

OPERS OPEN ENROLLMENT 2027



The information on the following pages will help you navigate the open enrollment period for 2027 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 2027, 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

my.viabenefits.com/opers

Via Benefits – Pre-Medicare

1-833-939-1215

marketplace.viabenefits.com/opers

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.

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 2027?

If you have questions or wish to change your medical plan for 2027, 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 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.

Open Enrollment Education

For more information about 2027 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.



THE OPERS HEALTH CARE PROGRAM



What OPERS Offers: The OPERS Health Care Program

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 (Via Benefits). **The information here is a summary of what is provided within the 2027 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.

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 Via Benefits, your eligibility for the HRA will also terminate.

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 HRA During a Re-Employment Period

If you make the decision to become employed in an OPERS-covered position as an OPERS benefit recipient, you will accrue monthly HRA deposits. However, you will never be able to receive reimbursement for expenses incurred during your re-employment period.

You must also inform your employer that you are receiving an OPERS benefit. Your employer must complete a *Notice of Re-employment or Contract Services of an OPERS Benefit Recipient* (Form SR-6) and submit the completed and certified form to OPERS by the end of your first month of employment.

Once re-employed, contact Via Benefits to stop any automatic premium or recurring reimbursements that have been set up to avoid a potential overpayment. You can track your Re-Employed Accumulated HRA balance within your OPERS online account.

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 opers.org.

Once your re-employment period ends, contact Via Benefits to discuss your coverage options.

The OPERS Connector, administered by Via Benefits

Via Benefits serves as the OPERS Connector for both Pre-Medicare and Medicare-eligible OPERS benefit recipients. Via Benefits is an experienced, informed, and unbiased Connector. 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.



Via Benefits

Medicare

1-844-287-9945

my.viabenefits.com/opers

Via Benefits

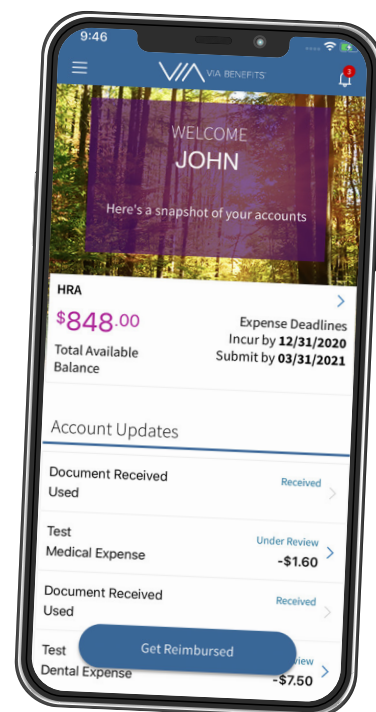
Pre-Medicare

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.



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 who are enrolled in a Medicare medical plan through Via Benefits. Please contact OPERS for more information and to obtain the *Medicare Part A Reimbursement Form* as soon as you are eligible.

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.

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.

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.

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

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.

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.

OPERS Vision and Dental Plans

The information on the following pages will help you navigate the open enrollment period for 2027 as an OPERS benefit recipient enrolled in the OPERS dental and/or vision plans.

The OPERS vision and dental plans are optional coverage. 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.

- **If you are enrolled the OPERS vision or dental plan and decide to enroll in 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 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.**
- **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.**

Eligible Dependents

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 age 26 (regardless of marital status), an incapacitated child who meets the plan's eligibility requirements for continued coverage, 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.

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.

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.

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.

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 Costco Optical®, Walmart®, Sam's Club®, Visionworks®, LensCrafters®, Target Optical® and more.¹
- ✓ Shop at online in-network eyewear stores, including Glasses.com®, ContactsDirect®, 1-800-Contacts®, LensCrafters®, Target Optical® and Warby Parker®.
- ✓ **Laser Vision Correction:** Savings of 20 to 35 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/.

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 thousands of general dentists and specialists within the MetLife network nationwide.

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.

³ 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.

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

MetLife®

metlife.com/opers
1-888-262-4874

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

² Laser vision correction services administered by QualSight, LLC

MetLife Vision Plan

Plan Options

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

2027 OPERS Vision Plan Monthly Premiums

Vision Coverage	Per Adult	Per Child
High Option	\$4.82	\$3.73
Low Option	\$2.03	\$1.41

2027 Vision Coverage

Coverage type	High Option		Low Option	
	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	Up to \$65 allowance	\$0 copay	Up to \$50 allowance
Contact lens fit and evaluation				
• Standard	Covered in full after \$17 copay	Applied to contact lens allowance	Covered in full after \$32 copay	Applied to contact lens allowance
• Specialty	\$50 retail allowance after \$17 copay	Applied to contact lens allowance	\$50 retail allowance after \$32 copay	Applied to contact lens allowance
Frames	\$140 retail allowance	Up to \$78 allowance	\$50 retail allowance after \$5 copay	Up to \$44 allowance
Lenses ¹				
• Single Vision	\$0 copay	Up to \$45 allowance	\$5 copay	Up to \$35 allowance
• Bifocals	\$0 copay	Up to \$60 allowance	\$5 copay	Up to \$55 allowance
• Trifocals	\$0 copay	Up to \$80 allowance	\$5 copay	Up to \$75 allowance
• Most premium progressives	\$55 - \$225 copay	Up to \$60 allowance	\$55 - \$225 copay	Up to \$55 allowance
Contact lenses	\$240 retail allowance	Up to \$228 allowance	\$200 retail allowance	Up to \$180 allowance
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.

¹ Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice.

MetLife Dental Plan

2027 OPERS Dental Plan Monthly Premiums

Dental Coverage	Per Adult	Per Child
High Option	\$44.46	\$26.40
Low Option	\$26.38	\$16.03

2027 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 Type C services.