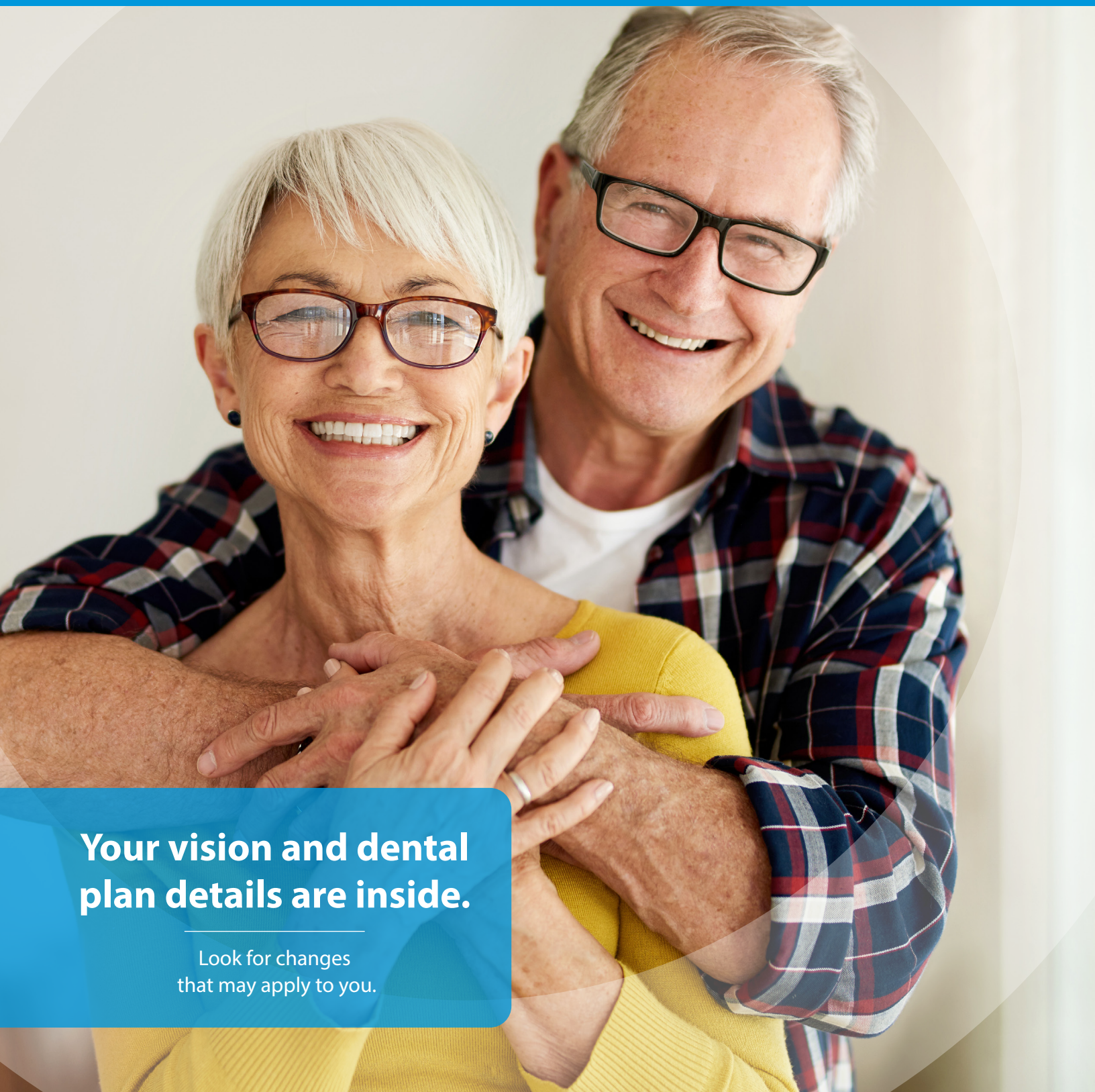
OPERS Health Care

2021 Open Enrollment Guide

For optional vision and dental coverage



Your vision and dental plan details are inside.

Look for changes that may apply to you.

Watch out for scams. You may receive calls and mail from other insurance agents and brokers offering medical and prescription drug plans. To remain eligible to receive your monthly HRA deposit, you must be enrolled in a medical plan through Via Benefits.

OPERS Plan Coverage – What you need to know in 2021

OPERS will continue to offer optional vision and dental plan coverage in 2021 to all retirees and eligible dependents.

2021 Cost and Coverage Highlights

Vision plan, administered by Aetna
Both High and Low plan options will see a minimal monthly premium decrease. Coverage under both the High and Low plan options will be unchanged for 2021.

Dental plan, administered by MetLife
Both High and Low plan options will see a minimal monthly premium decrease. Coverage under both the High and Low plan options will be unchanged for 2021.

Action Required

- **Review 2021 vision and dental plan details within this guide.** If you are dually enrolled in a vision and/or dental plan with OPERS and Via Benefits, take some time to review your coverage and needs to determine if both plans are needed.
- **Enrolling, making changes or canceling vision or dental coverage?** Fill out the enclosed form or call OPERS between Oct. 15 and Dec. 7, 2020. Contact Via Benefits to make changes to vision or dental plans offered through Via Benefits.
- **No changes? No problem.** Your current plan will automatically continue in 2021.

Via Benefits Reminders

- The Health Reimbursement Arrangement (HRA) base allowance amount remains at $450. Your monthly HRA deposit will remain the same as it was in 2020.
- Call Via Benefits between Oct. 15 and Dec. 7 to review plan options.
- Submitting for reimbursement:

NEW! In 2021, premiums for the OPERS vision and dental plans will be automatically reimbursed monthly from your HRA account with no additional forms to complete or receipts to provide. If you do not wish to have these premiums automatically reimbursed monthly from your HRA account, you can opt out by using the enclosed form.

Recurring premium claim forms for Medicare Part B premiums (if applicable) must be resubmitted each year.

If previously set up (and plan selections do not change), automatic reimbursement will continue.

Changing medical plan carriers? If so, automatic reimbursement arrangements for your old plan will not carry over to your new plan. Reach out to Via Benefits for assistance.

Eligibility and Enrollment

Anyone receiving a pension benefit qualifies for OPERS vision and dental coverage, even if you don't qualify for medical or prescription drug coverage. You may also enroll:

- **A spouse** — must have a valid marriage certificate.
- **Child(ren)** — must be a participant's biological or legally adopted child or minor grandchild if the grandchild is born to an unmarried, unemancipated minor child and you are ordered by the court to provide coverage pursuant to Ohio Revised Code Section 3109.19. The child must be under the age of 26 regardless of enrollment as a full-time student or marital status. Coverage may be extended beyond the age of 26 if the child is permanently and totally disabled prior to age 22.

If you are in the OPERS health care plan and receive a monthly benefit as the surviving spouse or beneficiary of a deceased retiree or deceased member, you may only enroll those dependents who would have been eligible dependents of the deceased retiree or member as defined on this page. It is your responsibility to notify OPERS, in writing, within 30 days of the date your dependent fails to meet eligibility requirements. Failure to notify OPERS could result in overpaid health care claims or reimbursement for which you will be responsible to repay.

When Can I Enroll in the Vision and/or Dental Plan?

You may enroll only when you first retire or during the annual open enrollment period. After you enroll, you and your family members must stay enrolled until the next open enrollment period unless you have a change in family status, including a divorce, death or a child reaches age 26. You must notify OPERS immediately if you have a change in family status.

When Can I Enroll New Family Members?

You may enroll newly eligible family members within 60 days of the date they become eligible (such as the date of marriage or birth). You must contact OPERS for the appropriate enrollment form and return this form, complete and with the required documentation, within 60 days.

How Will Premiums Be Paid?

Your premium cost for the plan(s) you select will be deducted from your benefit payment each month. If you are a Medicare participant receiving a monthly HRA deposit, your premiums will be automatically reimbursed monthly from your HRA account in 2021. If you wish to opt-out of this automatic reimbursement, please do so using the enclosed form.

Aetna Vision Plan

Aetna Vision Preferred, administered by EyeMed, is available to you and your eligible dependents. If you choose to enroll in the vision plan, you'll be responsible for paying the entire premium for this coverage and you will remain enrolled for the full year. Once enrolled, changes can only be made during the next open enrollment period.

Plan Feature Highlights

- **A comprehensive eye exam.** Not only can eye exams detect serious vision conditions such as cataracts and glaucoma, but also the early signs of diabetes, high blood pressure and other health conditions.
- **Savings of approximately 40 percent** on eye exams and eyewear.
- **Your choice of leading optical retailers** and private practitioners include, LensCrafters, Target Optical and Pearle Vision locations.
- **Freedom to use any provider.** You can also visit any licensed eye care provider outside the network. Keep in mind that you may pay more out of pocket and may have to file your own claims.
- **Digital tools.** You can search for providers, manage your benefits and view your ID card on Aetna's mobile app or by visiting aetnavision.com. Search providers by name, location or even by the brand name of the frames you want.
- **Shop online** for contacts or glasses online with retailers in Aetna's network. Your vision benefits will automatically apply when you check out.

Discounts and savings

You can find discounts on products and services through in-network providers. These discounts include:

- 20 percent off any balance over your frame allowance
- 15 percent off any balance over your conventional contact lens allowance
- Up to 40 percent off extra pairs of prescription eyeglasses and sunglasses
- Up to 20 percent off noncovered items, including nonprescription sunglasses and lens extras/add-ons like antireflective coatings
- Up to 15 percent off the retail price or 5 percent off the promotional price for LASIK laser eye surgery or photorefractive keratectomy from U.S. Laser Network
- Discounts on LASIK surgery through QualSight
- 40 percent off hearing exams and special pricing on hearing aids

aetna®

Website: aetnavision.com
Phone: 1-866-591-1913

Aetna Vision Plan

2021 Vision Coverage	High Option		Low Option	
Coverage type	**In-Network** Retiree Pays	**Out-of-Network Reimbursement** to retiree	**In-Network** Retiree Pays	**Out-of-Network Reimbursement** to retiree
Comprehensive eye exam	$0 copay	$65	$0 copay	$50
Contact lens fit & follow-up				
• Standard	$17 copay	$23	$32 copay	$8
• Premium	$62 copay	$23	$77 copay	$8
Frames	$0 copay up to $140 retail value, 80% of balance over $140	$78	$0 copay up to $50 retail value, 80% of balance over $50	$44
Lenses				
• Single Vision	$0 copay	$45	$5 copay	$35
• Bifocals	$0 copay	$60	$5 copay	$55
• Trifocals	$0 copay	$80	$5 copay	$75
• Most premium progressives	$85 - $110 copay	$60	$90 - $115 copay	$55
Contact lenses	$0 copay up to $240 retail value	$228	$10 copay up to $200 retail value	$180
Coverage period for exams	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Coverage period for frames and lenses	Once per calendar year	Once per calendar year	Once every two calendar years	Once every two calendar years

Note: Coverage is available for lenses and frames - OR - contact lenses, but not both.

MetLife Dental Plan

Dental coverage administered by MetLife is optional for you and your dependents. If you choose to enroll in a dental plan, you'll be responsible for paying the entire premium for this coverage and will be enrolled for the full year. Once enrolled, changes can only be made during the next open enrollment period.

Choosing a dentist within the MetLife network can help reduce your costs. You can also choose an out-of-network dentist, but your out-of-pocket costs may be higher. There are more than 410,000 participating Preferred Dentist Program dentist locations nationwide, including over 96,000 specialist locations.

Plan Options

You have two dental coverage options to choose from: High or Low. Once enrolled you can view your Certificate of Coverage for additional details. Please visit the MetLife website for coverage details. These certificates explain the dental options available in the High or Low option dental plans.

Claims Details

Network dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, call MetLife at 1-888-262-4874. For questions or a list of preferred dentists, visit metlife.com/mybenefits.

For more detailed coverage information about covered services and limitations, refer to opers.org or call MetLife.

MetLife

Website: metlife.com/mybenefits

Phone: 1-888-262-4874

[1] MetLife's negotiated or preferred Dentist Program fees refer to the fees that dentists participating in MetLife's Preferred Dentist Program have agreed to accept as payment in full, for services rendered by them. MetLife's negotiated fees are subject to change.

[2] Negotiated fees for non-covered services may not apply in all states. Plans in LA, MS, MT and TX vary. Please call MetLife for more details.

MetLife Dental Plan

2021 Dental Summary	High Option		Low Option	
Coverage type	**In-Network:** Preferred Dentist Program	**Out-of-Network:**	**In-Network:** Preferred Dentist Program	**Out-of-Network:**
Diagnostic and Preventive Care Type A: Cleanings, Emergency Care, Fluoride treatment, bitewing X-rays, and Oral examinations	100% of Negotiated Fee*	100% of R&C Fee**	100% of Negotiated Fee*	80% of R&C Fee**
Oral Surgery and Minor Restoration Type B: Fillings, Simple extractions and Surgical removal of erupted teeth.	80% of Negotiated Fee*	65% of R&C Fee**	60% of Negotiated Fee*	50% of R&C Fee**
Major Services and Restoration Type C: Prosthodontics, inlays, onlays, crowns, dentures, pontics, implants and surgical removal of impacted teeth.	50% of Negotiated Fee*	35% of R&C Fee**	25% of Negotiated Fee*	25% of R&C Fee**
Deductible†:				
Individual	$0	$50	$50	$50
Family	$0	$100	$100	$100
Annual Maximum Benefit:				
Per Person	$2,000	$1,250	$2,000	$1,250

Like most group insurance policies, MetLife group policies contain certain exclusions, limitations, exceptions, reductions, waiting periods and terms for keeping them in force. Please contact MetLife for details about costs and coverage. Dental plan underwritten by Metropolitan Life Insurance Company, New York, NY 10166.

** Negotiated Fee refers to the fees that participating Preferred Dentist Program dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and plan maximums.*

*** R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.*

† Applies to Type B and C Services.

General Information

Before making any decisions, please review the 2021 vision and dental plan details within this guide.

- If you have specific questions about how much the plans pay for certain services, please call the plan administrators directly.
- If you are enrolled in a vision and/or dental plan with both OPERS and Via Benefits, take some time to review your coverage and needs to determine if both plans are needed.

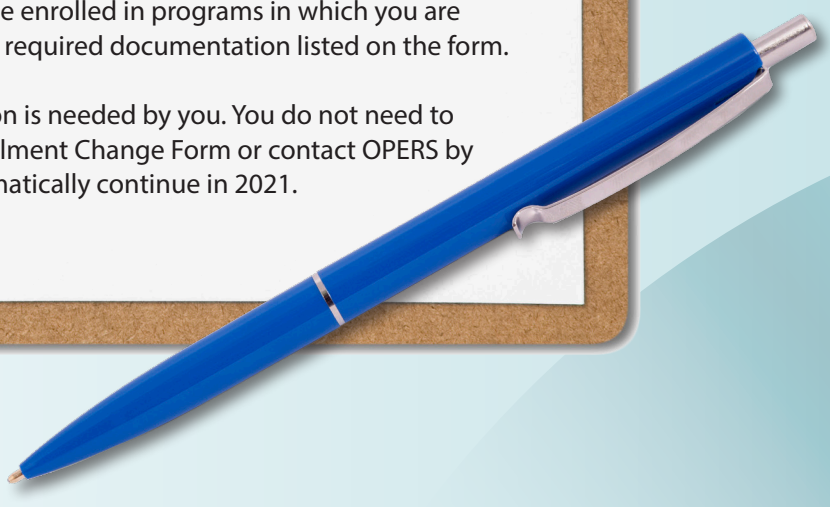
Enrolling, making changes or canceling vision or dental coverage? Fill out the enclosed form or call OPERS between Oct. 15 and Dec. 7, 2020. **If you choose to discontinue coverage, you may do so over the phone.**

Health Care Open Enrollment Change Form: Things to Know

After OPERS receives the forms, they are electronically processed. To ensure your changes are communicated correctly, please follow these instructions:

1. Complete the form using blue or black ink.
2. Do not attempt to correct your address using this form.
3. Do not use the boxes provided to make coverage selections. Do not hand-write your selections or make other notes on the form.
4. Because of limited space, all covered dependents may not be pre-printed on the form. Please refer to page 1 of the statement to see a full list of currently covered dependents. If you wish to make coverage changes for dependents not listed on the form, please indicate these changes on a separate sheet of paper.
5. Use Section 4 on this form to enroll a spouse or child who is not currently enrolled. Dependents may only be enrolled in programs in which you are enrolled. Please provide all of the required documentation listed on the form.

No changes? No problem. No action is needed by you. You do not need to complete the Health Care Open Enrollment Change Form or contact OPERS by phone as your current plan will automatically continue in 2021.



OPERS Board of Trustees

The 11-member OPERS Board of Trustees is responsible for the administration and management of OPERS. Seven of the 11 members are elected by the groups that they represent (i.e., college and university non-teaching employees, state, county, municipal, miscellaneous employees and retired members); the Director of the Department of Administrative Services for the state of Ohio is a statutory member, and three members are investment experts appointed by the Governor, the Treasurer of State, and jointly by the Speaker of the Ohio House of Representatives and the President of the Ohio Senate. For a current listing of the OPERS Board of Trustees, please visit opers.org.

The plan features within this document are valid only for the 2021 plan year.

This document reflects information as of the date listed herein. There is no promise, guarantee, contract or vested right to access to health care coverage or a premium allowance. The board has the discretion to review, rescind, modify or change the health care plan at any time. This document is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for federal or state law, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code or Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney.

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