



# 2025 Enrollment Guide

Your Pre-Medicare guide to funding  
and medical plan options



# We're Here to Assist You

# Contents

**OPERS has partnered with Via Benefits Insurance Services to serve as your Pre-Medicare Connector. We are looking forward to supporting you now and in the future through the services we provide.**

- Ensuring you understand your funding options and administering the OPERS Health Reimbursement Arrangement (HRA)
- Helping you find and enroll in a new individual or family medical plan
- Offering support and guidance throughout the year

Via Benefits makes it easy to use our services. You can sign into our website, speak to a licensed benefit advisor on the phone, or a little of both. You decide what works best for you. Here's how to contact us:

### Online

**marketplace.viabenefits.com/opers**

### By Phone

**1-833-939-1215 (TTY: 711)**

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

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### Schedule your enrollment appointment

Go online to **marketplace.viabenefits.com/opers** or call Via Benefits at 1-833-939-1215 (TTY: 711) to schedule your enrollment appointment. These appointments should happen before your retirement date.



## Who is **Via Benefits**?

**OPERS has chosen Via Benefits as a trusted health insurance partner to assist you in understanding and navigating your individual and family plan options.** We're not a health insurance carrier, but rather an unbiased resource that helps you evaluate your choices. Think of us as your "coach" – offering advice and guidance regarding your funding arrangement and medical plan options throughout all the stages of your retirement.

**We operate a health insurance marketplace that offers a wide range of medical plans** from the nation's leading health insurance carriers. The marketplace includes plans that are on **healthcare.gov**, state-based exchanges, as well as many standalone plans. You can access our insurance marketplace by going to our website, speaking one-on-one with licensed benefit advisors in our US-based call center, or a little of both.

Via Benefits is also the **administrator of the OPERS Health Reimbursement Arrangement (HRA)**. We review and process your reimbursement requests, ensuring you get timely reimbursement for eligible expenses. You can manage your OPERS HRA easily on our website or mobile app.

**Finally, Via Benefits is your year-round advocate.** Our team is available to help you in various ways -- from assisting you in selecting the right coverage for your needs to helping you resolve matters with your provider or insurance carrier. If you encounter any issues or have questions, **Via Benefits should be your first point of contact.** We're here to assist you!



# Getting Started with Via Benefits

Dear <<FirstName>> <<LastName>>:

OPERS has partnered with Via Benefits to serve as the OPERS Pre-Medicare Connector. As you enter retirement, Via Benefits is happy to help you understand your funding options and enroll in a new individual or family medical plan. When you work with us, 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 also research and select the right plan using our online tools.

## Your funding options

Our licensed benefit advisors will help you understand the financial support you may have available, including the OPERS HRA and/or federal subsidies. If you are eligible for both, we can help you weigh the advantages of each.

## Enrolling in a medical plan

As you consider an individual or family plan, you'll need to take an active role in evaluating your plan options. This means you'll need to dedicate time to think about your situation and research what's available in order to make smart decisions. But we'll make it easier for you. With Via Benefits, you'll follow a three-step process to enroll in a new plan. Each step is outlined in this guide.

Your former employer should send you a Loss of Coverage letter. If you haven't received it, please contact them. Keep it in a safe place — you may need it in order to enroll in a new medical plan.

## For those on Medicare before 65

If you qualify for Medicare before you turn 65, Via Benefits can assist you in finding the coverage you need. You will need to enroll in a medical plan with us to qualify for your HRA, if eligible. See page 22 for more information.

## Contact Via Benefits to opt in to your OPERS Health Reimbursement Arrangement (HRA)

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

**To receive your OPERS HRA, you'll need to opt in by contacting Via Benefits by the deadline referenced in the letter you recently received from OPERS.** This is generally the last day of the month following the month you become eligible for the HRA. If your current health insurance is ending, it's important you contact us before that date to make a funding decision and enroll in a new plan to avoid a gap in coverage. You can opt in online or by speaking with a licensed benefit advisor.

**If you opt in, your monthly OPERS HRA contribution will be <<\$HRAamount>> and can begin as soon as your HRA eligibility date.**

## Ready to get started?

Read this guide to learn more about your options. When you're ready to enroll, sign into our website or call us. Our enrollment and advocacy support comes at no cost to you or your eligible dependents. We're here to assist you!

## Your **Funding Options**

OPERS may provide funding to you through a Health Reimbursement Arrangement (HRA). Refer to page 7 to see if you are eligible and what steps you need to take to qualify. The OPERS HRA is an account you can use to request reimbursement for any eligible post-tax expenses you and your eligible dependents incur.

The HRA is funded by a monthly contribution from OPERS and is administered by Via Benefits. If you are eligible, you can find your OPERS HRA contribution amount on page 7 of this guide, or in your OPERS online account.

Depending on income level, some individuals may also be eligible for subsidies from the federal government in the form of a Premium Tax Credit (PTC) and/or a Cost Sharing Reduction (CSR). See page 12 for more details. **By law, you can't accept the OPERS HRA and get a PTC or CSR at the same time.** If you're eligible for both, you'll need to decide which type of funding support works best for you.

### **What is a Premium Tax Credit (PTC)?**

A tax credit that lowers your monthly premium. It is based on both household income and family size, and is paid by the government directly to the health insurance carrier.

### **What is a Cost Sharing Reduction (CSR)?**

A feature of certain plans that lowers what you pay in out-of-pocket costs like deductibles, copayments, and coinsurance. If you qualify, you can get these extra savings only if you enroll in a plan from the Silver category. (See page 26 for Silver plan details.)

Via Benefits can help you understand your funding options. A licensed benefit advisor can assist with these decisions during your enrollment call.

**To opt in or out of the OPERS HRA, contact Via Benefits by phone or by signing into the Via Benefits website.**

From the **Home** page, select **View my decision** located beneath **Your Funding Decision**. There you will also see if you qualify for a PTC or CSR.

### **What happens after you opt in to the OPERS HRA**

Via Benefits processes your reimbursement requests and helps resolve any issues should they arise. There is a monthly fee of \$2.60 for administration of the OPERS HRA, which will be withdrawn from the account each month.

You must pay your premiums and out-of-pocket expenses first and then request reimbursement from your OPERS HRA. Once your request is approved, the money will transfer from your OPERS HRA into your personal bank account.

OPERS requires that you receive any reimbursements from your HRA by direct deposit. As a convenience OPERS provides Via Benefits with the bank account information in which you receive your monthly pension benefit, but if you need to add or update it, you can do so on our website or by mail.

### **How the OPERS HRA works for Pre-Medicare Benefit Recipients**

1. **You opt in to the OPERS HRA**
2. **OPERS makes a monthly contribution to your HRA**
3. **You pay for your premiums and other eligible expenses**
4. **You request reimbursement**
5. **Via Benefits approves your request and reimburses you via direct deposit**



## Via Benefits makes it easy to manage your OPERS HRA

Reimbursing yourself from your OPERS HRA is safe, quick, and easy when you use Via Benefits' online tools or mobile app.

After you accept your funding by opting in to the OPERS HRA, you'll receive a **Getting Reimbursed Guide** in the mail containing more details. The guide will include instructions on accessing your account, how to submit expenses for reimbursement, and a list of eligible expenses. You can find additional educational resources on **opers.org** under the **Retired Members** menu by selecting **Education Resources**. In the meantime, if you have questions, a Via Benefits representative will be happy to answer them.

## When you become Medicare-eligible

As a Pre-Medicare Benefit Recipient, you are not required to enroll in a medical plan through Via Benefits to receive contributions to your OPERS HRA or receive reimbursements. However, you will be required to do so once you become Medicare-eligible. This is a good reason to begin your relationship with Via Benefits now.

Via Benefits can help you understand the difference between your funding options and help you make your selection.

**Important:** Only post-tax premiums are eligible for reimbursement from the OPERS HRA. For those enrolled in employer-sponsored health care coverage, that means you can only get those premiums reimbursed if they are deducted post-tax. Look at your pay stub to ensure you are compliant.



Qualifying for a federal subsidy

These are the annual household income levels required to qualify for a PTC or CSR in 2025. The chart below is an average for the 48 contiguous United States.

Qualifying income levels differ between states; contact Via Benefits for your state's specific ranges.

- Between \$15,060 and \$60,240 for individuals
- Between \$20,440 and \$81,760 for a family of two
- Between \$31,200 and \$124,800 for a family of four

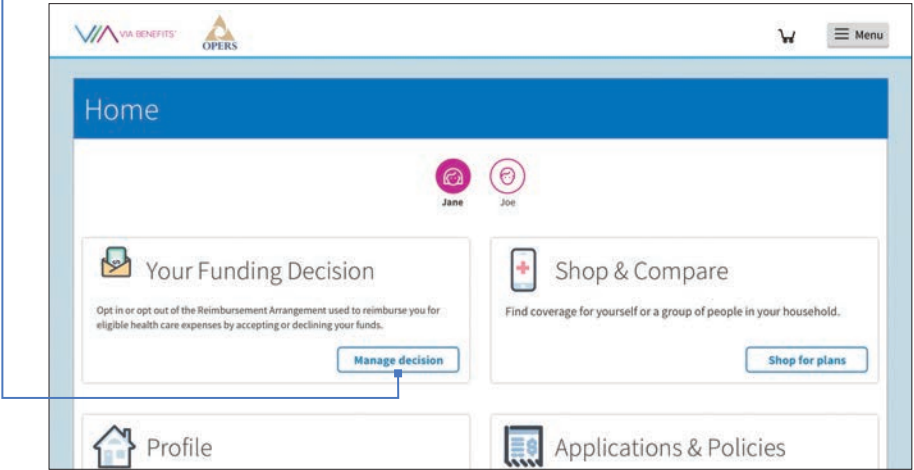
If your income is:	Then
Higher than these amounts...	You will probably not qualify for a PTC* or CSR
Within these amounts...	You may qualify for a PTC and CSR
Lower than these amounts...	You may be eligible for other government programs, like Medicaid or the Children's Health Insurance Program (CHIP) for your children. Call Via Benefits to discuss your options

\* The American Rescue Plan Act has temporarily expanded eligibility for PTCs, so if your income is above the ranges shown above, you may still qualify.



Steps to take

- Determine if you qualify for any of these programs. To do this on our website, sign up with Via Benefits if you haven't already (see page 38 for instructions). Sign in and select **Your Funding Decision**. (This box only appears if you're eligible for funding.) You can also call Via Benefits and a licensed benefit advisor will be able to help confirm if you qualify. Have your projected annual income ready when you call (you may wish to refer to your most recent W-2 or 1099).
- If you qualify, compare the estimated monthly amount to the monthly amount of your OPERS HRA (if available to you).
- Once you have reviewed your options, you can record your decision online through Via Benefits, or by calling us.



Your Home page is personalized for you and your situation at the time you sign in. It may look slightly different than above.



## Important considerations

Please be aware of these important considerations if you choose to receive a PTC and/or CSR instead of the OPERS HRA.

### 1. You could lose eligibility for a PTC and/or CSR mid-year.

If you elect to receive a PTC and/or CSR and then during the year become ineligible, you will no longer receive them. If that happens, contact Via Benefits. A licensed benefit advisor can help you understand your options. A couple reasons you could become ineligible are:

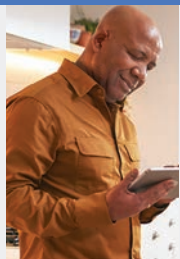
- Your household income increases during the year
- You entered incorrect assumptions and it was later found that you do not qualify

### 2. You will be required to reconcile your PTC at year-end by completing and filing government-provided tax forms. You will receive Form 1095-A from the federal government in order to complete and file Form 8962.



## Want more information?

Go to [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers) to watch short, educational videos on topics like individual and family plan options, HRA vs. the federal subsidy, and aging into Medicare.



### HRA or PTC?

**Meet John.** He's age 63, lives in Morgan County, Ohio and has an income of \$37,000. He goes to [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers) and adds information into the search tool including his ZIP code, income estimate, and tax dependents.

The **Your Funding Decision** section of the site lets him know he is eligible for both the OPERS HRA and the PTC.

John will now compare his OPERS HRA of \$720 per month with a PTC of \$750 per month. Though the PTC is higher, he's thinking of taking a part-time job next year and knows his income may increase. He decides he would rather opt in to the OPERS HRA than take the PTC and potentially become ineligible for it during the year.

## Your Funding Decision

 OPERS Connector

You're eligible for funding in the amount of  
**\$ 720/Monthly**

Expenses eligible for reimbursement

- All 213(d) - OPERS [View Eligible Expense List](#)


Your Decision

No decision recorded

[Make Decision](#)

[Prepare to Shop](#)

 Tax Credit Estimate

 You may qualify for tax credit that lowers your costs by as much as

**\$750/month**

& Cost sharing reduction

This amount is an estimate. You'll learn your exact Premium Tax Credit & cost sharing reduction when you complete a Marketplace Application.

Want a new estimate?

[Reestimate my eligibility for a tax credit](#)



**Remember, the law does not allow you to have an HRA and PTC at the same time. If you accept both, you may be required to pay a penalty to the government.**



## Your New **Medical Plan**

While a group medical plan is established by an employer or benefits provider, an individual or family medical plan is one you buy on your own. This means you're in the driver's seat. You choose the level of coverage, type of plan, and insurance carrier that meets your current and evolving needs. Choice is a good thing—you just have to be ready for it.

**Using Via Benefits, you probably have a lot more available plans to consider than you have in the past.** Via Benefits provides access to the widest variety of plans available in your area, all in one place for easy evaluation. **You also have tools to help you make decisions.** Our website and licensed benefit advisors assist you in filtering plans to only consider those that are truly appropriate for your needs and budget.

As a Pre-Medicare retiree, there's a good chance you will pay higher premiums than you have in the past. You have the choice of paying a higher premium in exchange for lower costs at the time you need care, or enrolling in a plan with lower premiums, understanding that you may have higher costs when you need care.

### **Re-entering the workforce**

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.

If you are eligible and opted into the OPERS HRA, you can also continue receiving monthly contributions in a Re-employed Accumulated HRA while you are working. While you won't be able to be reimbursed for expenses incurred during re-employment, the funds will be available when your re-employment ends for expenses incurred prior to or after re-employment. You can always check your accumulated HRA balance in your OPERS account. For more information about re-employment, contact OPERS at 1-800-222-7377, or visit [opers.org/health-care/hra-and-reemployment.shtml](https://opers.org/health-care/hra-and-reemployment.shtml).



### **Via Benefits is your one-stop shop**

There's no need to go to different resources to shop around. With Via Benefits you have access to all your eligible plans in one place.

# Three Steps to Enrollment

If you choose to enroll in coverage with Via Benefits, follow these steps, or simply call us at 1-833-939-1215 (TTY: 711).



1

## Prepare

Collect your information and think about your needs



2

## Review

Review the different types of medical plans



3

## Enroll

Shop and enroll in a plan

## Step 1: Prepare

Prepare to enroll in a new medical plan by gathering the following information, which will help us narrow down your plan options based on your needs.

### Take time to consider:

- Your medical needs – Do you or does someone in your family have a chronic condition, like asthma, diabetes, or heart disease? Understanding what services and care you might need will help you decide which plan type is right for you. **Due to the Affordable Care Act, you can't be denied coverage based on any pre-existing condition.**
- Your doctors – Do you or your family have a primary care physician or specialist that you'd like to continue seeing? Do you have any upcoming treatments or surgeries planned? Be sure they're in the network of the plan you select.
- Your prescription drugs – Are there prescription drugs you take on a regular basis? If you do, you'll want to check if those drugs are included in the plan's preferred drug list.

### Is Your Provider In Network? Know Before You Go

Relationships between health care providers (e.g., your doctor or dentist) and insurance carriers (e.g., UnitedHealthcare) can change frequently. A provider may accept one insurance plan from a carrier, but not all. Even the carrier's own provider look up tool on their website may be out of sync with the current state.

When considering a new plan, we recommend you call your preferred doctors and providers to make sure they accept the specific plan you're considering. This prevents unpleasant surprises after you've enrolled in a new plan.



## Enrollment Checklist

Information type	What you need
<b>Personal information</b> Helps us identify you and your eligible plans	<input type="checkbox"/> Your legal name <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> Mailing address <input type="checkbox"/> Social Security number
<b>Provider information</b> Helps us find a network with your providers	<input type="checkbox"/> Doctor names and addresses (primary doctors and specialists) <input type="checkbox"/> Hospital and/or outpatient facility names and addresses <input type="checkbox"/> Pharmacy names and addresses
<b>Answers to personal preferences</b> Helps us find the right plan for you	<input type="checkbox"/> Do you want to keep your current doctors? <input type="checkbox"/> How many doctors or specialists do you see and how often? <input type="checkbox"/> Do you have any medical conditions or upcoming treatments? <input type="checkbox"/> Do you require routine care — such as physicals, mammograms, or prostate tests — while away from home? <input type="checkbox"/> Are you willing to pay higher copayments and deductibles if it means you can pay lower premiums? <input type="checkbox"/> Do you travel frequently or have a home in another part of the country?
<b>Prescription information</b> Helps us find a plan that includes your prescription drugs	<input type="checkbox"/> Drug name and 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>



Note that insurance plan prices vary by state and insurance carrier. Cost information can be found on [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers).





## What if I'm under age 65 but Medicare-eligible due to a disability?

If you or an eligible dependent is Medicare-eligible due to a disability, we'll help you enroll in an appropriate Medicare plan. When enrolling, you must complete the following steps:

1. Enroll in Medicare Part A and B upon being notified of your entitlement
2. Provide OPERS with a copy of your Notice of Award or documentation issued by the Social Security Administration (SSA) that includes all of the following information:
  - The date that you were first notified that you were entitled to Medicare
  - Your Medicare effective date(s) of coverage
  - Your Medicare claim number
3. Enroll in a medical plan through Via Benefits to receive a Medicare monthly HRA contribution

If you're eligible for a monthly HRA contribution from OPERS and are Medicare-eligible, the contribution will reflect the Medicare amount instead of the Pre-Medicare amount.

### **Failure to notify OPERS of your entitlement to Medicare within 30 days of being notified by the Social Security Administration may result in retro-termination of your OPERS Pre-Medicare HRA contributions.**

A retro-termination means you may be required to repay all HRA reimbursements you have received since you were first entitled to Medicare.

**Important:** Once you are Medicare-eligible, you are required to enroll in a Medicare plan through Via Benefits to continue receiving HRA contributions from OPERS.



## Is your spouse Medicare-eligible?

Via Benefits has been helping OPERS Benefit Recipients enroll in Medicare plans since 2016. Now you can both use Via Benefits to help find the right plan. Note, however, that Medicare plans are different from individual and family plans and you will need to enroll in separate plans.

### **Terms to know**

Access health insurance-related terms and educational articles and videos at [marketplace.viabenefits.com/opers](https://marketplace.viabenefits.com/opers).

## Step 2: **Review**

In this step, we'll help you understand your individual and family medical plan options and how they work.

Getting to know the characteristics of different plan types will help you narrow down your choices.

### **Reviewing Individual and Family Plan Options**

First, it's good to know a few basics about how medical plans are designed. Medical plans will:

- **Cover essential health benefits** required by law. These include services like preventive care, emergency care, outpatient care, hospitalization, mental health care, and prescription drugs.
- **Have a provider network that includes doctors and other health care providers.** These doctors and providers have agreed to see members under certain rules, including billing at lower rates. **Almost all plans available to you will require that you use in-network providers in order for the service to be covered** (most available plans won't cover out-of-network services, except in emergencies).
- **Pay different amounts of your medical expenses.** A plan that pays a smaller percentage of your expenses will have a lower monthly premium, while a plan that pays more of your expenses will have a higher monthly premium.
- **Require a deductible.** Just like your car insurance, most plans require you pay a set dollar amount before the plan makes payments. If you cover more than just yourself, there are different ways the deductible might work. See the next page for details.
- **Require cost sharing.** Once you've met your deductible, you'll likely be required to pay a portion of the cost of services through coinsurance or copays.




### **Deductible Types**


If you elect a family plan, there are two ways the deductible could be calculated:


- **Embedded approach:** Each member of your family has an individual deductible to meet. If any one of you meets the individual deductible, the plan starts paying coinsurance for that person.
- **Aggregate approach:** As a family, you have one family deductible that applies to all of you. When one, or a combination, of you has expenses that meet the family deductible, it is considered to be met for all of you.


Plan categories

There are four categories of individual and family insurance plans: Platinum, Gold, Silver, and Bronze. These plans differ based on how you and the plan share the costs of your care, but not on the amount or quality of care you receive. Not all plan levels are available in every area. Via Benefits will help you discover what plans are available in your location.

 <b>Platinum</b>	
<b>You Pay</b> (on average)..... 10%	<b>Plan Pays</b> (on average)..... 90%
<b>Premiums</b> ..... \$\$\$\$	<b>Out-of-Pocket Costs</b> ..... \$

 <b>Gold</b>	
<b>You Pay</b> (on average)..... 20%	<b>Plan Pays</b> (on average) ..... 80%
<b>Premiums</b> ..... \$\$\$	<b>Out-of-Pocket Costs</b> ..... \$\$

 <b>Silver</b>	
<b>You Pay</b> (on average)..... 30%	<b>Plan Pays</b> (on average) ..... 70%
<b>Premiums</b> ..... \$\$	<b>Out-of-Pocket Costs</b> ..... \$\$\$

 <b>Bronze</b>	
<b>You Pay</b> (on average)..... 40%	<b>Plan Pays</b> (on average) ..... 60%
<b>Premiums</b> ..... \$	<b>Out-of-Pocket Costs</b> ..... \$\$\$\$

Are Private plans a good fit for you?

**If you currently have a Silver plan and have opted into the OPERS HRA, you may be able to save money by enrolling in a Private plan.**

Private plans are individual and family Silver plans purchased through Via Benefits directly from the insurance carrier. They offer the same or similar coverage to Marketplace Silver plans, but may have a lower premium because they are not eligible for federal subsidies. This means enrolling in these plans can help you stretch your health care dollars.

Private plans aren't available everywhere, but many states, including Ohio, have made them obtainable. Call Via Benefits during your Enrollment Period to see if they are available in your area and could save you money.





## Snowbirds take note

If you live in more than one state during the year, you'll want to keep the following in mind:

- If available, a PPO might be your best option since that type of plan allows you to see out-of-network providers
- Your plan will cover care at in-network rates for true emergencies regardless of where you are located
- You are unlikely to find individual plans with national plan networks (but you may find a plan that contains a national pharmacy network)
- Look for a plan in the region where your primary providers are located
- You may be able to use your regular provider's telehealth options when traveling
- If you prefer to have access to in-network providers near both residences, you have these options:
  - You may switch plans when you arrive at your secondary residence and will qualify for the Permanent Move Special Enrollment Period (downside: out-of-pocket costs toward your deductible and out-of-pocket maximum do not transfer between plans)
  - You may enroll in two plans at once just not two marketplace plans at once – you must choose at least one off-marketplace plan (downside: you'd have to pay two premiums, and your out-of-pocket costs will not transfer between plans)

## Prescription Drugs

All available individual and family plans will provide prescription drug coverage, but there are a few things to understand before choosing your plan:

### How does the deductible work?

Some plans will have one combined plan deductible for medical and prescription drugs. In these plans, you must meet your full medical deductible before coverage for prescription drugs begins. Other plans will have separate medical and prescription drug deductibles. This is an important consideration for those with higher prescription drug needs.



### Do I have to use a certain pharmacy?

Most plans will only allow you to use their in-network retail pharmacies and will have a home delivery program for mail order. Make sure you pick a plan that includes pharmacies that are convenient for you.

### What's the cost after the deductible?

Once you meet the deductible, the amount you pay in coinsurance or copays generally depends on if the drug is classified as a generic, preferred brand drug, or non-preferred brand drug. See the next page for details.

## Prescription Drug Categories and Costs



### Generic Drugs

- Same active ingredients, strength and dosage as the brand-name counterpart
- Safe and effective
- Lowest cost category



### Preferred Brand Drugs (Formulary)

- On plan's preferred drug list (or "formulary")
- Higher cost than generics, lower cost than non-preferred brand



### Non-Preferred Brand Drugs (Non-Formulary)

- Not on plan's preferred drug list (or "formulary")
- May require pre-approval
- Most expensive category



### What about specialty drugs?

These drugs treat complex or rare chronic conditions. Some plans may have limits on the amount of specialty drugs you can fill at once or may require you fill the prescription through a designated specialty pharmacy.



**Meet Ana.** Ana uses prescription drugs to treat a chronic condition. She knows the costs of her drugs are high, and she wants to pick a plan that will be most affordable. What should Ana look for?

- ✓ Find a plan that either has a lower combined medical/prescription drug deductible, or one that has a separate prescription drug deductible
- ✓ Make sure her drugs are included on the plan's formulary
- ✓ Make sure the pharmacy she uses is in-network; or use the plan's mail order pharmacy to lower her costs
- ✓ See if generic drugs are available instead of any brand-names she might be taking
- ✓ Check if there are any manufacturer's coupons available that can also lower her costs



## Protection Plans to Help Manage Your Health Care

In addition to traditional medical plans available through Via Benefits, we also offer supplemental Protection plans.

Supplemental health plans are a great way to get added protection and peace of mind. Hospital stays, accidents, and unforeseen illnesses are all things we'd rather not think about — but life happens. It's smart to think ahead, and that's where supplemental health insurance can really help.

### Supplemental health insurance helps you save money

All medical plans have deductibles, some as high as several thousand dollars, along with copays and coinsurance that can be burdensome. Plus, there can be hidden expenses with a major medical event, like home care services and durable medical equipment. Supplemental health insurance is a cost-effective way for you to manage these often unexpected out-of-pocket costs.

### How does it work?

Supplemental health insurance policies pay a cash benefit to you for covered accidents or illnesses, or if you need hospital care. They work independently of your medical plan and are paid directly to you, allowing you to spend the money

in the way you need it the most. This can lighten the financial burden of medical care and allow you to focus on your recovery.

There are different types of supplemental health plans including those that specifically provide coverage for certain accidents, critical illnesses, and hospitalizations. Some examples of what's covered by these plans are: burns, fractures, dislocation, heart attacks, strokes, cancers, and hip or knee replacement surgeries.

Premiums for these supplemental health plans vary, but are typically about \$40-\$50 a month. Per IRS guidelines, you cannot use your OPERS HRA to reimburse yourself for premiums for these plans.

### Considering a high deductible health plan?

High deductible health plans can be a great way to save money on premiums, especially if your expected health care needs are low. But unexpected costs due to an accident or illness can make it intimidating to choose a high deductible health plan. Supplemental health plans provide protection from large out-of-pocket costs and can help make enrolling in a plan with a higher deductible (and lower premiums!) an easier choice.



### Call Via Benefits for more information

Enroll in Protection plans by speaking with one of our licensed benefit advisors. Be sure to mention this in your enrollment appointment.



### Step 3: **Enroll in Coverage**

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

#### **Shop and enroll by phone**

If you will be enrolling during Open Enrollment (**November 1 through December 15**), and you'd like to speak with a licensed benefit advisor, consider scheduling a call to enroll as that's our busiest season. When scheduling, think about the right timing:

- Your enrollment appointment should happen before your retirement date.
- The appointment itself will take about 90 minutes. To schedule a telephone appointment with a licensed benefit advisor:
  - Sign into Via Benefits at **marketplace.viabenefits.com/opers**, select **View appointments** beneath **Speak to an Expert**, and choose a vacant time slot, or
  - **Call Via Benefits at 1-833-939-1215 (TTY: 711)**
- If you would rather not make an appointment, you can simply call us at your convenience.
- Have your credit card or bank information available to complete your enrollment. Some insurance carriers require the first month's premium payment during the application process.

#### **Prepare for your appointment**

To save time during your appointment, it will help if you complete your Profile online and have the information from the Enrollment Checklist readily available (see page 20).



#### **Contact us before your retirement date**

It's important that you understand the funding and medical plan options available to you, and that you make those decisions by the time your current coverage ends. Plans can not be made retroactive.

## Your enrollment call

### 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.

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. If you haven't yet made your funding decision, your licensed benefit advisor can help you with that, as well.

Please note: you will be asked to confirm if you agree to discuss Pre-Medicare plan options with us. You must confirm to receive assistance from a licensed benefit advisor.

After you complete your enrollment, you can go to the **Home** section of our website and select **Applications & Policies** to track your application's status.



## Regulations to protect you

For your protection, we closely monitor the sale of individual and family plans. During your appointment, you may be required to do the following:

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

### For those residing in Massachusetts, Rhode Island, and Vermont

Via Benefits will be able to support OPERS Pre-Medicare retirees residing in Massachusetts, Rhode Island, and Vermont with general medical plan decisions and may be able to show price quotes. However, due to state regulations, we will not be able to complete the enrollment on your behalf, but we can guide you on next steps.

You will still need to contact us to opt in to the OPERS HRA, if eligible.

## Shop and enroll online

If you want to shop and enroll online, you'll need to sign up.

### 1. Sign up with Via Benefits

- Visit **marketplace.viabenefits.com/opers** and select **Sign Up**.
- Provide all the information requested and follow the onscreen directions.
- Enter an email address and we'll send you a six-digit code. Verify your email address by entering the code you received via email.
- Create a password that meets the requirements.
- Enter a phone number you can use in the future to sign into Via Benefits, then select **Text Me** or **Call Me**.



#### Text Me:

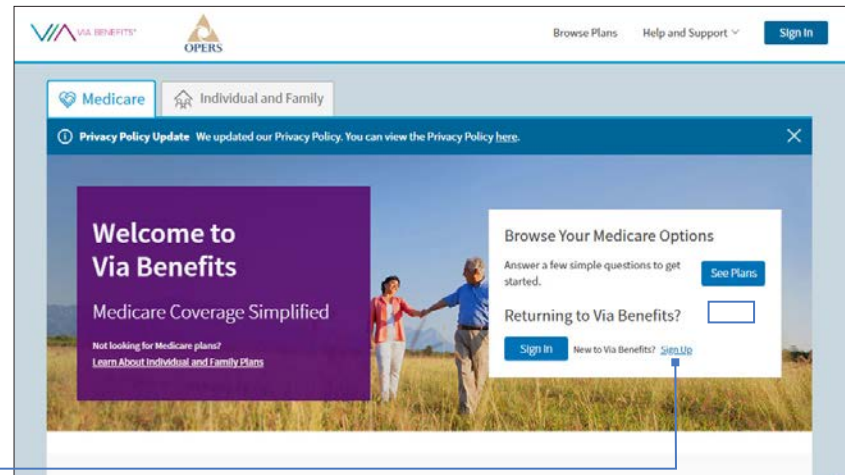
A text message with a six-digit code will be sent to your phone. Enter it on your computer.



#### Call Me:

You'll receive a phone call. Follow the instructions on the call to continue.

- You can enter a second (alternate) phone number if you like. This can be helpful if a backup phone number is needed.
- Select whether you want the Via Benefits website to remember your device. This is only recommended for trusted personal devices, and allows you to skip verification for 30 days.





## 2. Update your personal profile

Next, add or confirm the information in 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; please make sure it's correct.
- You may be asked to re-enter your doctors or prescription drugs in the process of searching for medical plans.

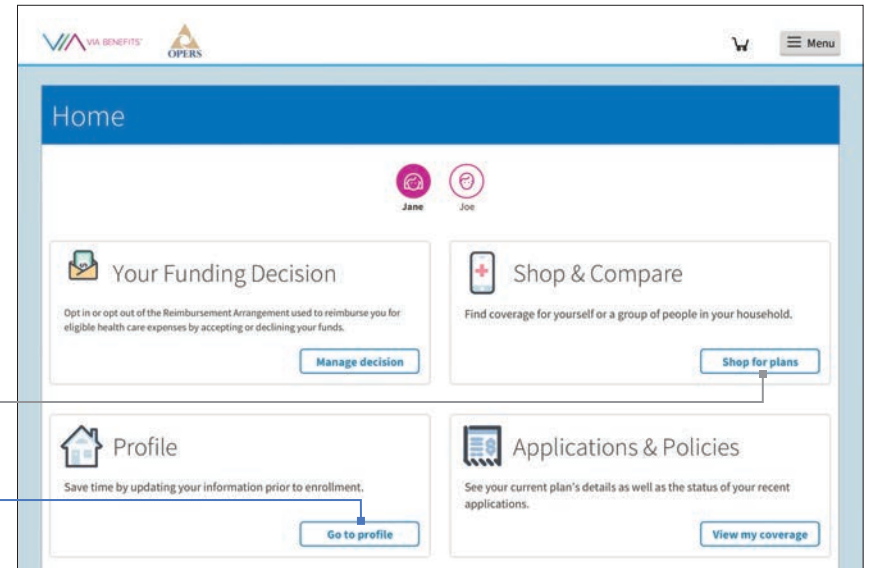
## 3. Start shopping

From **Home**, select **Shop for Plans** under **Shop & Compare** to start shopping. Then, choose the type of plan you are shopping for: **Individual and Family Coverage**.

You can also shop for vision and dental plans with Via Benefits. Keep in mind that **if you currently have an OPERS vision or dental plan and decide to get new coverage through Via Benefits, you will need to get in touch with OPERS to cancel your existing vision or dental plans.** This will help you avoid paying for duplicate coverage. As a reminder, you can only enroll in or disenroll from OPERS vision or dental plans during OPERS Open Enrollment, October 15 to December 15. If this applies to you, make sure to cancel your OPERS vision or dental coverage by December 15 to avoid unnecessary payment of a year's worth of premiums.

## 4. Enroll!

After you've found a plan that fits your needs, it's time to enroll. The website will provide instructions for completing your enrollment. Remember, if at any time you want to speak with someone about your enrollment, pick up the phone and call us. We're here to assist you!



Your **Home** page is personalized for you and your situation at the time you sign in. It may look slightly different than above.



## After Enrollment

You can contact Via Benefits during business hours, Monday to Friday, to get help with questions or issues that may arise with your plan. If your circumstances change, we're here to help you.

### Communications you'll receive

- **Selection Confirmation letter:** We will mail you this letter after you enroll, confirming your plan applications. This letter is not your guarantee of coverage. That will come directly from your insurance carrier.
- **Communications from your new insurance carrier:** 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.
- **Your plan begins on your policy's effective date, not the date your insurance card(s) arrive:** If you need any medical care between your policy's effective date and the time your card arrives, you will have coverage under your new plan. Your plan will not be delayed because you have not received your new insurance card yet.
- **Via Benefits Advocate newsletter:** You'll receive this twice a year. It contains helpful information on insurance-related topics.

### Open Enrollment each year

Each year, between **November 1 and December 15**, you'll have the opportunity to make changes to your individual or family plan for the following year. It's a good idea to take some time during Open Enrollment to evaluate your coverage. Ask yourself if your plan is still serving your needs and budget. You should also make sure your providers will continue to participate in your plan's network.

We'll send you a newsletter around the start of Open Enrollment containing information to help you evaluate whether a change might be needed.

You can't make changes to your plan outside of the Open Enrollment Period unless you have a qualifying life event, such as a change in residence, a marriage or divorce, or a death in the family. Call us if you have questions during the year about a qualifying life event.



If you're satisfied with your coverage at the time of Open Enrollment, you won't need to take any action. Unless your plan is terminated by the insurance carrier, your enrollment in the plan will automatically roll over to the following year – you don't even need to contact us.

Your OPERS HRA enrollment will also roll over from year to year without your needing to opt in each time.

### Watch your mail following 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.

## Frequently Asked Questions (FAQs)

Based on our extensive experience, Via Benefits has developed answers to these frequently asked questions.

### Q. Can I opt in to the OPERS HRA in future years if I do not opt in the first year?

- A. Yes, if you're eligible for the OPERS HRA and don't opt in when you first retire, you may opt in during subsequent Open Enrollment Periods. Once you opt in, you will remain opted in and your OPERS HRA will roll over year after year without any action required from you.

### Q. Is the OPERS HRA available only if I enroll in an individual or family plan?

- A. No, the OPERS HRA is available for any eligible medical expenses regardless of your plan coverage. For example, you can be enrolled in a group plan through a part-time job, or through a spouse's plan, and have access to the OPERS HRA, (but note that only premiums you pay with post-tax dollars are considered eligible expenses and reimbursable from the OPERS HRA). When you turn 65, however, to continue receiving contributions to your OPERS HRA, you will be required to enroll in an individual Medicare medical plan through Via Benefits.

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

- A. What you will pay depends on the type of plan you select. You'll be able to see the costs of the plans available to you using our online tools, or a licensed benefit advisor can work with you to understand the costs — and the benefits — of the different plan options.



### Q. Why might my premium be slightly different from the one that was quoted to me?

- A. When you speak with a Via Benefits licensed benefit advisor, we quote a base rate for the plans you are interested in. We may also ask you some health-related questions. We share that information with the insurance carrier when we send your application to them. The insurance carrier may change your premium slightly based on your responses. At that point, you will have the opportunity to accept or deny the final price.

### 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 help find plans that include your providers in their networks.

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

- A. In many cases, yes, you can. However, group medical plans usually work differently than individual plans. Carriers have different plans and networks by location, and this can sometimes mean the plan won't operate the same, even though the insurance carrier is the same. You may discover another insurance carrier offers a plan that is a better fit for you. We'll help you compare your options.

### Q. How do I enroll in vision or dental plans?

- A. If you are currently enrolled in an OPERS vision and/or dental plan, you will receive your enrollment information directly from OPERS. Your enrollment will continue unless you choose to cancel coverage during OPERS Open Enrollment, October 15 - December 15.

If you are not enrolled in an OPERS vision and/or dental plan, you have the option to enroll during this period or you may choose a plan with Via Benefits.

**If you decide to enroll in a vision and/or dental plan through Via Benefits, make sure to cancel your coverage with OPERS by December 15.**

**You can only enroll or disenroll from OPERS vision or dental plans during OPERS Open Enrollment, October 15 - December 15. We'd hate for you to be mistakenly enrolled in multiple vision and/or dental plans at the same time.**



**Q. Can I contribute to a Health Savings Account if I enroll in a high deductible health plan?**

- A.** Health Savings Accounts (HSA) allow you to set aside pre-tax money to pay for eligible medical expenses. They are available with qualified high deductible health plans which you may have available to you. The law does not allow you to have a Health Reimbursement Arrangement (HRA) and contribute to an HSA at the same time. If you opt in to the OPERS HRA, make sure you don't also contribute to an HSA or you may have to pay penalties to the federal government. Note, if you already have an HSA, you can still use those dollars for eligible medical expenses you incur under your new individual plan.

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

- A.** Yes! When you purchase a plan through Via Benefits, we continue to be your advocate if 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.

You don't have to re-enroll every year. If you like your plan, you can keep it, and the plan will automatically renew (as long as the plan continues to be offered). But, if you have questions, want to make a change to your plan, or need help with your insurance, contact Via Benefits.

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

- A.** It depends on the type of plan. Shop and compare the plans on the Via Benefits website or speak with your licensed benefit advisor on the call to determine your options.

**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 individual or family plan. This generally occurs **November 1 through December 15**.

Sometimes your life changes, and you need to update your health insurance even though it isn't the annual Open Enrollment Period. Here are a few events that might qualify you for a 60-day Special Enrollment Period (SEP):

- Your marital status changes
- You lose your medical plan due to an insurance carrier terminating your plan
- You move outside the area covered by your medical plan

Other events and circumstances can also make you eligible for the SEP. We are available to help you figure these things out. If you choose a plan by the fifteenth of the month, your plan can start the first day of the next month.

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

- A.** After opting in (see page 8-9), 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.

**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 16 for more information.

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