



Health Care Coverage Application Instructions

Use this form to apply for OPERS health care coverage for Traditional Pension Plan and Combined Plan benefit recipients. If you have received this application without an estimate of your health care costs, please contact us at 1-800-222-7377 to request this estimate before you submit this application. Please consult the *OPERS Health Care Coverage Guide* available at www.opers.org or call 1-800-222-7377 for information regarding health care coverage.

OPERS health care open enrollment takes place each October with coverage effective Jan. 1 of the following year. This is important if you choose to defer enrollment. See Step 2 for further explanation.

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this:

A	B	C		1	2	3
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Fill in bullet selections like this: Female

CHECKLIST OF REQUIRED DOCUMENTS

The following items, **if applicable to you and/or your dependents**, must be collected, copied, and sent with your health care application in order for OPERS to successfully process your request for health care coverage. Omission of these items will result in delay or denial of coverage.

- Birth certificate(s) or other proof of date of birth for:
 - Spouse (if enrolling in coverage)
 - Child(ren) (if enrolling in coverage)
- Adoption decree for child(ren), if applicable
- Marriage certificate or solemnized license
- Medicare card or statement issued by Social Security confirming the Medicare effective date for all Medicare-eligible individuals you are enrolling.
- Court order if enrolling a grandchild pursuant to Section 3109.19 of the Ohio Revised Code.

If you need additional help

If you have questions about your application or personal information changes, log in to your online account at www.opers.org or call 1-800-222-7377 to speak with a Member Services Representative.

STEP 1:

Personal Information

The information requested in this step is required and must be completed.

STEP 2:

Enrolling in OPERS Group Medical/Pharmacy Coverage

If you are under the age of 65 and not eligible for Medicare (or you are Medicare-eligible and become re-employed in an OPERS-covered position) please mark "Yes" to enroll in OPERS group medical/pharmacy coverage for yourself and any dependents, if applicable. Please refer to the *OPERS Health Care Coverage Guide* for plan details.

The OPERS Retiree Health Plan for pre-Medicare retirees and their eligible dependents:

- The Medical Mutual PPO Plan – for pre-Medicare retiree
- The Medical Mutual Interim Plan – for pre-Medicare retirees who are re-employed in an OPERS-covered position

Humana Interim Plan:

Medicare-eligible retirees who are not eligible to select a plan through the OPERS Medicare Connector or participate in the HRA, such as re-employed retirees, can enroll in the Humana Interim Plan.

OPERS Prescription Drug Plan Administered by Express Scripts:

Prescription drug coverage is included for participants in the OPERS Retiree Health Plan or the Humana Interim Plan.

STEP 3: **Deferring OPERS Group Medical/Pharmacy Coverage**

If you are under the age of 65 and not eligible for Medicare (or you are Medicare-eligible and become re-employed in an OPERS-covered position) please mark “No” and sign and date if you wish to defer OPERS group medical/pharmacy coverage for yourself and any dependents.

If you and your dependents are enrolled in Medicare Parts A and B and are not re-employed in an OPERS-covered position, you do not need to complete this step. Instead, you will enroll in medical/pharmacy plans through OneExchange. Skip to Step 4.

If you choose not to enroll yourself in medical and pharmacy coverage, you cannot enroll dependents. Please refer to the *OPERS Health Care Coverage Guide* for further details regarding deferring enrollment in OPERS health care coverage. Your signature is required in this section if you choose not to enroll in medical and pharmacy coverage. If you choose not to enroll in OPERS group medical and pharmacy coverage, you may still elect vision and/or dental coverage for you and your eligible dependents if applicable. You will also need to complete and sign Step 8.

STEP 4: **Vision and Dental Options**

Vision Coverage Selection

Indicate your choice of coverage (high or low) if you wish to enroll in this plan. You may decline coverage by selecting none. Choose only one option.

Dental Coverage Selection

Indicate your choice of coverage (high or low) if you wish to enroll in this plan. You may decline coverage by selecting none. Choose only one option.

STEP 5: **Medicare and Other Coverage Information**

OPERS requires that you enroll in the Medicare program when you are first eligible for Medicare coverage. For more information on how Medicare and other insurance affects your OPERS coverage, refer to the *OPERS Health Care Coverage Guide* and/or the *Understanding the Basics: Medicare and the OPERS Medicare Connector* guide.

STEP 6: **Coverage for Spouse**

Complete this section if you wish to enroll your eligible spouse in the medical and pharmacy, vision, or dental plan(s). Please review the eligibility information stated in the *OPERS Health Care Coverage Guide* to determine if your spouse is an eligible dependent.

You must notify OPERS within 30 days of any change in your spouse's eligibility. You will be responsible for any claim overpayments resulting from your failure to notify OPERS that your spouse has become ineligible for health care coverage.

STEP 7: **Coverage for Children**

Complete this section if you wish to enroll your eligible children in the medical and pharmacy, vision, or dental plan(s). Please review the eligibility information stated in the *OPERS Health Care Coverage Guide* to determine if your child(ren) is/are an eligible dependent(s). Please attach another sheet for any additional children you would like coverage for and provide all the requested information for each child.

You must notify OPERS within 30 days of any change in each child's eligibility. You are responsible for any claim overpayments resulting from your failure to notify OPERS that your child(ren) has/have become ineligible for health care coverage.

STEP 8: **Acknowledgment**

Your signature is required if you are electing any coverage in order for OPERS to process your enrollment.

