



2025 Enrollment Guide

Your resource for Medicare
coverage options



We're Here to Assist You

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

- Administering the OPERS Health Reimbursement Arrangement (HRA) and helping you understand how to manage your reimbursement account, if eligible
- Helping you find and enroll in Medicare coverage
- 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.

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, 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)

Contents

Who is Via Benefits?..... 4

Get Ready to Enroll in Health Care Coverage
in a New Way..... 6

Your New Coverage: Getting Started..... 8

Three Steps to Enrollment..... 10

Review Your Plan Options 14

Enroll in Coverage22

After Enrollment.....34

Frequently Asked Questions (FAQs)37



Who is **Via Benefits**?

OPERS has chosen Via Benefits as a trusted health insurance partner to assist you in understanding and navigating 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.

Via Benefits operates 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.

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 using the Via Benefits Accounts 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>>:

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 and your eligible dependents.

Paying for health care

When you enroll in a Medicare medical plan through Via Benefits, you qualify for a monthly contribution from OPERS to a Health Reimbursement Arrangement (HRA). You can use this HRA 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 an individual 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. A group health plan is one established and maintained by an employer or other benefits provider. An individual health insurance plan is one you buy on your own.

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 Parts A and 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 pre-existing 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



2

Review

Review the different types of medical plans



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:

Your name as it appears on your Medicare card

Your Medicare number

Your Part A and Part B coverage start dates

MEDICARE HEALTH INSURANCE	
Name/Nombre	JOHN SAMPLE
Medicare Number/Número de Medicare	1EG4-TE5-MK72
Entitled to/Con derecho a	HOSPITAL (PART A)
Coverage starts/ Cobertura empieza	03-01-2018
	MEDICAL (PART B)
	03-01-2018

Information type	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>

Information type	What you need
Provider information 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
Answers to personal preferences 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"/> Do you use mail order for prescriptions? <input type="checkbox"/> Do you have a preferred pharmacy? <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?

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 an individual 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 join a webinar at your convenience. Visit my.viabenefits.com/opers and select the webinars and 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 health conditions.

Original Medicare	
 PART A	 PART B
<ul style="list-style-type: none">▪ Inpatient hospital stays▪ Skilled nursing care▪ Hospice Home care	<ul style="list-style-type: none">▪ 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 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.

Dental and Vision Coverage Options

If you want vision or dental coverage and your plan doesn't include it, both Via Benefits and OPERS offer separate plans. Contact OPERS to learn more about their vision and dental plans.

Via Benefits plans are available through our website, or you can call to speak with a licensed benefit advisor.

Keep in mind that if you're enrolled in an OPERS vision or dental plan and elect new coverage through Via Benefits, you must contact OPERS to disenroll from OPERS vision or dental plans to avoid paying for duplicate coverage. You can only enroll or disenroll from OPERS vision or dental plans October 15 - December 15 each year. We'd hate for you to be mistakenly enrolled in multiple vision and/or dental plans at the same time!

Important: Maintain Prescription Drug Coverage to Avoid Penalties

It's a good idea to enroll in a Medicare Part D Prescription Drug plan or a Medicare Advantage plan with prescription drug coverage (MAPD) when you first become eligible for Medicare. A Late Enrollment Penalty is applied if, at any time after your Initial Enrollment Period, you go for 63 or more consecutive days without prescription drug coverage. Stay covered and avoid the fees!

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.



Step 3: Enroll

Enroll in coverage – online or by phone

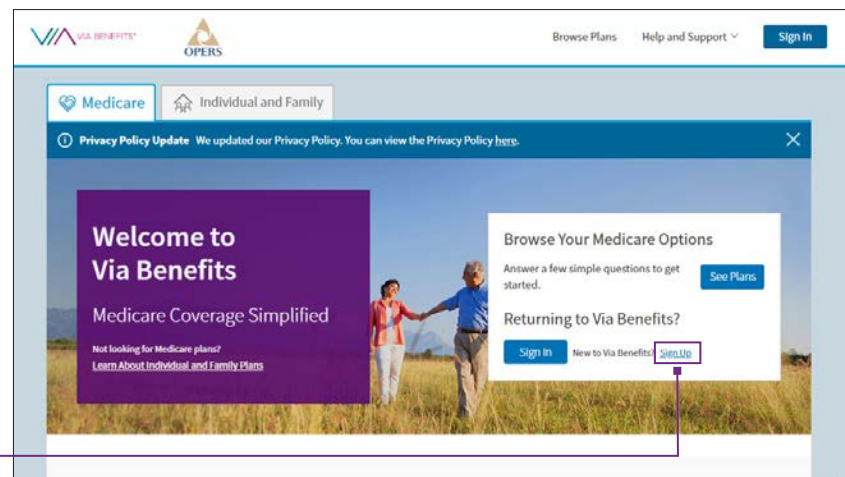
You have two options for shopping and enrolling in your new plan – either online or by phone with a licensed benefit advisor.

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 signed up as a Pre-Medicare Benefit Recipient, you can continue using that same account for your Medicare coverage.

1. Sign Up with Via Benefits

- Go to my.viabenefits.com/opers and select **Sign Up**
- 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 and 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**. If you select **Text Me**, you'll receive a text message with a six-digit code to enter on screen. If you select **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 is an optional step, but it can be helpful in case a backup phone number is needed.
- Select whether you want the Via Benefits website to remember your device. This is only recommended for personal devices; do not do this if you're using a public device. Selecting Yes enables you to skip the extra verification step for 30 days.



2. 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.
- If some information is already filled in your Profile, it 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 **Add Prescriptions**. This will help us estimate the annual out-of-pocket cost of plans that cover your prescriptions.

3. 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?

Select the **Plan Details** link that appears on each of the Plan Summaries to learn more about it.

Select the **Compare** box to compare the benefits of up to three plans side by side. You can even print out these plan comparisons for offline discussion.

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.

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

4. 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.

- 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, <<businessHoursLongVersion>>.

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.

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 may 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**.

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.



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 an individual 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 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.

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.

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.

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

	Power of Attorney
	Allows representative to take action on your behalf and make decisions
Discuss health plan enrollments (without making changes)	✓
Share protected health information	✓
Establish a Via Benefits online profile	✓
Enroll on your behalf	✓

Full Authorization to Release Personal Information	Limited Authorization to Release Personal Information
Allows representative to take action on your behalf	Allows representative to get information only
✓	✓
✓	✓
✓	



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 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.
- **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.



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.

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. Why might my Medigap 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. If you don't have guaranteed issue rights (see page 9), we might 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 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. 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 30 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.
- 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.

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 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.**

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. - 7:00 p.m.

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 an individual 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 <<HRAAmt>> will be made to your OPERS HRA and can be available as early as <<HRAStartDate>>. 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 be the administrator of your account. You must pay for eligible expenses up front (including premiums and/or out-of-pocket expenses), and then request 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.



Contents ©2025 Extend Health, LLC. All Rights Reserved. All insurance products are offered through Via Benefits Insurance Services (known in New York as ViaBenefits Insurance Services, LLC and known in New Mexico as Extend Insurance Services, LLC). Utah Resident License No. 104741. California license number: 0F19729. Insurance rates for the insurance products and services offered by Via Benefits are subject to change. The insurance products and services offered by Via Benefits may not be available in all states. It is your responsibility to enroll for coverage during the applicable enrollment periods (such as the Healthcare Open Enrollment Period or any Special Enrollment Periods). Via Benefits receives compensation in the form of commissions from insurance companies from the sale of insurance products and services we offer. Some of the compensation that Via Benefits receives may be contingent and may vary depending on a number of factors, including the insurance contract and insurer you select. In some case, other factors such as the volume of business Via Benefits provides to the insurer or the profitability of the insurance policies that Via Benefits provides to the insurer also may affect our compensation. Via Benefits may accept this compensation in locations where it is legally permissible and meets standards and controls to address conflicts of interest. Whether or how much insurers may pay in such compensation does not play any role in the Via Benefits' insurance recommendations. Via Benefits also may receive other compensation from third parties, such as for selling or referring the sale of other products or services. Individual benefit advisors are compensated the same whether you pick a Medicare Advantage or Medicare Supplement plus PDP plan and regardless of which carrier you choose. For other kinds of products, the compensation they receive may vary based on the kind of product you purchase, but does not change based on carrier.