverage you need.

You must be enrolled in both Medicare Parts A and B to enroll in this kind of medical insurance.



Guaranteed issue rights

Guaranteed issue rights and Medigap plans

When you turn 65 and are enrolled in Medicare Part B, or when your group coverage ends, Medigap insurance plans are guaranteed issue. That means insurance carriers can't turn you down based on your medical history or preexisting conditions. As long as you enroll when first eligible and stay enrolled in your Medigap plan, you won't have to worry about being denied coverage.

However, if you choose not to enroll in a Medigap plan during this period, in most states you'll lose guaranteed issue rights for future Medigap applications, and you may be subject to medical underwriting. This means that you can be charged more or denied coverage based on your health status.

Guaranteed issue rights and Medicare Advantage plans

Medicare Advantage plans are always guaranteed issue for Medicare-eligible individuals who have Medicare Parts A and B. They remain guaranteed issue whenever you are able to enroll in a new plan: during your Initial Enrollment Period, a Special Enrollment Period, or the Open Enrollment Period during the fall of each year.



To answer any questions you might have about guaranteed issue and to find the right plan for you, call Via Benefits. Our licensed benefit advisors are trained and ready to give you the support you need.

Three Steps to Enrollment

Follow these three steps to enroll in new health care coverage. If you have questions simply call Via Benefits at 1-844-287-9945 (TTY: 711). **We're here to assist you!**



1

PREPARE

Collect your information and think about your needs

REVIEW

Review the different types of medical plans

2



3

ENROLL

Shop and enroll in a plan



Step 1: PREPARE

Gather your information and think about your needs

Soon you'll be enrolling in your health care coverage. Your first step is to collect a few items that will help you find a plan that meets your needs. Collecting this information first will make your enrollment go much faster.

Here are the items you should have available:

Type of information	What you need
Personal information Helps us identify you	<input type="checkbox"/> Your legal name <input type="checkbox"/> Phone number <input type="checkbox"/> Address <input type="checkbox"/> Social Security number
Medicare information Helps us confirm your eligibility	<input type="checkbox"/> Your name as it appears on your Medicare card <input type="checkbox"/> Your Medicare number <input type="checkbox"/> Your Part A and Part B coverage start dates
Prescription information Helps us match a drug plan to your needs	<input type="checkbox"/> Drug name <input type="checkbox"/> Form (tablet, liquid, gel capsule, etc.) <input type="checkbox"/> Dosage <input type="checkbox"/> Quantity per 30-day period <i>You can find this information on the medication label. Remember to include your mail order medications.</i>



Type of information

What you need

Provider information

Helps us find a network with your providers

- Doctor names and addresses (primary doctors and specialists)
- Hospital and/or outpatient facility names and addresses
- Pharmacy names and addresses

Answers to personal preferences

Helps us find the right plan for you

- Do you want to keep your current doctors?
- How many doctors or specialists do you see and how often?
- Do you have any medical conditions or upcoming treatments?
- Do you need routine care — such as physicals, mammograms, or prostate tests — while away from home?
- Do you use mail order for prescriptions?
- Do you have a preferred pharmacy?
- Are you willing to pay copayments and deductibles if it means you can pay lower premiums?
- Do you travel frequently or have a home in another part of the country?
- Are there things you like or dislike about your current plan?

Have you enrolled in Medicare?

To purchase Medigap or Medicare Advantage plans, you must first enroll in Medicare Parts A and B through Social Security.

Apply online at ssa.gov/medicare, visit your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Benefit Recipients Moving Abroad

If you plan to move abroad, please keep in mind that the Via Benefits plans in our Medicare marketplace don't cover those residing outside the United States. You'll need to find coverage in your new country of residence. If you are eligible for the OPERS Health Reimbursement Arrangement (HRA), you can continue to receive contributions while living abroad but will have to opt in by contacting Via Benefits. However, if/when you move back to the United States, you will be required to enroll in a Medicare medical plan through Via Benefits to remain qualified for the OPERS HRA and continue receiving your monthly contributions.





Step 2: REVIEW

Review your plan options

The following information about your Medicare plan options will help you make an informed and confident choice during enrollment. Read this guide for a description of your coverage options, or watch a pre-recorded webinar at your convenience. Visit my.viabenefits.com/opers and select the “Medicare Informational Events” link under **Educational Events and Advocacy**.

Generally, Original Medicare is provided by the federal government for people age 65 and older as well as younger people with disabilities and certain other health conditions.

Original Medicare	
 PART A	 PART B
Inpatient hospital stays Skilled nursing care Hospice Home care	Doctor visits Outpatient surgery Lab tests Medical equipment
Premium-free with qualifying work history	Premium required (high earners pay more)
Generally covers 100% after deductible (longer stays require coinsurance)	Generally covers 80% after deductible

Does my income impact what I pay for Medicare?

If your income is above a certain level, you will pay higher premiums for Medicare Part B and Part D, referred to as the **Income Related Monthly Adjustment Amount (IRMAA)**.

Since Medicare doesn't pay 100% of the cost of services, most people want more coverage than Original Medicare provides. They want comprehensive coverage. This section will help you understand the two major options available for comprehensive coverage to help pay for what Medicare doesn't.

Comprehensive Coverage	
OPTION 1: Original Medicare + Medigap plan (helps pay out-of-pocket expenses Original Medicare doesn't cover) + Part D plan (covers prescription drugs)	OPTION 2: Medicare Advantage (MA) plan (combines Original Medicare Part A and Part B) + Part D plan (referred to as an MAPD plan)
Advantages of each option	
<ul style="list-style-type: none"> ▪ Flexibility: go to any doctor or hospital that treats people on Medicare ▪ Quicker specialist access: visit specialists without getting a referral from a primary care physician ▪ Cost predictability: get most of your out-of-pocket costs covered, though your monthly premium may be higher than a Medicare Advantage plan 	<ul style="list-style-type: none"> ▪ Potentially a lower cost option: your monthly premium is generally lower than a Medigap premium; however, you may be required to pay more in out-of-pocket costs ▪ Simplicity of paying fewer premiums: Medicare Advantage plans usually combine medical and drug coverage in one plan

Comparing your options

Here's a comparison of the key features of Medigap and Medicare Advantage (MA) plans.



You must enroll in both Medicare Parts A and B in order to be eligible to enroll in a Medigap or Medicare Advantage plan.

	Medigap Plan	Medicare Advantage Plan
How does it work with Medicare?	<ul style="list-style-type: none"> Original Medicare pays its share of covered services Medigap plans then pay some or most of the costs not paid by Original Medicare Parts A and B (in other words, the plan fills in some of the benefit “gaps” in Medicare) 	<ul style="list-style-type: none"> A private insurance carrier contracts with Medicare to provide all of your Medicare benefits under Parts A and B These plans may also provide enhanced medical benefits Most MA plans also automatically include Part D prescription drug coverage (MAPD plans)
Is hospital coverage included?	<ul style="list-style-type: none"> Yes, Medigap pays most or all of your out-of-pocket hospital costs 	<ul style="list-style-type: none"> Yes, Medicare Advantage plans cover all of the hospital services that Original Medicare covers You will need to pay your plan's out-of-pocket hospital costs (such as copayments or coinsurance)
Which doctors and hospitals can I visit?	<ul style="list-style-type: none"> You can see any service provider who accepts Original Medicare If you would like to continue seeing any of your current doctors and you are considering this option, check if they accept Original Medicare 	<ul style="list-style-type: none"> These plans contract with a defined network of doctors and hospitals to create cost savings Be sure your doctor or hospital is in network, or be comfortable selecting a different doctor or hospital from the plan's network
Does it provide dental and vision coverage?	<ul style="list-style-type: none"> No, however, separate dental and vision plans are available 	<ul style="list-style-type: none"> Dental and vision coverage varies by plan Separate dental and vision plans are also available
Does it provide prescription drug coverage?	<ul style="list-style-type: none"> No, you must enroll in a separate Part D plan to have prescription drug coverage (your licensed benefit advisor will help you enroll in a Part D plan if you choose this option) You may elect Part D from the same carrier you elect for Medigap, or from a different Part D insurance carrier 	<ul style="list-style-type: none"> There are two types of Medicare Advantage plans: MAPD plans, which include prescription drug coverage, and MA plans, which don't In most cases, if you enroll in a Medicare Advantage plan, you can't enroll in a stand-alone Medicare Part D Prescription Drug plan

	Medigap Plan	Medicare Advantage Plan
Does it cover me when I travel?	<ul style="list-style-type: none"> All Medicare-participating providers in the United States accept Medigap plans If you travel frequently or live part of the year out of your state, these plans may be right for you Some plans offer emergency coverage worldwide 	<ul style="list-style-type: none"> Medicare Advantage plans cover urgent and emergency services nationwide but generally do not provide nationwide coverage for non-emergency services If you travel frequently or live part of the year out of your state, these plans may not be right for you
What do I pay in premiums?	<ul style="list-style-type: none"> You pay a monthly premium, which is generally higher than a Medicare Advantage premium, but can cover most or all of your out-of-pocket costs when you go to the doctor or hospital You must pay a separate monthly premium for prescription drug coverage You also must pay a Medicare Part B premium, which is typically deducted from your Social Security check 	<ul style="list-style-type: none"> You pay a monthly premium, which is generally lower than a Medigap premium, but you may be required to pay more for out-of-pocket expenditures Medicare Advantage plans can cover both medical and prescription drug expenses These plans have an out-of-pocket annual maximum You must also pay a Medicare Part B premium, which is typically deducted from your Social Security check



If you initially enroll in a Medicare Advantage plan and decide you want to enroll in a Medigap plan in subsequent years, you could pay higher premiums or even be denied coverage based on your health status. If your health changes over time, it may become more difficult or costly to enroll in a Medigap plan. The licensed benefit advisors at Via Benefits can walk you through your options.



Important Considerations

Enroll in Part D right away to avoid penalty

Did you know there is a late enrollment penalty if you don't enroll in Medicare Part D when you first become eligible for Medicare? This penalty applies if you enroll in a Medicare Part D plan after you're first eligible but can't prove you had creditable prescription drug coverage through another plan during that time. Therefore, it's a good idea to enroll in a Medicare Part D plan or a Medicare Advantage plan with prescription drug coverage (MAPD) when you first become eligible for Medicare.



Step 3: ENROLL

Enroll in coverage – online or by phone

You have two options for shopping and enrolling in your new plan – either online or by phone with a licensed benefit advisor.

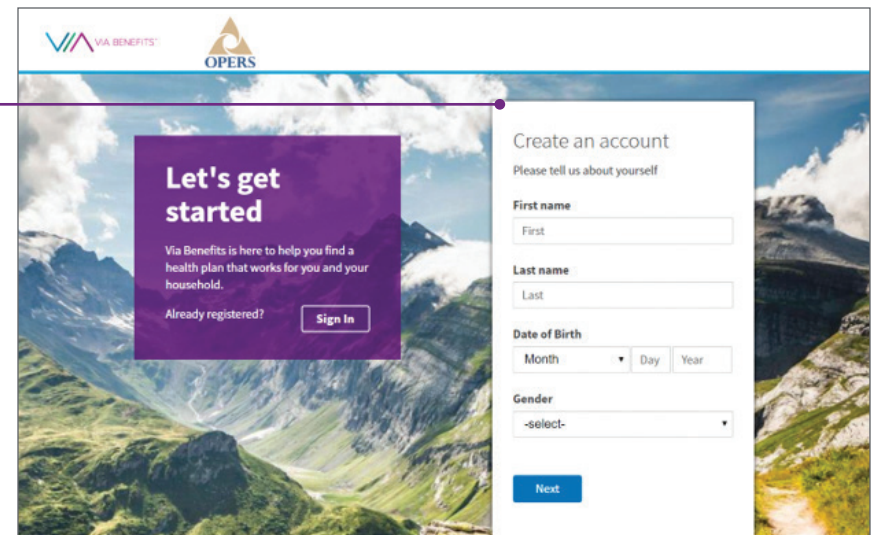
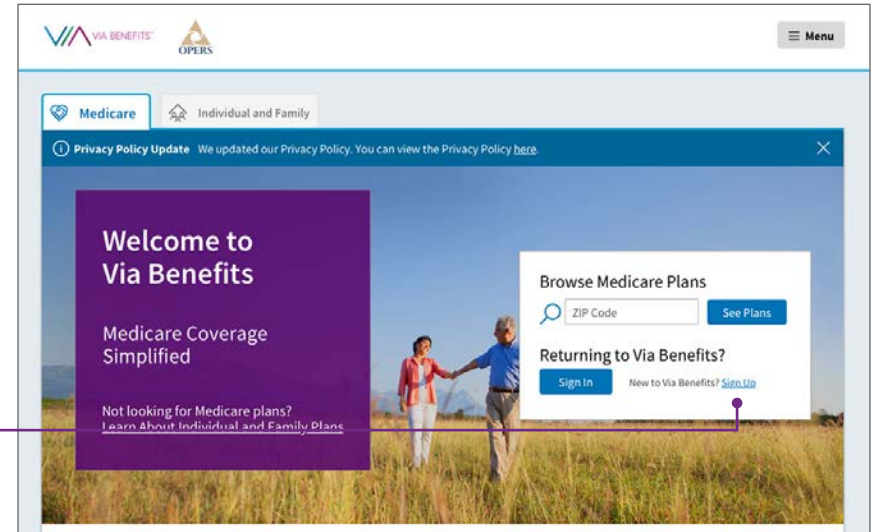


Shop and enroll online

If you want to shop around and enroll online, Via Benefits gives you that option. To get started, you'll need to create an online account if you haven't already, and enter the information you gathered in Step 1. If you already created an account as a Pre-Medicare Benefit Recipient, you can continue using that same account for your Medicare coverage.

1. Create your online account

- Go to my.viabenefits.com/opers and select **Sign Up**
- Under **Create an account**, provide all the information requested and follow the onscreen directions
- When you sign up for the first time, you will need to verify your email address



2. Sign into your online account

After your account has been created, follow this process to sign in each time.

- Go to my.viabenefits.com/opers
- Select **Sign In**
- Type your email address and password
- Then select **Sign In**; your **Home** page appears

If asked to verify your account, choose whether you want to receive a text message with a code or a phone call. Verifying your account is a two-step process, which provides an added layer of security for your personal information. When prompted, select **Text Me** or **Call Me**.



Text Me: A verification code will be sent to your mobile phone

- Type this code into the **Enter code** box on your computer screen



Call Me: A call will be made to your phone

- Follow the voice prompts and select the number requested on your phone keypad

You're required to verify your account each time you sign in, unless you select **Remember my device**. Selecting **Remember my device** allows you to skip verification for 30 days, if your web browser allows it. Only select this option if you're using a trusted computer.

3. Update your Profile

Next, add information into your **Profile**. This will make it easier to narrow down your options and find the right plan.

- Be sure you're in the **Home** section of the website. Select **Go to profile** which is located beneath **Profile**.
- When you first look at your Profile, you may see that some information has already been filled in. This information was provided by OPERS.
- If there are doctors you wish to continue seeing, select the **Health Information** tab, then **Add providers**. This will help filter medical plans by those that include your physicians.
- If there are prescription drugs you will continue taking, select the **Health Information** tab, then **Add prescriptions**. This will help us estimate the annual out-of-pocket cost of plans that cover your prescriptions.



4. Start shopping

Once your account information is filled out, you can start shopping for plans available in your area by selecting **Shop for plans** beneath **Shop & Compare** and following the onscreen prompts.

See some plans you like?

Place the plans you like in your shopping cart. Some plans will allow you to enroll online. You can also discuss these plans with your licensed benefit advisor during an enrollment call.

Want plan summaries?

Select **Plan Details** in the plan description that appears in your search results.

If you have questions at any time, we're always here to help. Simply call us at 1-844-287-9945 (TTY: 711).

5. Enroll!

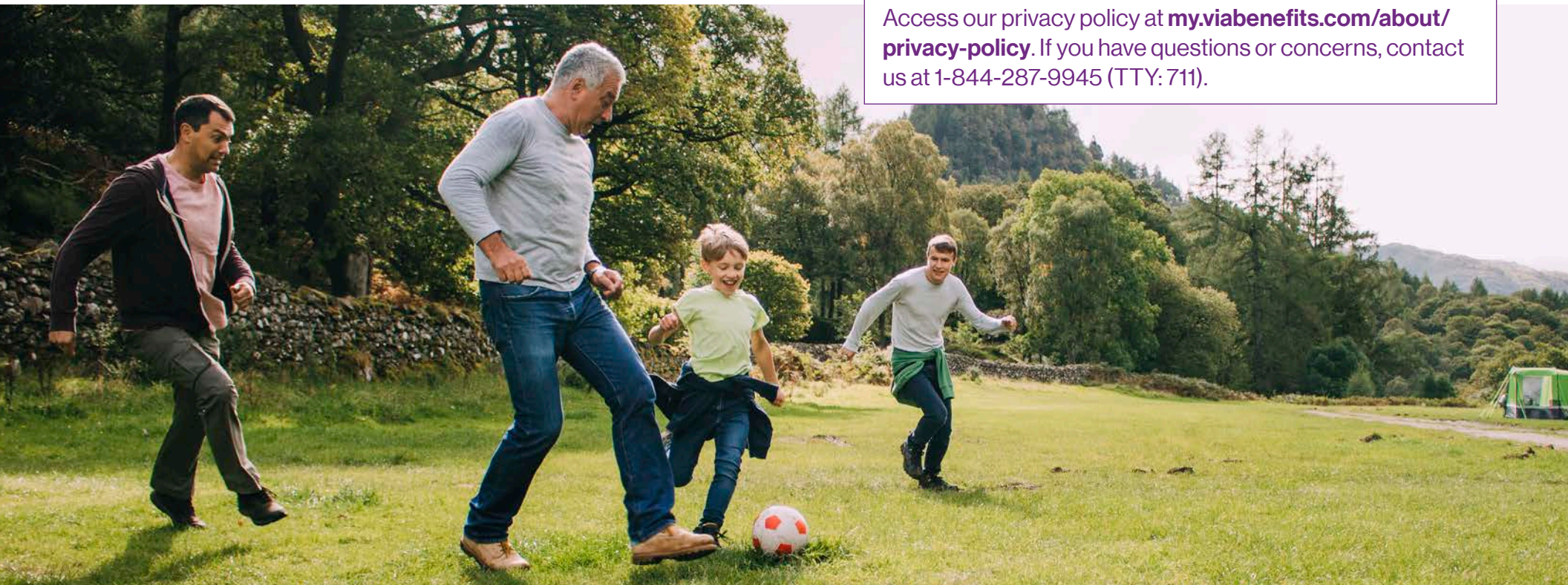
After you've found a plan that fits your needs, it's time to enroll. Most plans will allow you to enroll online. The website will provide instructions for completing your enrollment.

Note that some plans require you to call Via Benefits to complete enrollment. In those cases, the website will inform you and provide an opportunity to schedule a call with a licensed benefit advisor.

Online security and privacy

Our website is secure, and your privacy is important to us. Via Benefits is meticulous in all matters regarding information security and the protection of data. We constantly monitor our systems to safeguard your information. All information on our site is secure and is subject to HIPAA (federal data privacy) regulations.

Access our privacy policy at my.viabenefits.com/about/privacy-policy. If you have questions or concerns, contact us at 1-844-287-9945 (TTY: 711).





Shop and enroll by phone

1. Schedule an enrollment appointment

If you will be enrolling during Medicare Open Enrollment (**October 15 – December 7**), consider scheduling a call to enroll as that's our busiest season, and we hate to keep you waiting.

Before scheduling, think about the right timing:

- Your enrollment call should happen before the deadline, which is listed at the beginning of this guide.
- The enrollment call itself will take about 90 minutes if you're enrolling just yourself. If you're enrolling another Medicare-eligible spouse or dependent, you can enroll on the same call or make a separate appointment, but you'll want to allow for more time.
- Will you have another person helping you enroll? If so, consider a time that works for that person, too. See "Getting caregiver assistance" on the next page.

To schedule an enrollment call, dial 1-844-287-9945 (TTY: 711) and speak with a Via Benefits representative. If you'd rather not make an appointment, you can also just call us to enroll at your convenience, Monday through Friday, 8:00 a.m. until 7:00 p.m. Eastern Time.

2. Prepare for your appointment

In order to save time during your appointment, it will help if you complete your **Profile** online and have the information you collected in Step 1 (see page 11) readily available.

You may want to be near a computer for your enrollment call as it can be helpful to have Internet access in order to complete plan enrollment.

Getting caregiver assistance

You can have a family member, caregiver, or friend present with you during your appointment. Some people like to have someone on hand to help with taking notes or looking at a computer screen. Additionally, your licensed benefit advisor can teleconference your caregiver who may be calling from a different phone number.

Your caregiver can act on your behalf to choose your coverage, if you wish. Your licensed benefit advisor will ask that you give recorded permission for your caregiver to assist during your call. If you are unable to be on the call or unable to listen to required recorded legal information, your caregiver will need to provide Power of Attorney documentation authorizing him or her to act on your behalf.

In addition to Power of Attorney, there are other levels of authorization that you can designate to support you and help manage your Via Benefits account on an ongoing basis. See pages 32-33 for more details.



3. Enroll in a plan

If you make a telephone enrollment appointment, you must call Via Benefits at your scheduled time. Licensed benefit advisors will join as soon as possible but at times may be running long with an earlier call. During period of longer wait times you have the option of using our “virtual hold” functionality. That means that you can opt for the licensed benefit advisor to call you back as soon as possible.

Your licensed benefit advisor will walk you through your options and give you all the information you need to choose the plan that’s right for you, based on your medical and financial needs.

During your call:

- You will be asked to confirm if you agree to discuss Medicare plan options with us. This is a required statement by the Centers for Medicare & Medicaid Services created for your protection as a consumer.
- Once you’ve decided on a plan, the licensed benefit advisor will connect you to an application data processor to complete your enrollment application, or you can complete it yourself online.

After the call, you can go to the **Home** section of our website to track your application’s status. Select **View my coverage** under **Applications & Policies**.



Regulations to protect you during your call

For your protection, the federal government heavily regulates the sale of individual Medicare plans. For your enrollment application to be legally compliant, we’ll need you to do the following during your enrollment call.

- **Repeat your personal information:** We are required to record your personal information for each plan you enroll in. This could mean you have to repeat your personal information several times as you complete your applications.
- **Listen to recorded messages:** You’ll need to listen to recorded messages for the plans you select. The recorded messages are the “fine print” — the terms of the policy for which you are applying. They are required. Everything you agree to via the recorded message can be sent to you in writing via mail or email.

Medicare coverage during re-employment

If you are re-employed in an OPERS-covered position, you can maintain your Medicare plan enrollments through Via Benefits while re-employed. If you are eligible for the OPERS Health Reimbursement Arrangement (HRA), so long as you remain enrolled in a Medicare medical plan through Via Benefits, you can continue to receive monthly contributions in a Re-employed Accumulated HRA while you are re-employed.

While you won’t be able to be reimbursed for expenses incurred during re-employment, the funds will be available when re-employment ends. You’ll receive more information about the OPERS HRA, if eligible, after you enroll in a plan with Via Benefits.

Authorized representatives

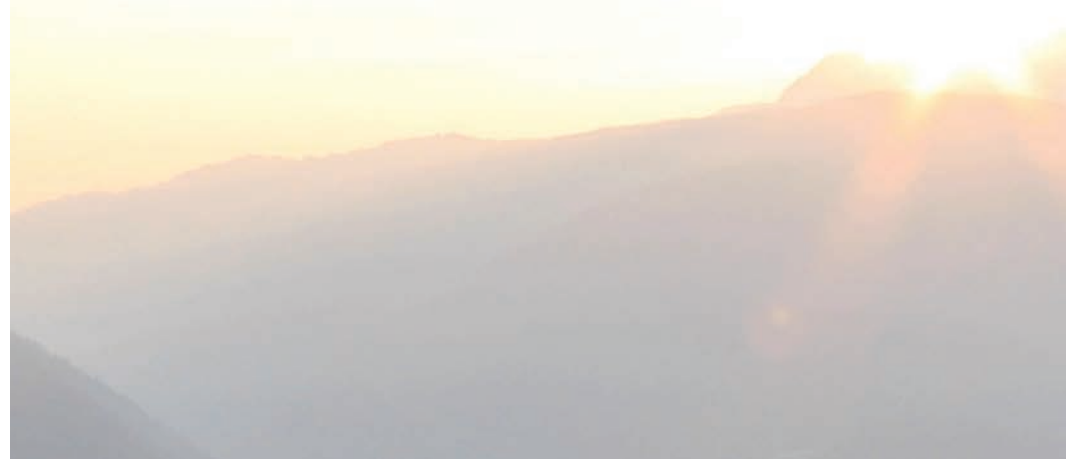
As you enroll in Medicare coverage, it's a good time to think about establishing a family member or caregiver as an authorized representative. Making a caregiver an authorized representative grants them permission to access your Via Benefits account. If something should happen to you, your authorized representative can help handle your affairs.

There are three levels of access you can grant a caregiver.

	Power of Attorney	Authorization to Release Personal Information - FULL	Authorization to Release Personal Information - LIMITED
	Allows representative to take action on your behalf and make decisions	Allows representative to take action on your behalf	Allows representative to get information only
Discuss health plan enrollments (without making changes)	✓	✓	✓
Share protected health information	✓	✓	✓
Establish a Via Benefits online profile	✓	✓	
Enroll on your behalf	✓		

To set this up, contact Via Benefits at 1-844-287-9945 (TTY: 711). A Via Benefits representative can walk you through the process. If you are unable to come to the phone, a Via Benefits representative can provide details to the person who calls on how to submit documentation for review.

This authorization is voluntary and remains in effect until you revoke, cancel, or change it. The authorization will stay in place after your death unless you establish a different protocol when you set it up, or the Executor of Estate removes it.



After Enrollment

You can contact Via Benefits any time to get help with questions or issues that may arise with your coverage. If your circumstances change, we're here to help you.

Communications you'll receive

After you enroll, be sure to look for these communications:

- ❑ **Selection Confirmation letter:** We will mail you a Selection Confirmation letter after you enroll confirming you have applied for coverage under the policies listed in the letter. This letter is not your guarantee of coverage. That will come directly from your insurance carrier.
- ❑ **Communications from your new insurance carrier:** You will receive mailings, phone calls, and/or emails directly from your new insurance carrier. These will come before you receive ID cards or confirmation of your new coverage. Please pay special attention to your mail, email, and phone in the weeks following your enrollment call, as additional information may be needed by the insurance carrier to fully process your enrollment.



Please respond to communication from your new insurance carrier as soon as possible. Your response may be required before they can issue your new plan.

- ❑ **Insurance cards:** Your new cards typically arrive within four weeks but can take up to eight weeks after you have enrolled. If you need to visit your doctor before your cards arrive, speak with your doctor's office about what they will accept as proof of insurance until your cards arrive. You may be able to get your cards on your insurance carrier's website. If you have issues or concerns, please contact Via Benefits for assistance.

- ❑ **Via Benefits Advocate newsletter:** You'll receive this twice a year. It contains helpful information on Medicare-related topics.

Your coverage begins on your policy's effective date, not the date your insurance card(s) arrive. If you have any medical care between your policy's effective date and the time your card arrives, you will still have coverage under your new plan. Your coverage will not be delayed because you have not received your new insurance card yet.

Open Enrollment each year

Each year, between **October 15 and December 7**, you'll have the opportunity to make changes to your Medicare Advantage or Part D Prescription Drug coverage for the following year. Medicare calls this its Open Enrollment Period. (Medigap policies don't have an Open Enrollment Period—you are free to apply for a different policy at any time.)

We'll send you a newsletter around the start of Open Enrollment containing information to help you evaluate whether a change might be needed. If you're satisfied with your coverage at the time of Open Enrollment, you won't need to take any action. You don't even need to contact us.

We look forward to assisting you now and in the future with all of your Medicare enrollment options, questions, and needs.

We're here for you all year!

The support we provide doesn't end at enrollment. As you begin to use your plan and you have questions, you can get support from our representatives or take advantage of our online tools. Whether you have a question about your carrier's coverage or how things are coordinating with Medicare, we are here for you.



Frequently Asked Questions (FAQs)

Via Benefits has helped more than two million people enroll in Medicare coverage. Based on our experience, we've developed answers to these frequently asked questions.

Q. Will my new plan be as good as my current plan?

A. You'll likely find an option that is similar to your current plan, but because we give you access to multiple options, you'll be able to compare plans and find the one that most closely matches your specific needs.

Q. Does my current or past health affect my options?

A. If you're enrolling in an individual Medicare plan because your group health coverage is ending or you're newly eligible for Medicare, your current or past health will not affect your options, as long as you enroll during your Special Enrollment Period and before your current health coverage expires. Insurance carriers cannot deny you or charge you more because a doctor has already treated you for a health condition.

If you already have an individual Medigap or Medicare Advantage plan, you may not have guaranteed issue for Medigap insurance and you may be subject to medical underwriting.

Q. What can I expect to pay for my new plan?

A. What you will pay depends on the type of plan you select. Generally, Medicare Advantage plans have lower premiums than Medigap but require copayments for services and may require you to see doctors in their network. Medigap policies tend to have higher premiums with low or no copayments for services. During your call, your licensed benefit advisor will work with you to understand the costs—and the benefits—of the different coverage options available to you.

Q. Can I continue to see my current doctor?

A. It depends on the plan you choose. We understand the importance of doctor-patient relationships, so your licensed benefit advisor will work with you to find the plans that include your providers in their networks. We recommend talking to your doctors ahead of time and asking which Medicare plans they accept.

Q. Can I continue to use the same insurance carrier?

A. In many cases, yes, you can. However, group health plans usually work differently than individual health plans, and your current insurance carrier may not offer a Medicare plan tailored to your specific needs. You may discover that another insurance carrier offers a plan that is a better fit for you. We'll help you compare your options.

Q: If I'm eligible for the OPERS HRA, how long will it take to be established?

A: After submitting your enrollment application, the process of setting up your OPERS HRA begins. It will be created and ready for you to access one to four weeks prior to your OPERS HRA Start Date, which is listed on page 42.

Q. Will I lose or “replace” my Medicare?

A. You will not lose your Original Medicare (Parts A and B), but it may work differently depending on the type of plan you choose. A Medicare Advantage plan replaces the services covered by Original Medicare Parts A and B. Medigap on the other hand, works in tandem with Medicare Parts A and B to pay medical expenses. You must have Original Medicare Parts A and B in order to enroll in Medicare Advantage or Medigap.

Q. Do I need to keep paying my Medicare Part B premium?

A. Yes. Part B is required for Medicare Advantage or Medigap. Part D Prescription Drug plans only require you have Part A or B. If you opt out of Part B, you may have to pay a penalty if you enroll in Part B in the future. If you are covered by a group medical plan, you do not pay a penalty.

Q. Will I have to pay for my new health plan when I enroll?

A. When you enroll in your new plan, you will need to begin making monthly premium payments to the insurance carrier to maintain your coverage. You may need to pay your first month’s premium(s) during your enrollment call or shortly after enrolling in new coverage. To speed up your call to enroll, have your payment information ready when you contact us.

Q: What happens if I go back to an OPERS-covered employer?

A: If you are re-employed in an OPERS-covered position and you are enrolled in a plan through Via Benefits, you can maintain your plan enrollments while re-employed. See page 31 for more information.

Q. Will I need to get new prescriptions from my doctor for my new coverage through Via Benefits?

A. This will depend on the plan you select and how you receive your current prescriptions. In general, for 30-day prescriptions refilled at a retail location, you will not need to ask your doctor for a new prescription. Those prescriptions will be carried forward to the new coverage you elect through Via Benefits. For mail order 90-day supply prescriptions, you will need to ask your doctor for a new prescription. Your licensed benefit advisor will help you select prescription drug coverage and discuss any steps you need to take to continue receiving your medications without interruption. Also, you may want to refill your prescriptions as close as possible to the end of your current coverage, so you aren’t in immediate need.

Q. Will Via Benefits be available to assist me next year?

A. Yes. When you purchase a Medicare plan through Via Benefits, we continue to be your advocate as long as you stay enrolled through us. If your medications or needs change, or you move, you may contact us any time to help you figure out if your plan is still the right one for you. If you have questions around your current insurance or would like to see if you can reduce your out-of-pocket expenses with a different plan, we can advise on your options. We’re happy to help you make changes if necessary.

Unlike group insurance, you don’t have to re-enroll every year. If you like your plan, you can keep it, and the plan will automatically renew. But, if you have questions, want to make a change to your coverage, or need help with your insurance, contact Via Benefits.



Q. Do you offer plans that cover me in multiple states or internationally?

A. All Medicare-participating providers in the United States accept Medigap policies, and these plans offer some emergency benefits worldwide. Part D plans also provide nationwide coverage from participating pharmacies. While Medicare Advantage plans cover urgent and emergency services nationwide, some may not provide nationwide coverage for non-emergency services. It depends on the insurance carrier and plan network. Shop around and ask your licensed benefit advisor on the call if you need more clarity.

Q. If I don't like the plan I enrolled in, when can I change?

A. Every year, the Open Enrollment period allows you to change your Medicare Advantage or Medicare Part D Prescription Drug plan. Medigap policies don't have an Open Enrollment period— you are free to apply for a different policy at any time. However, after your first enrollment period, depending on the laws of your state of residence, you may have limited options. Call Via Benefits if you have questions about your state's laws surrounding Medigap.

Q. If I like the licensed benefit advisor I speak to, can I request that same person again?

A. The person you enjoyed dealing with before may not be available due to other scheduled appointments or high call volume. Every benefit advisor must, by law, be licensed, certified, and appointed to talk with you about the plans in your specific geographic area.

Q. If I need assistance, can someone else speak with a licensed benefit advisor on my behalf?

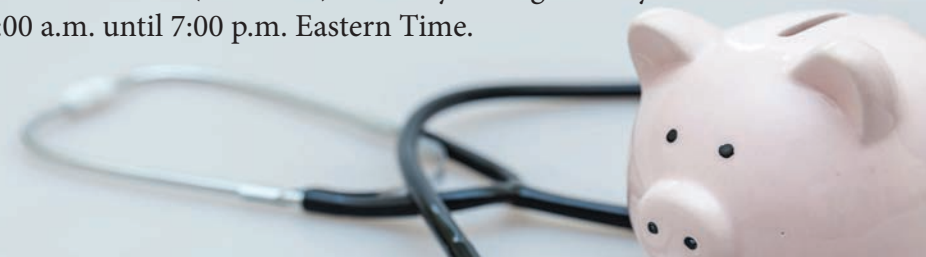
A. Yes, but we must have your verbal permission or, if you can't provide your verbal permission, someone with your Power of Attorney can complete the enrollment on your behalf.

Q. Do you offer vision and dental insurance?

A. You'll still have access to vision and dental coverage through OPERS. Via Benefits also offers vision and dental insurance plans if you would like to shop around. Learn more about these plans on our website or ask about them during your enrollment call. If you decide to enroll in a vision and/or dental plan through Via Benefits, make sure to cancel your coverage with OPERS by the end of Open Enrollment. Otherwise, you may have to pay premiums for both through the end of the plan year.

We're here to assist you

If you have questions, please call Via Benefits at 1-844-287-9945 (TTY: 711), Monday through Friday, 8:00 a.m. until 7:00 p.m. Eastern Time.



Your OPERS HRA

OPERS provides funding through a Health Reimbursement Arrangement (HRA). The OPERS HRA is an account you can use to request reimbursement for any eligible post-tax expenses that you and your eligible dependents incur. The HRA is funded by a monthly contribution from OPERS and is administered by Via Benefits.

In order to qualify for this reimbursement account and receive contributions, you must enroll in a Medicare medical plan through Via Benefits. This is a change from the requirements as a Pre-Medicare Benefit Recipient.

Once you have done so, a contribution in the amount of \$XX.XX will be made to your OPERS HRA and can be available as early as January 1, 2023. If you received funding as a Pre-Medicare Benefit Recipient, you'll notice your contribution amount has changed to reflect the higher level of coverage Medicare provides.

How the HRA works

Via Benefits will open your OPERS HRA and become the administrator of your account. You must pay for eligible expenses up front (including premiums and/or out-of-pocket expenses), and then request a reimbursement from your account.

Via Benefits makes it easy to manage your HRA

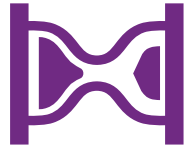
You can manage your OPERS HRA on our website, or with the Via Benefits Accounts mobile app. You can also get information by phone, including step-by-step support. As a Medicare Benefit Recipient, you will also have access to time-saving features like Automatic Premium Reimbursement, which makes it easy to get reimbursed for your plan premiums.

If this is the first time you're qualifying for an OPERS HRA, you'll receive a Getting Reimbursed Guide in the mail with details about managing your account and setting up these new features. This mailing will arrive about two weeks before your new coverage starts. In the meantime, if you have questions, please contact us.

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John Sample
1234 Street Name
State, State 00000



Important!

Time-Sensitive Information Regarding
Your Health Coverage Enrollment Enclosed.