

OPERS OPEN ENROLLMENT 2026



The information on the following pages will help you navigate the open enrollment period for 2026 as an OPERS benefit recipient receiving (or eligible to receive) a monthly Health Reimbursement Arrangement (HRA) allowance. We've included tips for interacting with Via Benefits, answers to some frequently asked questions and general information about the OPERS Health Care Program.

Questions about your medical plan?

If you have questions regarding your medical plan for 2026, call Via Benefits and schedule an appointment. This will reduce your wait time on the phone and ensure that you get the help you need.

It is your responsibility to call at your scheduled appointment time. Via Benefits will not call you.

Via Benefits – Medicare

1-844-287-9945

Via Benefits – Pre-Medicare

1-833-939-1215

Don't Skip this Step when Calling Via Benefits

Always take a moment to authenticate your identity as an OPERS benefit recipient

As an OPERS benefit recipient, you receive prioritized treatment when calling Via Benefits. That's right—Via Benefits prioritizes your calls. However, it's crucial for you to let them know who you are when you call so they can give you that priority.

How is that done? By providing some simple information. When calling Via Benefits, you'll first encounter an Interactive Voice Response (IVR) system, which

identifies who you are and routes your call. **It's essential to listen carefully to the prompts and respond to them.**

Authenticate your identity by providing this information when asked by the IVR:

- The last four digits of your Social Security Number (SSN)
- Your ZIP Code
- Your date of birth

Once you confirm that information, Via Benefits will know you're an OPERS benefit recipient and prioritize your call.

8 Tips for a Smooth Via Benefits Call during Open Enrollment

1. Listen and respond to the Interactive Voice Response (IVR) system to route your call properly.
2. Authenticate your identity when asked by providing the last four digits of your SSN, your ZIP Code, and your date of birth.
3. If you need to speak with Via Benefits, make an appointment if one is available.
4. If you can't make an appointment and are calling about enrollment, contact Via Benefits as early as possible during the enrollment period. Things always get busier later in the season.
5. Make sure your online profile is updated with your current doctors and prescription drugs. This can significantly reduce the time you spend on the phone.
6. Use Virtual Hold when available to free your time while in queue.
7. Consider shopping for Medigap plans outside the open enrollment period, as these plans can be changed at any time of year.
8. Call Via Benefits as close to your appointment time as possible. They will not call you.

Open Enrollment Education

For more information about 2026 open enrollment, we have created a video tailored to those benefit recipients receiving (or eligible to receive) a monthly HRA allowance. Please scan this code with your smartphone camera to access the video. You can also view this video by visiting opers.org/health-care/open-enrollment.



Questions Frequently Asked during Open Enrollment

Answers to common questions about open enrollment and Via Benefits

Do I need an appointment to speak with a Via Benefits Benefit Advisor about my medical plan in 2026?

If you have questions or wish to change your medical plan for 2026, we suggest scheduling an enrollment appointment as early as possible during open enrollment. Scheduling an appointment means bypassing speaking with a Customer Service Representative (one less person to speak with means a quicker call for you).

If no appointments are available, try not to worry. Via Benefits has extra capacity to help you. Call Via Benefits during business hours as early in the enrollment season as possible.

I just want to talk to a person. Can't I just press "0" and tell the operator what I need?

Authenticating your identity by following the IVR prompts when calling Via Benefits allows them to identify you as a priority caller and set clear expectations about your wait time.

Pressing "0" or "#" will route your call to a different queue, which will increase your time on the phone. Choosing option "1" during the call will take you directly to the enrollment queue.

Answers to common questions specific to Medicare plans

I don't understand the basics about Medicare plan types and the rules for making changes.

There are three types of Medicare plans - Medigap, Medicare Advantage and Prescription Drug, each with specific rules regarding when you can make a change. If you do not know which type of plan you are enrolled in, call Via Benefits or sign into your online profile.

Medigap plans can be changed at any time. You don't need to contact Via Benefits during open enrollment about your Medigap plan unless you're unhappy with your coverage. You may be subject to underwriting when enrolling in a Medigap plan (there are exceptions).

Medicare Advantage and Prescription Drug plans can only be changed during the annual open enrollment period.

Why is the premium amount Via Benefits quoted me different than my actual premium?

During your enrollment call, you are quoted a base rate. The insurance carrier may change your premium based on the information you provided with your application. You will have the opportunity to accept or deny the final price.

Why do my friend and I have different Medigap plan premiums?

Medigap pricing is based on multiple factors, including age, health, and ZIP Code. Therefore, two people may be offered different premiums for the same plan.

Why did Via Benefits ask me to call back later to enroll in a Medigap plan?

Some Medigap plans can only be changed effective the next month. So, if you want an effective date months from now, you may need to call back at a later date.

Why and when does my Medicare plan premium change?

Medicare Advantage and Prescription Drug plan premiums are updated once a year, effective January 1. As federally mandated, premiums for the following year are not released to the public until early October. Medigap plan premiums can change at any time at the carrier's discretion and are not dependent on the open enrollment period. Via Benefits isn't privy to Medigap premium changes before they take effect.

Medigap enrollees should pay attention to communications from their carrier. If large premium increases occur, contact Via Benefits to evaluate your options. Via Benefits can help you change plans and provide cost information, if the information is available.

Why doesn't the Via Benefits plan roster match Medicare.gov?

Medicare.gov is a repository of every Medicare plan available. Via Benefits' plan roster is a curated selection of plans determined to be high quality and most suitable for OPERS benefit recipients. The plans offered by Via Benefits were chosen to provide choice and cost stability.

THE OPERS HEALTH CARE PROGRAM



What OPERS Offers: The OPERS Health Care Program

While OPERS is not required to provide health care coverage by law, the Ohio Public Employees Retirement System recognizes the important role it plays as part of a secure retirement.

The OPERS health care program features a Health Reimbursement Arrangement (HRA) for eligible Pre-Medicare and Medicare benefit recipients as well as optional vision and dental plans. To help benefit recipients find a medical plan which fits their needs, we also offer the services of the OPERS Connector.

The information here is a summary of what is provided within the *2026 OPERS Health Care Program Guide*. This guide and other resources are available online at opers.org/health-care.

The OPERS Health Reimbursement Arrangement (HRA)

An HRA is an account funded by OPERS that provides tax-free reimbursement for qualified medical expenses such as monthly post-tax insurance premiums, deductibles, co-insurance, and copays incurred by eligible benefit recipients and their dependents.

2026 Base Allowance Amounts:

Medicare benefit recipients: \$400 per month

Pre-Medicare benefit recipients: \$1,200 per month

Your individual monthly HRA deposit amount is provided on your annual Open Enrollment statement. Or, if you are a new benefit recipient, this amount will be provided in your health care confirmation letter. The amount can also be found within your OPERS online account. You can check your HRA balance at any time by logging into your Via Benefits online account.

The HRA for Medicare benefit recipients is a closed HRA. A "closed HRA" means that benefit recipients must enroll in a Medicare medical plan through the OPERS Medicare Connector to receive monthly HRA deposits from OPERS. If you terminate your enrollment in a Medicare medical plan through the OPERS Medicare Connector, your eligibility for the HRA will also terminate.

Opting In or Out of the Pre-Medicare HRA

Once you have retired and if you are eligible for the Pre-Medicare HRA, OPERS will mail you a letter containing the monthly HRA deposit amount you are eligible to receive and a deadline by which you must opt in to the HRA. ***If you do not opt in to the HRA by contacting Via Benefits by this deadline, your next opportunity to opt in will be during open enrollment (November 1 through December 15) with an effective date of January 1 the following year.***

If you decide to opt out of the HRA on or before your deadline to opt in, your election to opt out is effective the first of the month you became eligible for the HRA. If you change your election, the last election made as of your deadline to opt in is final and will be effective the first of the month you became eligible for the HRA.

The HRA for Pre-Medicare benefit recipients is an open HRA. An "open HRA" means that benefit recipients can receive monthly deposits into their HRA and use the funds to be reimbursed for qualifying expenses even if they don't enroll in a medical plan through the OPERS Pre-Medicare Connector.

HRA eligibility for OPERS disability benefit recipients

As an OPERS disability benefit recipient, your HRA eligibility is different based on your benefit effective date. For detailed information on HRA eligibility for disability benefit recipients, please visit opers.org/health-care/hra-eligibility.shtml.

If you are currently eligible for the OPERS HRA as a disability benefit recipient, your HRA will be impacted if your disability benefit is suspended or terminated. For more detailed information on what happens to your HRA if your disability benefit is suspended or terminated, refer to the ***Health Care Information for Disability Benefit Recipients*** fact sheet at opers.org/health-care/resources.shtml.

The OPERS Connector, administered by Via Benefits

Via Benefits serves as the OPERS Connector for both Pre-Medicare and Medicare-eligible OPERS benefit recipients. When you select a medical plan through Via Benefits, you can use Via Benefits' ongoing support for HRA administration, carrier claim resolution and medical plan questions. All OPERS benefit recipients are welcome to use the OPERS Connector to find a medical plan, even if they don't qualify for the HRA. Dependents can also enroll in a plan with the help of Via Benefits.

Via Benefits provides:

1. Consulting

Via Benefits helps Medicare-eligible benefit recipients navigate Medicare plan options and find the plan that's right for them. This includes, Medigap, Medicare Advantage and Prescription Drug plans.

Via Benefits helps Pre-Medicare benefit recipients understand their funding options. If you qualify for a federal subsidy, Via Benefits will walk you through a side-by-side comparison to help decide between taking advantage of the federal subsidy or opting in to the OPERS HRA. By law, you can't have both at the same time.

2. Education, support, and assistance

Via Benefits provides these services to benefit recipients and their dependents when selecting and enrolling in an individual or family medical plan.

3. HRA administrative services

Via Benefits reviews claims and issues reimbursements.

4. Ongoing benefit recipient support after medical plan enrollment

Via Benefits is an experienced, informed, and unbiased Connector.



Via Benefits

Medicare

1-844-287-9945

my.viabenefits.com/opers

Via Benefits

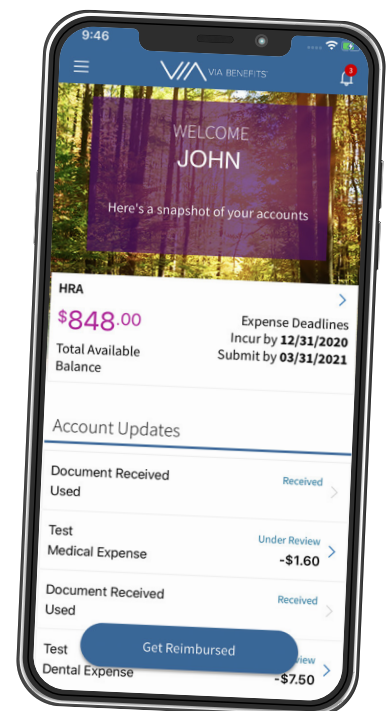
Pre-Medicare

1-833-939-1215

marketplace.viabenefits.com/opers

Via Benefits makes it easy to manage your OPERS HRA

Receiving reimbursements from your OPERS HRA is safe, quick, and easy when you use Via Benefits' online tools or mobile app. Search for "Via Benefits Accounts" in the App Store or Google Play and download it to your smartphone or tablet.



The OPERS HRA During a Re-Employment Period

What is a Re-employment Period?

As an OPERS benefit recipient employed in an OPERS-covered position, your re-employment period begins the first day of the month in which your employment began and ends the last day of the month in which your employment is terminated. You will never be able to receive reimbursement for expenses incurred during your re-employment period.

HRA Overpayments

Depending on when your employer notifies OPERS of your re-employment, you may have received HRA reimbursements for expenses that were incurred during your re-employment period. If this happens, you will receive notification from the OPERS Connector regarding the overpayment not being satisfied. As the HRA plan sponsor, OPERS may assist in the collection of those reimbursements if they are not settled with the OPERS Connector in a timely manner.

For more information about how re-employment affects your HRA, please see the [HRA Fact Sheet for Pre-Medicare Re-employed Retirees](#) and the [HRA Factsheet for Medicare Re-employed Retirees](#) available on the OPERS website at opers.org/health-care/resources.shtml.

Action steps when entering a Re-employment Period

Once you make the decision to become employed in an OPERS-covered position as an OPERS benefit recipient, be certain to complete the following:

- ✓ Inform your employer that you are receiving an OPERS benefit.
- ✓ Make sure your employer does the following:
 - Completes a *Notice of Re-employment or Contract Services of an OPERS Benefit Recipient* (Form SR-6).
 - Submits the completed and certified form to OPERS by the end of your first month of employment.
- ✓ Contact Via Benefits to stop any Automatic premium or recurring reimbursements that have been set up to avoid a potential overpayment.
- ✓ Create an OPERS online account to track your Re-Employed Accumulated HRA balance. You can do this by clicking on "Account Login" from the opers.org homepage.



OPERS and Medicare

As an OPERS benefit recipient, you must enroll in both Medicare Parts A and B as soon as you become eligible.

Medicare Part A Reimbursement

As a Medicare-eligible OPERS benefit recipient, you are required to enroll in and pay the monthly premium for Medicare Part A coverage through the Centers for Medicare and Medicaid Services (CMS).

If you are not eligible for premium-free Medicare Part A, Ohio law allows OPERS to provide premium reimbursement and also provides a 50 percent Medicare Part A premium reimbursement to eligible spouses. Please contact OPERS to obtain the *Medicare Part A Reimbursement Form* as soon as you are eligible. This reimbursement is not retroactive to your Medicare effective date and can only be added once all the required documentation is received.

OPERS Disability Recipients and early Medicare

If you are an OPERS disability benefit recipient, OPERS requires you to apply for a disability benefit (SSDI) through the Social Security Administration if you are eligible. If you are not eligible to receive a disability benefit through SSA, you may still be eligible for early Medicare. If you are or become eligible, you must enroll.

Medicare Enrollment Periods

Initial enrollment period: Three months before, during and three months after the month in which you turn 65.

General enrollment period for Medicare Parts A and B: Jan. 1 through March 31 with an effective date of July 1.

Annual Medicare enrollment period: Oct. 15 through Dec. 7.

Special enrollment period: Occurs when you are 65 or older and your coverage, or your spouse's coverage ends through an employer. Other situations could be subject to this enrollment period. Reach out to Via Benefits for more detailed information.

Early Medicare: If you become eligible for Medicare before the month in which you turn 65, you must enroll in Medicare Parts A and B, enroll in a Medicare medical plan with Via Benefits and notify OPERS of your Medicare eligibility immediately to avoid an overpayment on your account.

Medicare eligibility prior to age 65

If you are or become eligible for Medicare due to a qualifying Social Security disability or End Stage Renal Disease, you must enroll in Medicare Parts A and B and provide proof of your enrollment (a copy of the Medicare card or Notice of Award) to OPERS.

Notifying OPERS of early Medicare eligibility more than 30 days from the date you are notified of your eligibility may result in HRA overpayments.

If you are under age 65 and currently enrolled in Medicare or become eligible for Medicare prior to turning 65, you must complete the following steps:

1. Enroll in Medicare Parts A and B upon being notified of your eligibility.

2. Provide OPERS with a copy of your Notice of Award or documentation issued by the Social Security Administration (SSA) that includes all the information listed here. You may find this information by logging into your "my Social Security" account by going to www.ssa.gov/myaccount or calling 1-800-772-1213.

- The date that you were first notified that you were eligible for Medicare.
- Your Medicare effective date(s) of coverage.
- Your Medicare claim number.

3. Enroll in a Medicare medical plan through the OPERS Medicare Connector to receive a monthly HRA deposit.

Do you have a Health Savings Account (HSA)?

If so, learn how your HSA coordinates with Medicare and how to avoid tax penalties by reading ***Your HSA and Medicare Eligibility*** available at opers.org/health-care/resources.shtml.

OPERS Vision and Dental Plans

The OPERS vision and dental plans are optional coverage, so you have the choice to enroll or explore vision and dental coverage elsewhere. If enrolled, you pay the entire premium for these plans. OPERS does not subsidize your cost. Depending on your needs and location, there could be more suitable plans available outside of OPERS.

OPERS Vision Plan - 2026 Monthly Premiums			OPERS Dental Plan - 2026 Monthly Premiums		
Vision Coverage	Per Adult	Per Child	Dental Coverage	Per Adult	Per Child
High Option	\$4.64	\$3.59	High Option	\$39.03	\$23.18
Low Option	\$1.95	\$1.36	Low Option	\$23.16	\$14.07

If you are enrolled in one of the OPERS plans and decide to enroll in an a plan outside of OPERS, enrollment in the OPERS plans for you (and your eligible dependents) will NOT automatically terminate. **To terminate your OPERS coverage, you must complete and return the form sent within your this open enrollment packet or call OPERS during the open enrollment period, Oct. 15 through Dec. 15. Termination requests received after Dec. 15 will not be accepted.**

- You have two options of vision and dental coverage to choose from: High or Low. If you use a MetLife network provider, you will have less out-of-pocket expenses. If you don't use a MetLife network provider, you'll need to submit a claim form for reimbursement.
- 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 claims or reimbursement for which you will be responsible to repay.

If you are enrolled in a vision and/or dental plan with both OPERS and another insurance carrier, take some time to review your coverage needs to determine if both plans are needed.

Some individuals receiving a monthly OPERS benefit payment may be eligible to enroll in the optional OPERS vision or dental plans, even if they do not qualify for the Health Reimbursement Arrangement (HRA). Eligible benefit recipients may also enroll the following eligible dependents into the same plan and tier level as themselves.

1. The spouse of a primary benefit recipient.
2. A biological or legally adopted child of the primary benefit recipient who is under the age of 26 (regardless of marital status) or the minor grandchild of the primary benefit recipient 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.

Automatic Reimbursements

For your convenience, OPERS sends a notice of your paid premiums for all those enrolled in the vision and/or dental plan(s) to the OPERS Connector for automatic reimbursement from your HRA if funds are available. After you receive your first reimbursement, you can view and/or update your automatic reimbursement preference by logging into your account or by contacting Via Benefits at 1-844-287-9945.

Surviving spouses

If you receive a monthly benefit from OPERS as the surviving spouse of a deceased OPERS retiree or member, you may enroll in the OPERS vision and dental plans. You may also enroll only those dependents who would have been eligible dependents of the deceased retiree or member as defined on this page. Coverage is added on a prospective basis after the release of the first benefit and cannot be added retroactively.

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 claims or reimbursement for which you will be responsible to repay.

MetLife Vision and Dental Plans

MetLife Vision, administered by Superior Vision Network, and the MetLife Dental Plan are optional plans available to you and your eligible dependents. If you choose to enroll in a plan, the entire premium for this coverage will be deducted monthly from your OPERS benefit payment. For more detailed information about covered services and limitations, and to find a participating provider, refer to metlife.com/opers or call MetLife at **1-888-262-4874**.

Vision Plan Highlights

- ✓ Your plan offers coverage on eye exams. Even if you don't wear glasses or contacts, regular visits to your eye doctor may help contribute to your overall health.
- ✓ Your plan offers coverage on frames and lenses. Discounts are also available for polycarbonate (shatter-resistant) lenses, ultraviolet (UV) coating, scratch-resistant and anti-reflective coatings and progressive lenses.
- ✓ Choose from thousands of ophthalmologists, optometrists and opticians or popular retail locations. You can also access the top 50 retailers in network like America's Best Contacts & Eyeglasses, Costco Optical, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, VisionWorks, Walmart, Sam's Club and more¹.
- ✓ Shop at online in-network eyewear stores, including Glasses.com, ContactsDirect, 1-800-Contacts, Befitting.com and Warby Parker.
- ✓ **Laser Vision Correction:** Savings of 40 to 50 percent off the national average price of traditional LASIK are available at over 1,000 locations across the nationwide network of laser vision correction providers.²

If you choose an out-of-network provider, you will have increased out of pocket expenses, pay in full at the time of services and file a claim with MetLife for reimbursement. If your preferred provider is out of network, they can sign up for the network by visiting superiorvision.com/eye-care-professionals/join/apply/.

¹Please see Superior Vision by MetLife's provider directory for a full list of participating providers.

²Laser vision correction services administered by QualSight, LLC

MetLife[®]
metlife.com/opers
1-888-262-4874

Dental Plan Highlights

- ✓ Choose a dentist within the MetLife network to help reduce your costs³. Negotiated fees apply to in-network services and may apply to services not covered by your plan and those provided after you've exceeded your annual plan maximum⁴.
- ✓ You can also choose an out-of-network dentist, but your out-of-pocket costs may be higher. There are more than 473,000 participating Preferred Dentist Program dentist locations nationwide, including over 137,000 specialist locations. It is encouraged to have your dentist provide a printed 'Pre-treatment Estimate' prior to having services rendered.

Claims Details

- ✓ 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. The claim form can be found under Resources at metlife.com/opers or you can call MetLife.

³MetLife'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.

⁴Negotiated fees for non-covered services may not apply in all states. Plans in LA, MS, MT and TX vary.

For full vision and dental plan details please visit opers.org/pubs-archive/healthcare/coverage-guide/2026-Vision-and-Dental-Guide.pdf or scan the code here with your smartphone.

