

# OPERS OPEN ENROLLMENT 2027

## 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 in one of the OPERS plans 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.

### 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.**

### Open Enrollment Education

For more information about 2027 open enrollment, we have created a video tailored to those benefit recipients enrolled in or eligible for the OPERS Vision and Dental plans. 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](https://opers.org/health-care/open-enrollment).



# 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](https://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.<sup>1</sup>
- ✓ 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.<sup>2</sup>

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/](https://superiorvision.com/eye-care-professionals/join/apply/).

# MetLife®

[metlife.com/opers](https://metlife.com/opers)

1-888-262-4874

## Dental Plan Highlights

- ✓ Choose a dentist within the MetLife network to help reduce your costs<sup>3</sup>. 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 maximum<sup>4</sup>.
- ✓ 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](https://metlife.com/opers) or you can call MetLife.

<sup>3</sup> 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.

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

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

<sup>2</sup> 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

|                                       | 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                              | 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 <sup>1</sup>                   |                                        |                                         |                                        |                                         |
| • 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.

<sup>1</sup> 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<br>Dental Summary                                                                                                                                              | High Option                                 |                   | Low Option                                  |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------|---------------------------------------------|------------------|
| Coverage type                                                                                                                                                       | In-Network:<br>Preferred Dentist<br>Program | Out-of-Network:   | In-Network:<br>Preferred Dentist<br>Program | Out-of-Network:  |
| <b>Diagnostic and Preventive Care</b><br><b>Type A:</b> 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** |
| <b>Oral Surgery and Minor Restoration</b><br><b>Type B:</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** |
| <b>Major Services and Restoration</b><br><b>Type C:</b> 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*  |
| <b>Deductible†:</b>                                                                                                                                                 |                                             |                   |                                             |                  |
| Individual                                                                                                                                                          | \$0                                         | \$50              | \$50                                        | \$50             |
| Family                                                                                                                                                              | \$0                                         | \$100             | \$100                                       | \$100            |
| <b>Annual Maximum Benefit:</b> 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.