VIA BENEFITS™

2022 Enrollment Guide

Your Pre-Medicare guide to
funding and medical plan options

September 2021

OPERS

We're Here to Assist You

OPERS has partnered with Via Benefits Insurance Services (Via Benefits) to serve as your Pre-Medicare Connector. We are looking forward to supporting you now and in the future through the services we provide.

- ✓ Ensuring you understand your funding options and administering the OPERS Health Reimbursement Arrangement (HRA)
- ✓ Helping you find and enroll in a new individual or family medical plan
- ✓ Offering support and guidance throughout the year

Via Benefits makes it easy to use our services. You can sign into our website, speak to a licensed benefit advisor on the phone, or a little of both. You decide what works best for you. Here's how to contact us:

Online
marketplace.viabenefits.com/opers

By Phone
1-833-939-1215 (TTY: 711)
Monday through Friday,
8:00 a.m. to 9:00 p.m. Eastern Time

Go to **marketplace.viabenefits.com/about/privacy-policy** to access our privacy policy. If you have questions or concerns, please contact us.

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Schedule your enrollment appointment

If you haven't already, go online to **marketplace.viabenefits.com/opers** or call Via Benefits at 1-833-939-1215 (TTY: 711) to schedule your enrollment appointment. These appointments should happen any time during the Open Enrollment Period, which is **November 1, 2021, through December 15, 2021**.

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Who Is **Via Benefits?**

Via Benefits is a service that **helps you understand and navigate your individual and family medical plan options**. We're not a health insurance carrier, but rather an unbiased resource that will help you evaluate your choices. Think of us as your "coach" – offering advice and guidance regarding your funding arrangement and medical plan options throughout all the stages of your retirement.

Via Benefits operates a health insurance marketplace that offers a wide range of medical plans from the nation's leading health insurance carriers. The marketplace includes plans that are on healthcare.gov, as well as many other standalone plans, and plans that are offered through state-based exchanges. You can access our insurance marketplace by going to our website, speaking one-on-one with licensed benefit advisors in our US-based call center, or a little of both.

Via Benefits is also the **administrator of the OPERS Health Reimbursement Arrangement (HRA)**. We review and process your reimbursement requests, ensuring you get timely reimbursement for eligible expenses. You can manage your OPERS HRA easily on our website or mobile app.

Lastly, Via Benefits is your **year-round advocate**. Our team is available to support you with all types of issues and questions. From helping you evaluate your funding options, to working with you to understand and enroll in the right medical plan, to assisting you when you have matters to resolve with your provider, insurance carrier, or OPERS HRA, we're here to assist you!

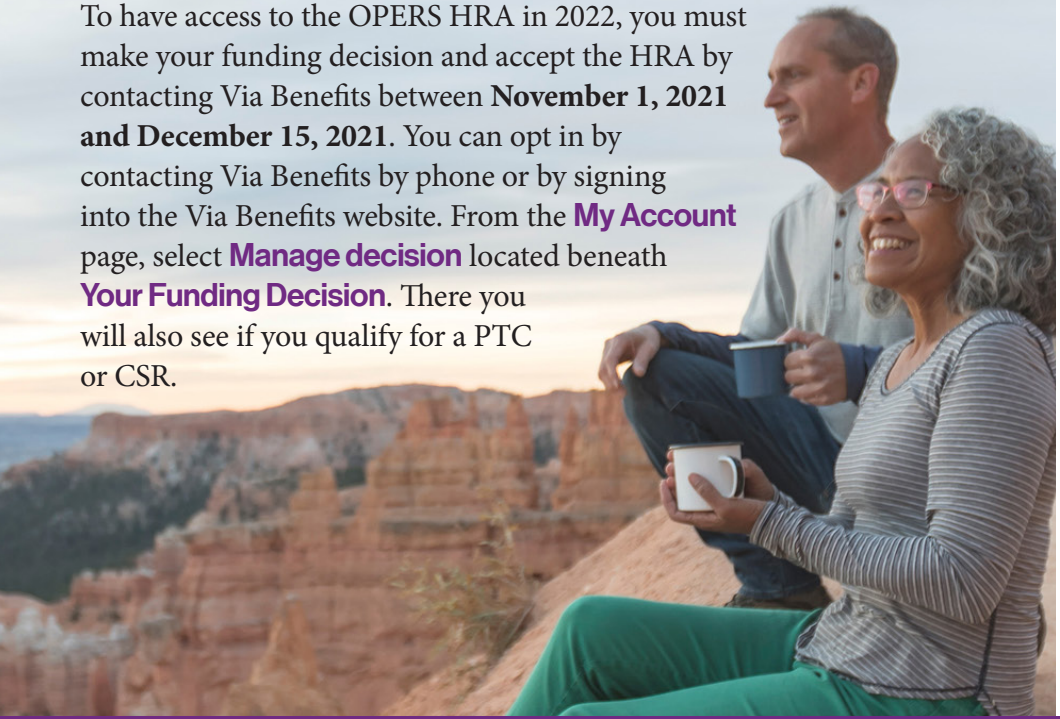
Your **Funding Options**

OPERS provides funding to you through a Health Reimbursement Arrangement (HRA). The OPERS HRA is an account you can use to request reimbursement for any eligible post-tax expenses you and your eligible dependents incur.

The HRA is funded by a monthly contribution from OPERS and is administered by Via Benefits. If you are eligible, you can find your OPERS HRA contribution amount on the letter that came with this guide or on your OPERS online account.

Depending on income level, some individuals may also be eligible for subsidies from the federal government in the form of a Premium Tax Credit (PTC) and/or a Cost Sharing Reduction (CSR). By law, you can't accept the OPERS HRA and get a PTC or CSR at the same time. If you're eligible for both, you'll need to decide which type of funding support works best for you. See page 9 for more details, and remember, we can help you evaluate your options.

To have access to the OPERS HRA in 2022, you must make your funding decision and accept the HRA by contacting Via Benefits between **November 1, 2021 and December 15, 2021**. You can opt in by contacting Via Benefits by phone or by signing into the Via Benefits website. From the **My Account** page, select **Manage decision** located beneath **Your Funding Decision**. There you will also see if you qualify for a PTC or CSR.

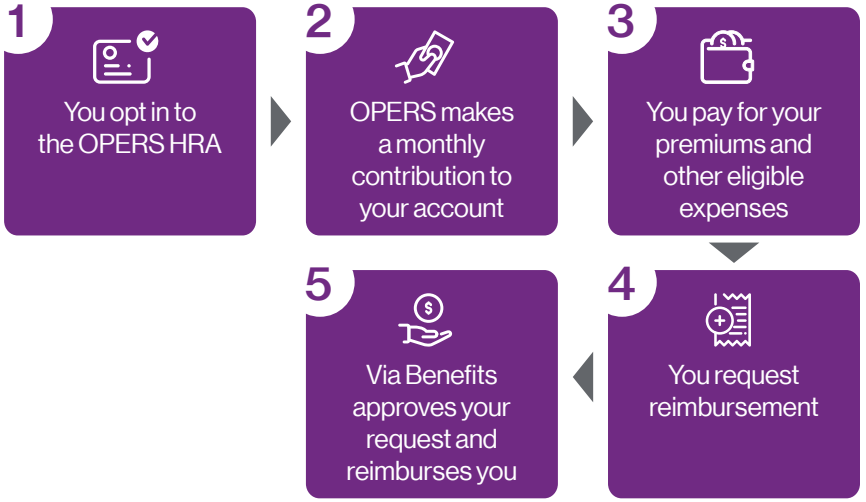


What happens after you opt in to the OPERS HRA

Via Benefits will establish your OPERS HRA and become the administrator of your account. This means we'll process your reimbursement requests, help resolve issues, answer your questions, and more. There is a monthly fee of $2.60 for administration of the OPERS HRA, which will be withdrawn from the account each month.

Unlike the OPERS Pre-Medicare group plan, monthly premiums for your new plan in 2022 will not be deducted from your pension benefit. You must pay your premiums and out-of-pocket expenses first and then request reimbursement from your OPERS HRA. Once your request is approved, the money will transfer from your OPERS HRA into your personal bank account.

OPERS requires that you receive any reimbursements from your HRA by direct deposit. This means you must provide bank account information to Via Benefits to receive your reimbursements. As a convenience to you, OPERS provides Via Benefits with the bank account information in which you receive your monthly pension benefit, but if you need to add or update your bank account information, you can do so on our website or by mail. More information on how to set up direct deposit will be provided after you opt in to the OPERS HRA.



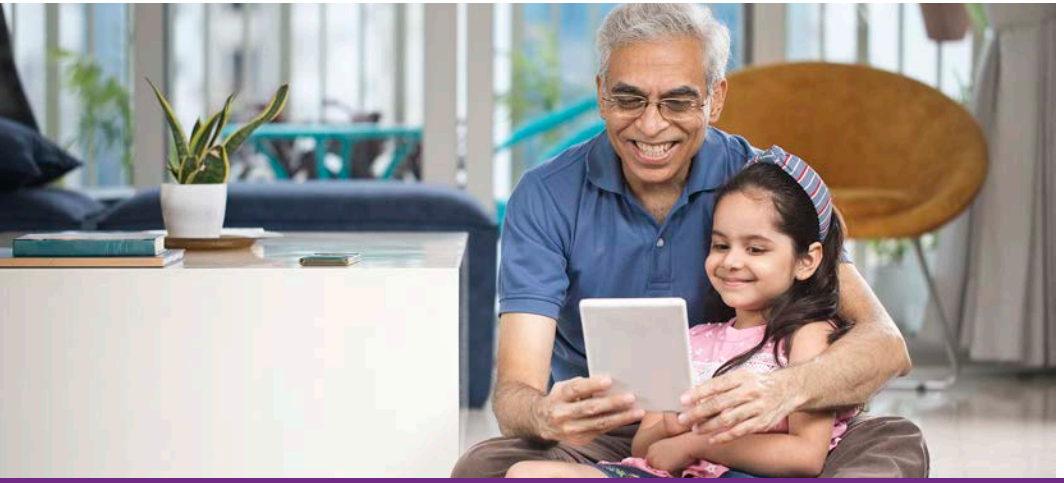
Via Benefits makes it easy to manage your OPERS HRA

Reimbursing yourself from your OPERS HRA is safe, quick, and easy when you use Via Benefits' online tools or mobile app.

After you accept your funding by opting in to the OPERS HRA, you'll receive a **Getting Reimbursed Guide** in the mail containing more details. The guide will include instructions on accessing your account, how to submit expenses for reimbursement, and a list of eligible expenses. You can find additional educational resources on **opers.org** under the **Retired Members** menu by selecting **Education Resources**. In the meantime, if you have questions, a Via Benefits representative will be happy to answer them.

When you become Medicare-eligible

As a Pre-Medicare Benefit Recipient, you are not required to enroll in a medical plan through Via Benefits to receive contributions to your OPERS HRA or receive reimbursements. However, you will be required to do so once you become Medicare-eligible. This is a good reason to begin your relationship with Via Benefits now.



Deciding between the OPERS HRA and a federal subsidy

Depending on your income level, you may be able to lower your monthly costs if you qualify for a federal subsidy in the form of a Premium Tax Credit (PTC) or Cost Sharing Reduction (CSR). If you qualify, you will need to decide whether it is more advantageous to you to accept your funding from OPERS by opting in to the HRA or by taking a federal subsidy. **By law, you are not allowed to have an HRA and federal subsidy at the same time.**

Via Benefits can help you understand the difference between your funding options and help you make your selection.

What is a Premium Tax Credit (PTC)?

A tax credit that lowers your monthly premium. It is based on both household income and family size, and is paid by the government directly to the health insurance carrier.

What is a Cost Sharing Reduction (CSR)?

A feature of certain plans that lowers what you pay in out-of-pocket costs like deductibles, copayments, and coinsurance. If you qualify, you can get these extra savings only if you enroll in a plan from the Silver category.
(See page 24 for Silver plan details.)

Qualifying for a federal subsidy

The following table outlines the annual household income levels required to qualify for a PTC or CSR in Ohio in 2022. Qualifying income levels vary by state. For income levels outside Ohio, contact Via Benefits.

- Between $17,774 - $51,520 for individuals
- Between $24,039 - $69,680 for a family of two
- Between $36,570 - $106,000 for a family of four

If your income is:	Then:
Higher than these amounts...	You will probably not qualify for a PTC or CSR*
Within these amounts...	You may qualify for a PTC and CSR
Lower than these amounts...	You may be eligible for other government programs, like Medicaid or the Children's Health Insurance Program (CHIP) for your children. Call Via Benefits to discuss your options.

*The American Rescue Plan Act has temporarily expanded eligibility for PTCs in 2022, so if your income is above the ranges shown above, you may still qualify.

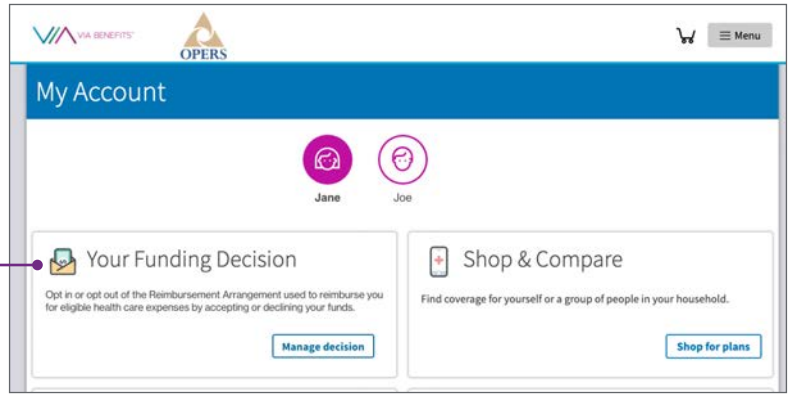
Steps to take

1. Determine if you qualify for any of these programs. To do this on our website, create a Via Benefits online account if you haven't already (see page 38 for instructions). Sign in and select **Your Funding Decision** from **My Account**. (This box only appears if you're eligible for funding.) You can also call Via Benefits and a licensed benefit advisor will be able to help confirm if you qualify. Have your projected 2022 annual income ready when you call (you may wish to refer to your most recent W-2 or 1099).
2. If you qualify, compare the estimated monthly amount to the monthly amount of your HRA (if available to you).
3. Once you have reviewed your options, you can record your decision through the Via Benefits online account or by calling Via Benefits.

Important considerations

Please be aware of these important considerations if you choose to receive a PTC and/or CSR instead of the OPERS HRA.

1. **You could lose eligibility for a PTC and/or CSR mid-year.** If you elect to receive a PTC and/or CSR and then during the year become ineligible, you will no longer receive them. If that happens, contact Via Benefits. A licensed benefit advisor can help you understand your options. A couple reasons you could become ineligible are:
   - Your household income increases during the year
   - You entered incorrect assumptions and it was later found that you do not qualify
2. **You will be required to reconcile your PTC at year-end by completing and filing government-provided tax forms.** You will receive Form 1095-A from the federal government in order to complete and file Form 8962.



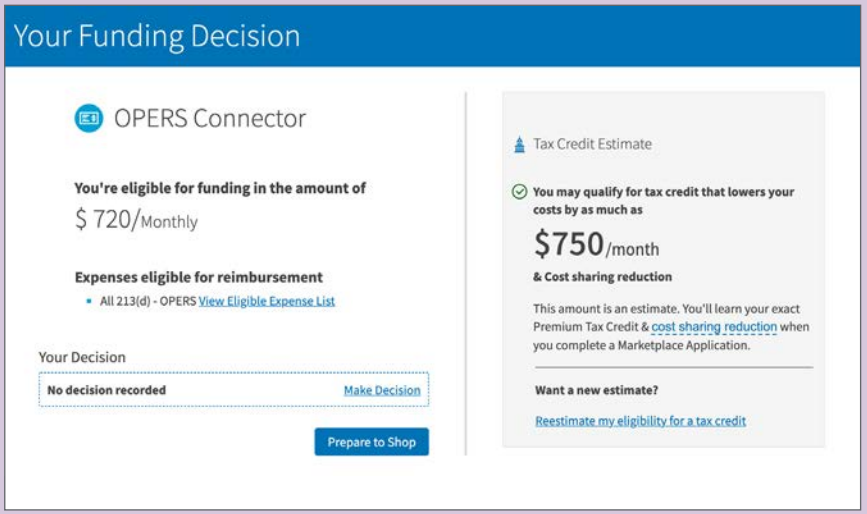
*Your **My Account** page is personalized for you and your situation at the time you sign in. It may look slightly different than above.*

HRA or PTC?

Meet John. He's age 63, lives in Morgan County, Ohio and has an income of $37,000. He goes to **marketplace.viabenefits.com/opers** and adds information into the search tool including his ZIP code, 2022 income estimate, and tax dependents.

The **Your Funding Decision** section of the site lets him know he is eligible for both the OPERS HRA and the PTC.

John will now compare his OPERS HRA of $720 per month with a PTC of $750 per month. Though the PTC is higher, he's thinking of taking a part-time job next year and knows his income may increase. He decides he would rather opt in to the OPERS HRA than take the PTC and potentially become ineligible for it during the year.



Coming soon!

OPERS HRA and PTC information will be available on **marketplace.viabenefits.com/opers** beginning **November 1, 2021**. If you would like to learn more before November 1, please call Via Benefits.

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Remember, the law does not allow you to have an HRA and PTC at the same time. If you accept both, you may be required to pay a penalty to the government. See details on page 40 to make sure you avoid this.

Your New Medical Plan

While your OPERS Pre-Medicare group plan was established and maintained by OPERS, an individual or family medical plan is one you will buy on your own. This means you're in the driver's seat. You choose the level of coverage, type of plan, and insurance carrier that will meet your current and evolving needs. You'll also have more choice in what you pay in premiums. You can choose a plan with a higher premium in exchange for lower costs at the time you need care. Or, you can choose a plan with lower premiums with the understanding that you may have higher costs during the year when you need care.

Using Via Benefits means you'll have access to the widest variety of plans available in your area, all in one place for easy evaluation. Via Benefits offers plans across the country from healthcare.gov, state-based exchanges, and private insurance carriers directly.

Via Benefits is your one-stop shop

There's no need to go to different resources to shop around – with Via Benefits, you have access to all your eligible plans in one place!

Create your online account

To get started, sign in or create your Via Benefits online account. To create an account, follow these steps.

- Visit **marketplace.viabenefits.com/opers** and select **Sign Up**
- Under **Create an account**, provide all the information requested
- After creating your account, sign in with your email address and password
- If asked to verify your account, follow the on-screen directions; your **My Account** page appears

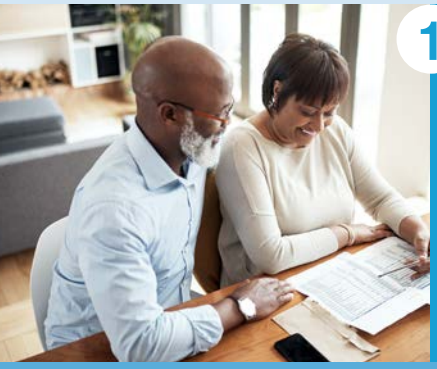
For more information on signing into your online account, see page 38 or call us for assistance.

Watch this!

Want more information? Go to **marketplace.viabenefits.com/opers** to watch short, educational videos on topics like individual and family plan options, HRA vs. the federal subsidy, and aging into Medicare.

Three Steps to Enrollment

Once you've considered your funding options, and opted into the OPERS HRA if that's your decision, it's time to enroll in a individual or family medical plan. Via Benefits uses the three-step approach of **Prepare, Review, Enroll**. If you have questions or need help with any of these steps, simply call us at 1-833-939-1215 (TTY: 711). We're here to assist you!



1

PREPARE

Collect your information and think about your needs

REVIEW

Review the different types of medical plans

2

3

ENROLL

Shop and enroll in a plan

Step 1: PREPARE

Even though you won't be able to enroll until **November 1, 2021**, you can take some steps now to get ready. By getting started now, you will have a quicker enrollment experience because the information you gather will help us narrow down your plan options based on your needs.

Take time to consider:

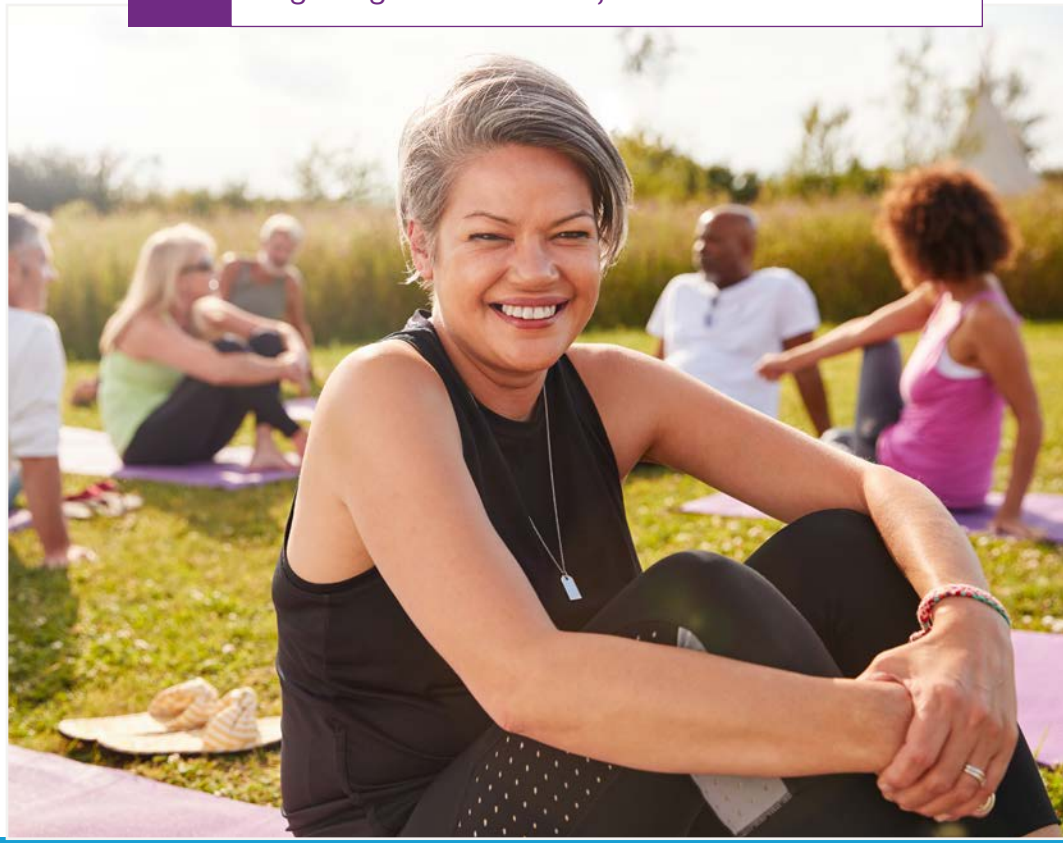
- **Your medical needs** – Do you or does someone in your family have a chronic condition, like asthma, diabetes, or heart disease? Understanding what services and care you might need for the coming year will help you decide which plan type is right for you. **It's important to know that due to the Affordable Care Act, you can't be denied coverage based on any pre-existing condition.**
- **Your doctors** – Do you or your family have a primary care physician or specialist that you'd like to continue seeing? Do you have any upcoming treatments or surgeries planned? If there are specific providers or facilities you want to use, you'll want to check if they're in the network of the plan you select.
- **Your prescription drugs** – Are there prescription drugs you take on a regular basis? Do you take any specialty drugs? If you do, you'll want to check if those drugs are included in the plan's preferred drug list. Finding plans with no or a low prescription drug deductible may be important.

Via Benefits can help you factor these considerations into your new plan selection. By collecting the information on the following page, you'll make it faster and easier to find the best plan for you and to complete your enrollment.

Type of information	What you need
Personal information Helps us identify you and your eligible plans	☐ Your legal name ☐ Phone number ☐ Email address ☐ Mailing address ☐ Social Security number
Provider information Helps us find a network with your providers	☐ Doctor names and addresses (primary doctors and specialists) ☐ Hospital and/or outpatient facility names and addresses ☐ Pharmacy names and addresses
Answers to personal preferences Helps us find the right plan for you	☐ Do you want to keep your current doctors? ☐ How many doctors or specialists do you see and how often? ☐ Do you have any medical conditions or upcoming treatments? ☐ Do you require routine care — such as physicals, mammograms, or prostate tests — while away from home? ☐ Are you willing to pay higher copayments and deductibles if it means you can pay lower premiums? ☐ Do you travel frequently or have a home in another part of the country?

Type of information	What you need
Prescription information Helps us find a plan that includes your prescription drugs	☐ Drug name and dosage ☐ Quantity per 30-day period *You can find this information on the medication label. Remember to include your mail order medications.*

! Note that insurance plan prices vary by state and insurance carrier. Cost information for 2022 plans can be found on **marketplace.viabenefits.com/opers** beginning on **November 1, 2021**.



What if I'm under age 65 but Medicare-eligible due to a disability?

If you or an eligible dependent is Medicare-eligible due to a disability, we'll help you enroll in an appropriate Medicare plan. When enrolling, you must complete the following steps:

1. Enroll in Medicare Part A and B upon being notified of your entitlement
2. Provide OPERS with a copy of your Notice of Award or documentation issued by the Social Security Administration (SSA) that includes all of the following information:
   - The date that you were first notified that you were entitled to Medicare
   - Your Medicare effective date(s) of coverage
   - Your Medicare claim number
3. Enroll in a medical plan through Via Benefits to receive a Medicare monthly HRA contribution

If you're eligible for a monthly HRA contribution from OPERS and are Medicare-eligible, the contribution will reflect the Medicare amount instead of the Pre-Medicare amount.

Failure to notify OPERS of your entitlement to Medicare within 30 days of being notified by the Social Security Administration may result in retro-termination of the OPERS HRA deposits. A retro-termination means you may be required to repay all HRA reimbursements you have received since you were first entitled to Medicare.

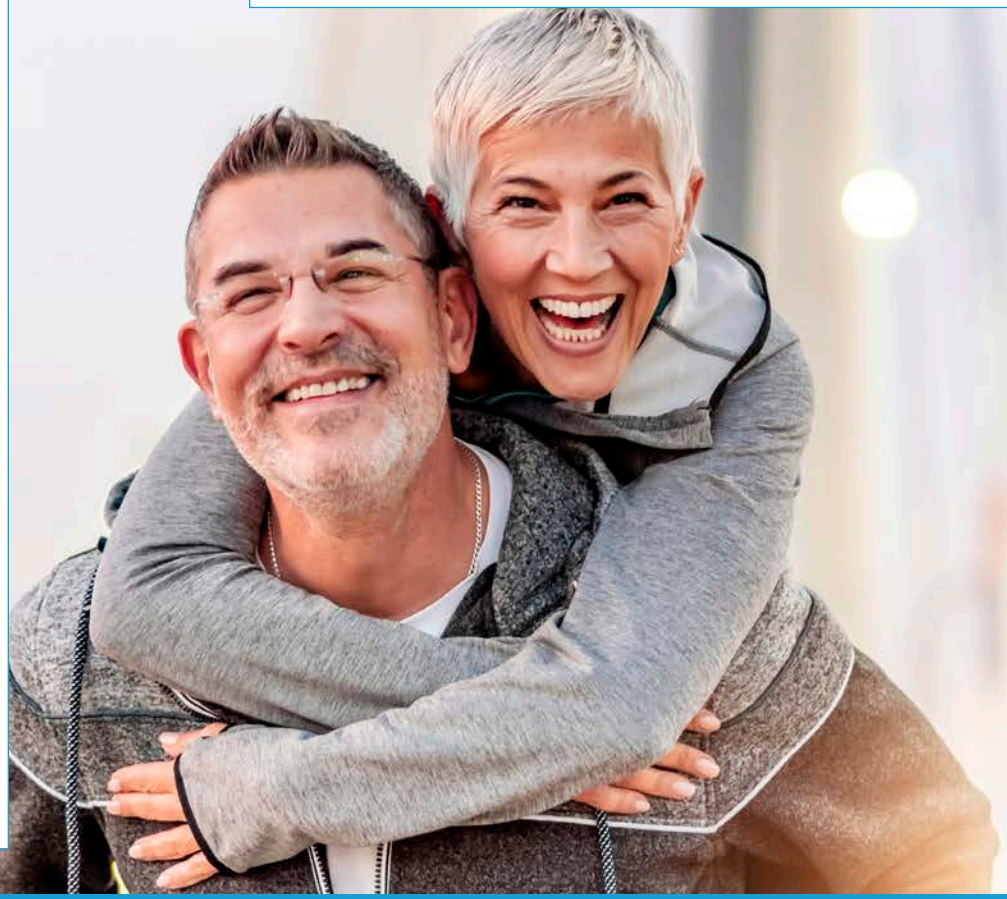
Important: Once you are Medicare-eligible, you are required to enroll in a Medicare plan through Via Benefits to continue receiving Medicare HRA contributions from OPERS.

Is your spouse Medicare-eligible?

Via Benefits has been helping OPERS Benefit Recipients enroll in Medicare plans since 2016. Now you can both use Via Benefits to help find the right plan. Note, however, that Medicare plans are different from individual and family plans and you will need to enroll in separate plans.

Terms to know

Access health insurance-related terms and educational articles and videos at **marketplace.viabenefits.com/opers**.



Step 2: REVIEW

In this step, we'll help you understand your individual and family medical plan options and how they work.

Getting to know the characteristics of different plan types will help you narrow down your choices.

Reviewing Individual and Family Plan Options

First, it's good to know a few basics about how medical plans are designed. Medical plans will:

- **Cover essential health benefits** required by law. These include services like preventive care, emergency care, outpatient care, hospitalization, mental health care, and prescription drugs.
- **Have a provider network that includes doctors and other health care providers.** These doctors and providers have agreed to see members under certain rules, including billing at lower rates. **Almost all plans available to you will require that you use in-network providers in order for the service to be covered** (most available plans won't cover out-of-network services, except in emergencies).
- **Pay different amounts of your medical expenses.** A plan that pays a smaller percentage of your expenses will have a lower monthly premium, while a plan that pays more of your expenses will have a higher monthly premium.
- **Require a "deductible."** Just like your car insurance, most plans require you pay a set dollar amount before the plan makes payments. If you cover more than just yourself, there are different ways the deductible might work. See the next page for details.
- **Require cost sharing.** Once you've met your deductible, you'll likely be required to pay a portion of the cost of services through coinsurance or copays.

Deductible Types

If you elect a family plan, there are two ways the deductible could be calculated:

- **Embedded approach:** Each member of your family has an individual deductible to meet. If any one of you meets the individual deductible, the plan starts paying coinsurance for that person. If expenses for two or more of you reach the family deductible, all of you are considered to have met the limit and then the plan will begin paying its share of eligible expenses for the whole family for the rest of the year.
- **Aggregate approach:** As a family, you have one family deductible that applies to all of you. When one, or a combination, of you has expenses that meet the family deductible, it is considered to be met for all of you. Then, the plan will begin paying coinsurance for the whole family for the rest of the year.

You may want to look for a plan with a specific deductible type based on your particular situation and needs. Call Via Benefits to help you understand which approach might be best for you and how to find the right plan.

Plan categories

There are four categories of individual and family insurance plans: Platinum, Gold, Silver, and Bronze. These plans differ based on how you and the plan share the costs of your care, but not on the amount or quality of care you receive. Not all plan levels are available in every area. Via Benefits will help you discover what plans are available in your location.

Platinum

You Pay (on average).....10%	**Plan Pays** (on average).....90%
Premiums.....$$$$	**Out-of-Pocket Costs**.....$

Gold

You Pay (on average).....20%	**Plan Pays** (on average).....80%
Premiums.....$$$	**Out-of-Pocket Costs**.....$$

Silver

You Pay (on average).....30%	**Plan Pays** (on average).....70%
Premiums.....$$	**Out-of-Pocket Costs**.....$$$

Bronze

You Pay (on average).....40%	**Plan Pays** (on average).....60%
Premiums.....$	**Out-of-Pocket Costs**.....$$$$

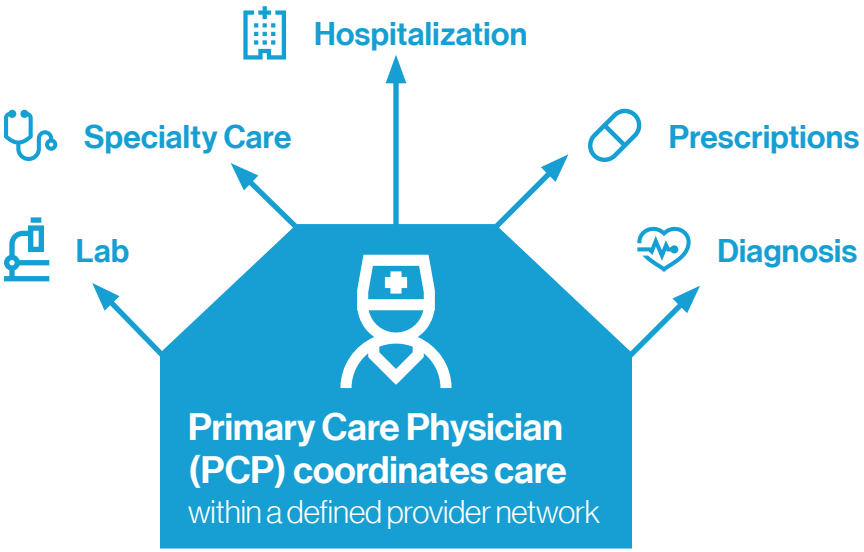
Weighing your plan options

Within these plan level categories, you may have different plan types to choose from, like a Preferred Provider Organization (PPO), a Point of Service Plan (POS), and a Health Maintenance Organization (HMO). If you reside in Ohio, the majority of plans available to you will be HMOs.

HMOs only pay for care you get within its network of doctors and hospitals, except for emergency care. HMOs sometimes require you to have a primary care physician (PCP) that coordinates your care for services and makes referrals to specialists. The insurance carrier determines which providers you can see based on their network status.

In some markets, you may have PPO or POS plans available to you that allow out-of-network coverage. Be aware if you enroll in one of these types of plans, you will likely pay more to see providers outside the network.

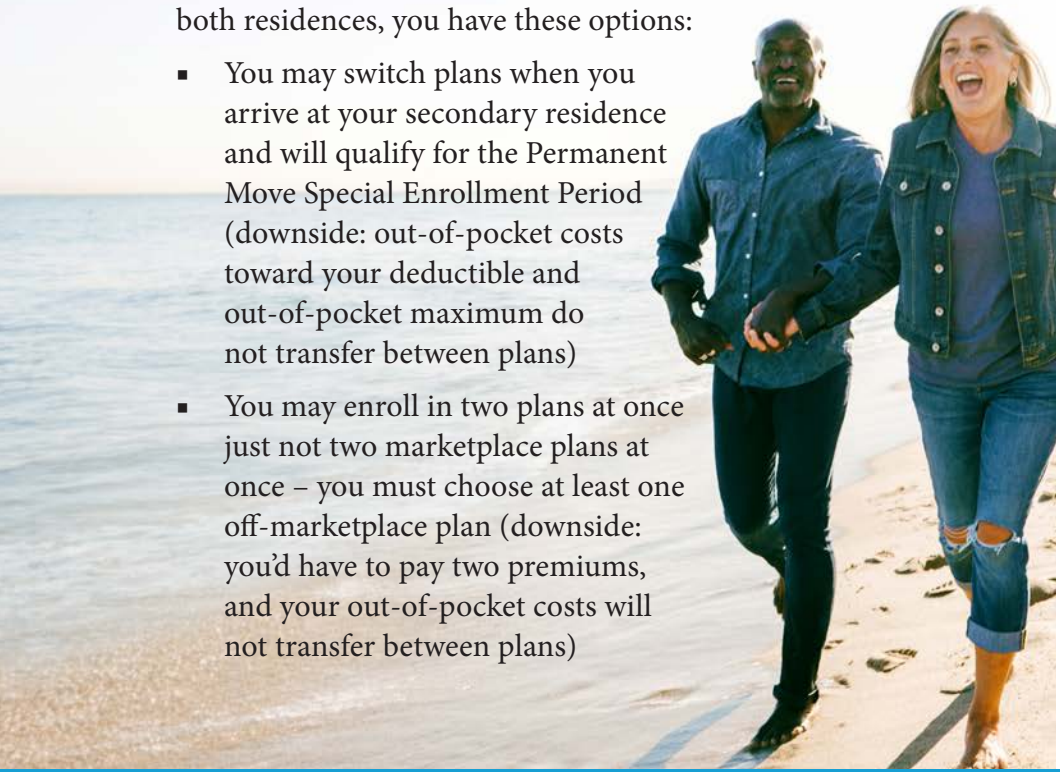
How an HMO works



Snowbirds take note

If you live in more than one state during the year, you'll want to keep the following in mind:

- If available, a PPO might be your best option since you can see out-of-network providers
- Your plan will cover care at in-network rates for true emergencies regardless of where you are
- You are unlikely to find individual plans with national plan networks (but you may find a plan that contains a national pharmacy network)
- Look for a plan in the region where your primary providers are
- You may be able to use your regular provider's telehealth options when traveling
- If you prefer to have access to in-network providers near both residences, you have these options:
  - You may switch plans when you arrive at your secondary residence and will qualify for the Permanent Move Special Enrollment Period (downside: out-of-pocket costs toward your deductible and out-of-pocket maximum do not transfer between plans)
  - You may enroll in two plans at once just not two marketplace plans at once – you must choose at least one off-marketplace plan (downside: you'd have to pay two premiums, and your out-of-pocket costs will not transfer between plans)



Prescription Drugs

All available individual and family plans will provide prescription drug coverage, but there are a few things to understand before choosing your plan:

How does the deductible work?

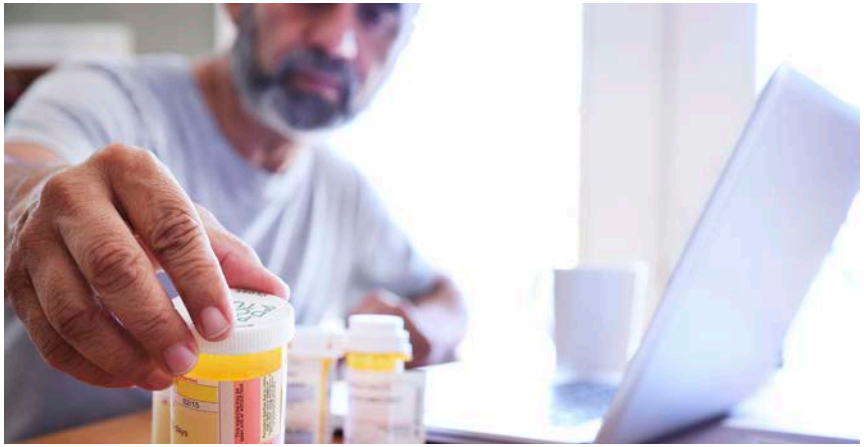
Some plans will have one combined plan deductible for medical and prescription drugs. In these plans, you must meet your full medical deductible before coverage for prescription drugs begins. Other plans will have separate medical and prescription drug deductibles. This is an important consideration for those with higher prescription drug needs.

Do I have to use a certain pharmacy?

Most plans will only allow you to use their in-network retail pharmacies and will have a home delivery program for mail order. Make sure you pick a plan that includes pharmacies that are convenient for you.

What's the cost after the deductible?

Once you meet the deductible, the amount you pay in coinsurance or copays generally depends on if the drug is classified as a generic, preferred brand drug, or non-preferred brand drug. See the next page for details.



Generic Drugs

- Same active ingredients, strength and dosage as the brand-name counterpart
- Safe and effective
- Lowest cost category

Preferred Brand Drugs (Formulary)

- On plan's preferred drug list (or "formulary")
- Higher cost than generics, lower cost than non-preferred brand

Non-Preferred Brand Drugs (Non-Formulary)

- Not on plan's preferred drug list (or "formulary")
- May require pre-approval
- Most expensive category

What about specialty drugs?
These drugs treat complex or rare chronic conditions. Some plans may have limits on the amount of specialty drugs you can fill at once or may require you fill the prescription through a designated specialty pharmacy.

Meet Ana. Ana uses prescription drugs to treat a chronic condition. She knows the costs of her drugs are high, and she wants to pick a plan that will be most affordable. What should Ana look for?

- ✓ Find a plan that either has a lower combined medical/prescription drug deductible, or one that has a separate prescription drug deductible
- ✓ Make sure her drugs are included on the plan's formulary
- ✓ Make sure the pharmacy she uses is in-network; or use the plan's mail order pharmacy to lower her costs
- ✓ See if generic drugs are available instead of any brand-names she might be taking
- ✓ Check if there are any manufacturer's coupons available that can also lower her costs

Additional Plan Options to Help Manage Your Health Care

In addition to traditional medical plans available through Via Benefits, we also offer other types of plans that might be right for you. These include **short-term medical plans** and **supplemental health plans**.

Short-term medical plans

Short-term medical insurance won't be right for everyone, but can be a good fit for some retirees who are between the ages of 62 and 65 and are looking for lower cost coverage. Short-term medical insurance is designed to bridge the gap in health care coverage during a period of transition, including the time between retirement and Medicare eligibility for early retirees.

How does it work?

Short-term medical plans are customizable, allowing you to select different levels of benefits to align coverage with a variety of needs and budgets. Just like traditional medical plans, they have coinsurance, a deductible, and may have benefit limits.

In addition to being less expensive, short-term insurance plans don't have provider restrictions, so you can use any doctor and hospital.

While these plans don't meet the minimum essential benefits of the Affordable Care Act (no preventive care coverage, no unlimited lifetime maximum, etc.), short-term medical plans are considered creditable coverage under the law.

Advantages	Disadvantages
▪ Lower premiums ▪ No waiting periods ▪ No provider restrictions (i.e., no "network" of providers) ▪ Customizable ▪ Post-tax premiums are reimbursable from your OPERS HRA	▪ No (or limited) preventive care coverage ▪ No coverage for pre-existing conditions ▪ Limits on annual and lifetime coverage ▪ Balance billing (you pay 100% above what the plan allows) ▪ Not eligible for PTCs or CSRs ▪ Not guaranteed issue (you may be charged more or denied coverage based on your health)

Bottom line: Short-term health insurance can make sense for Pre-Medicare retirees in generally good health who are looking for protection against unexpected medical bills (like hospital care or surgeries). Especially when coupled with supplemental benefits (next page), these plans can give you the coverage you need at a lower cost.

Supplemental health plans

Supplemental health plans are a great way to get added protection and peace of mind. Hospital stays, accidents, and unforeseen illnesses are all things we'd rather not think about — but life happens. It's smart to think ahead, and that's where supplemental health insurance can really help.

Supplemental health insurance helps you save money

All medical plans have deductibles – some as high as several thousand dollars – along with copays and coinsurance that can be burdensome. Plus, there can be hidden expenses with a major medical event, like home care services and durable medical equipment. Supplemental health insurance is a cost-effective way for you to manage these often unexpected out-of-pocket costs.

How does it work?

Supplemental health insurance policies pay a cash benefit to you for covered accidents or illnesses, or if you need hospital care. They work independently of your medical plan and are paid directly to you, allowing you to spend the money in the way you need it the most. This can lighten the financial burden of medical care and allow you to focus on your recovery.

There are different types of supplemental health plans including those that specifically provide coverage for certain accidents, critical illnesses, and hospitalizations. Some examples of what's covered by these plans are: burns, fractures, dislocation, heart attacks, strokes, cancers, and hip or knee replacement surgeries.

Not all major medical care is unexpected

If you're planning a procedure or surgery in the coming year, a supplemental health plan that covers hospitalizations can be a smart idea. Use the cash benefit to help pay for your deductible, coinsurance and/or medications.

Premiums for these supplemental health plans vary, but are typically about $40-$50 a month. Per IRS guidelines, you cannot use your OPERS HRA to reimburse yourself for premiums for these plans.

Considering a high deductible health plan?

High deductible health plans can be a great way to save money on premiums, especially if your expected health care needs are low. But unexpected costs due to an accident or illness can make it intimidating to choose a high deductible health plan. Supplemental health plans provide protection from large out-of-pocket costs and can help make enrolling in a plan with a higher deductible (and lower premiums!) an easier choice.

Call Via Benefits for more information

You can only enroll in short-term medical insurance and supplemental health plans by speaking with one of our licensed benefit advisors. You cannot elect these plans online. Be sure to mention this in your enrollment appointment to see which plan works best for you.

Step 3: ENROLL

There are two ways to shop for and enroll in a new plan:

1. You can speak with a licensed benefit advisor by telephone, by video conference, or in person
2. You can complete the process on your own with our user-friendly, online tools

We'll go through each method on the following pages.

Shop and enroll with a licensed benefit advisor

1. Schedule an enrollment appointment

If you haven't yet scheduled your appointment, make sure to do that now. You can speak with a licensed benefit advisor by telephone, by video conference, or in person at the OPERS office located at 277 East Town St. in Columbus. When scheduling, think about the right timing:

- Your enrollment appointment should happen before your enrollment deadline. Remember, Open Enrollment is from **November 1, 2021, through December 15, 2021**.
- The appointment itself will take one to two hours if you're enrolling just yourself. To schedule an appointment with a licensed benefit advisor by telephone, by video conference, or in person at OPERS in Columbus:
  - Visit **marketplace.viabenefits.com/opers** and scroll to the **Important Information** section; select the link for the type of appointment you'd like to book, or
  - Call Via Benefits at 1-833-939-1215 (TTY: 711)

You'll be asked to create a password when you register for your online account. Make sure you record it for future reference.

- If you would rather not make an appointment, call us at your convenience during business hours in the Open Enrollment Period to enroll by telephone. Please note, you will have a longer wait if you do not make an appointment.
- Have your credit card or bank information available to complete your enrollment. Some insurance carriers require the first month's premium payment during the application process.

2. Prepare for your appointment

To save time during your appointment, it will help if you complete your Personal Profile online and have the information you collected in Step 1 (see page 18) readily available.

Please be aware that if you are shopping on our website, you may be asked to re-enter your doctors or prescription drugs in the process of searching for medical plans.

Getting a head start

Via Benefits wants to make sure you're ahead of the game when it comes time to enroll. To ensure you understand the types of plans available, we will offer pre-enrollment education to you when you call to make your enrollment appointment, or through an outbound call from one of our licensed benefit advisors.

3. Enroll in a plan

If your appointment is by phone, you must call Via Benefits at your scheduled time. Licensed benefit advisors will join as soon as possible but at times may be running long with an earlier call. During periods of longer wait times, you have the option of using our "virtual hold" functionality. That means that you can opt for the licensed benefit advisor to call you back as soon as possible. Virtual hold is not available for video conference enrollment appointments.

Your licensed benefit advisor will walk you through your options and give you all the information you need to choose the plan that's right for you, based on your medical and financial needs. If you haven't yet made your funding decision, your licensed benefit advisor can help you with that as well at this time.

Please note: you will be asked to confirm if you agree to discuss Pre-Medicare plan options with us. You must confirm to receive assistance from a licensed benefit advisor.

For your convenience, you will only have to speak with one licensed benefit advisor during your appointment.

After you complete your enrollment, you can go to the **My Account** section of our website and select **Applications and Policies** to track your application's status.

Regulations to protect you

For your protection, we closely monitor the sale of individual and family plans. During your appointment, you may be required to do the following:

- **Repeat your personal information:** We are required to record your personal information when you enroll in a plan. Even if you've already provided it, the purpose is to protect you and make sure your application is correct.
- **Listen to recorded messages about the plan you select:** The recorded messages are the "fine print" — the terms of the policy for which you are applying. They are for your protection and required by the insurance carrier and/or your state's Department of Insurance. Please note, everything you agree to via the recorded message can be sent to you in writing via mail or email.

For those residing in Massachusetts, Rhode Island, and Vermont

Via Benefits will be able to support OPERS Pre-Medicare retirees residing in Massachusetts, Rhode Island, and Vermont with general medical plan decisions and may be able to show price quotes. However, due to state regulations, we will not be able to complete the enrollment on your behalf, but we can guide you on next steps.

You will still need to contact us to opt in to the OPERS HRA, if eligible.

Shop and enroll online

If you want to shop and enroll online, Via Benefits gives you that option. To get started, you'll need to create an online account.

1. Create your Via Benefits account online

- Go to **marketplace.viabenefits.com/opers**, make sure the **Individual and Family** tab is selected
- Select **Sign Up**
- Under **Create an account**, provide all the information requested and follow the onscreen directions
- When you sign up for the first time, you will need to verify your email address

2. Sign into your online account

After your account has been created, follow this process to sign in each time.

- Go to **marketplace.viabenefits.com/opers**
- Select **Sign In**
- Type your email address and password
- Select **Sign In**; your **My Account** page appears

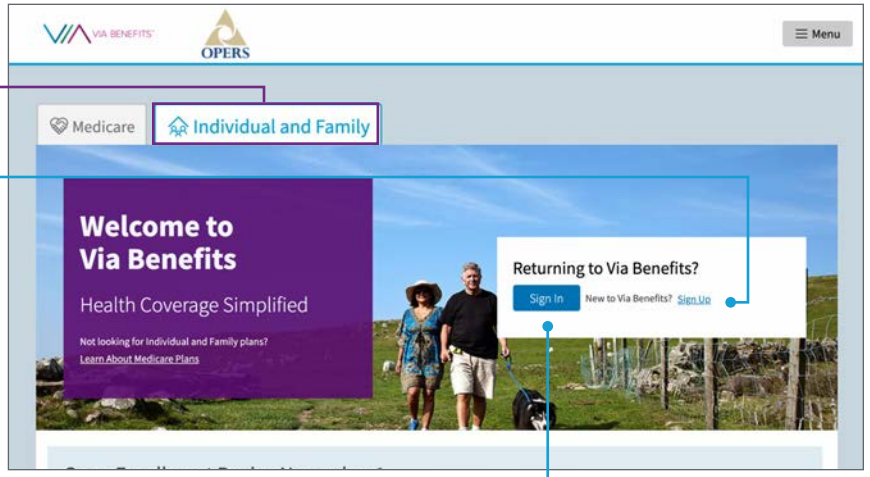
If asked to verify your account, choose whether you want to receive a text message with a code or a phone call. Verifying your account is a two-step process, which provides an added layer of security for your personal information. When prompted, select **Text Me** or **Call Me**.

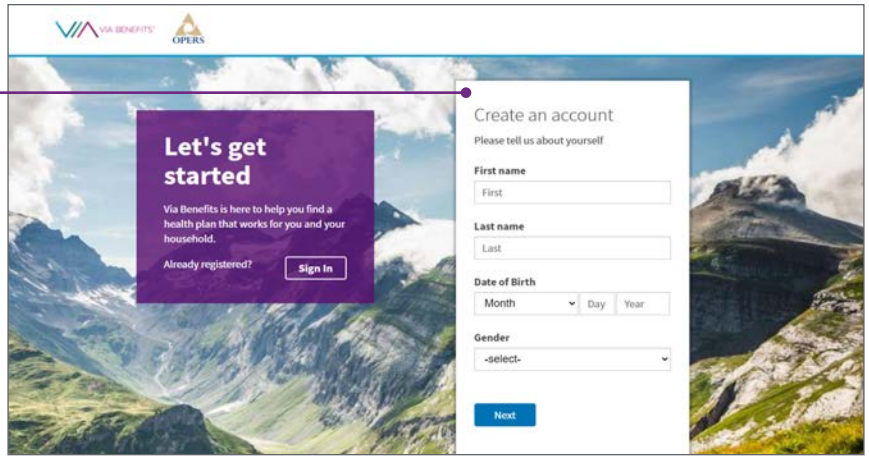
Text Me: A verification code will be sent to your mobile phone

- Type this code into the **Enter code box** on your computer screen

Call Me: A call will be made to your phone

- Follow the voice prompts and select the number requested on your phone keypad





You're required to verify your account each time you sign in, unless you select **Remember my device**. Selecting **Remember my device** allows you to skip verification for 30 days, if your web browser allows it. Only select this option if you're using a trusted computer.

3. Update your personal profile

Next, add or confirm the information in your **Personal Profile**. This will make it easier to narrow down your options and find the right plan.

- Be sure you're in the **My Account** section of the website. Select **Go to profile** which is located beneath **Personal Profile**
- When you first look at your **Personal Profile**, you may see that some information has already been filled in, such as your address. This information was provided by OPERS; please make sure it's correct since we will use this to help identify your plan options
- Please be aware if you are shopping on our website, you may be asked to re-enter your doctors or prescription drugs in the process of searching for medical plans

4. Start shopping

From **My Account**, select **Shop for plans** under **Shop & Compare** to start shopping. Then, choose the type of plan you are shopping for: **Individual and Family Coverage**.

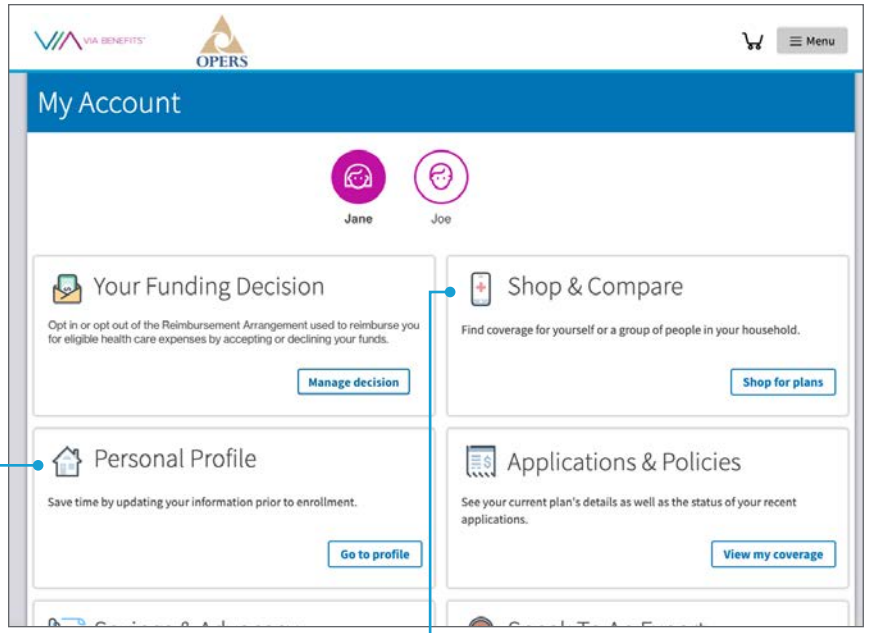
Important: While the law doesn't allow you to have an HRA and federal subsidy at the same time, the enrollment system won't prevent you from accepting both. During the application process, you'll see a question that says, "Do you want to see if you're eligible for cost savings?" **You must select "No" if you plan to opt in to the OPERS HRA.**

You can also shop for dental and vision plans, but keep in mind that if you're enrolled in an OPERS dental and/or vision plan and elect new coverage through Via Benefits, **you must contact OPERS to disenroll from the OPERS dental and vision plans to avoid paying for duplicate coverage.**

Be sure to indicate the year you want to have a new plan when the website requests this information and follow the onscreen prompts. If you didn't first make your funding decision, you will be required to do so before completing enrollment.

5. Enroll!

After you've found a plan that fits your needs, it's time to enroll. The website will provide instructions for completing your enrollment. **Remember, if at any time you want to speak with someone about your enrollment, pick up the phone and call us. We're here to assist you!**



*Your **My Account** page is personalized for you and your situation at the time you sign in. It may look slightly different than above.*

After Enrollment

You can contact Via Benefits any time to get help with questions or issues that may arise with your plan. If your circumstances change, we're here to help you.

Communications you'll receive

After you enroll, be sure to look for these communications:

- ☐ **Selection Confirmation letter:** We will mail you this letter after you enroll, confirming you have applied for a plan under the policies listed in the letter. This letter is not your guarantee of coverage. That will come directly from your insurance carrier.
- ☐ **Communications from your new insurance carrier:** You will receive mailings, phone calls, and/or emails directly from your new insurance carrier. These will come before you receive ID cards or confirmation of your new plan. In the weeks following your enrollment, be ready for phone calls or mail from your insurance carrier, who may need a response from you to move forward with your coverage.
- ☐ **Your plan begins on your policy's effective date, not the date your insurance card(s) arrive.** If you need any medical care between your policy's effective date and the time your card arrives, you will have coverage under your new plan. Your plan will not be delayed because you have not received your new insurance card yet.
- ☐ **Via Benefits Advocate newsletter:** You'll receive this twice a year. It contains helpful information on insurance-related topics.

Watch your mail following enrollment!

Please pay special attention to your mail, email, and phone in the weeks following your enrollment, as additional information may be needed by the insurance carrier to fully process your enrollment. If you don't get these messages or ignore them, it's possible your enrollment applications can lapse.

Open Enrollment each year

Each year, you'll have the opportunity to make changes to your individual or family plan for the following year during the Open Enrollment Period, from **November 1 through December 15**. It's a good idea to take time each year to evaluate your coverage. Ask yourself if your plan is still serving your needs and budget. You should also make sure your providers will continue to participate in your plan's network. We'll send you a newsletter around the start of Open Enrollment each year containing information to help you evaluate whether a change might be needed.

Evaluating your coverage annually is an important thing to do. You can't make changes to your plan outside of the Open Enrollment Period unless you have a qualifying life event, such as a change in residence, a marriage or divorce, or a death in the family. Call us if you have questions during the year about a qualifying life event.

If you're satisfied with your plan at the time of next year's Open Enrollment, you won't need to take any action. Unless your plan is terminated by the insurance carrier, your enrollment in the plan will automatically roll over to the following year – you don't even need to contact us.

Your OPERS HRA enrollment will also roll over from year to year without your needing to opt in each time.

Frequently Asked Questions (FAQs)

Based on our extensive experience, Via Benefits has developed answers to these frequently asked questions.

Q. Can I opt in to the OPERS HRA in future years if I do not opt in the first year?

A. Yes, if you're eligible for the OPERS HRA and don't opt in this fall, you may opt in during subsequent Open Enrollment Periods. Once you opt in, you will remain opted in and your OPERS HRA will roll over year after year without any action required from you.

Q. Is the OPERS HRA available only if I enroll in an individual or family plan?

A. No, the OPERS HRA is available for any eligible medical expenses regardless of your plan coverage. For example, you can be enrolled in a group plan through a part-time job, or through a spouse's plan, and have access to the OPERS HRA, (but note that only premiums you pay with **post-tax dollars** are considered eligible expenses and reimbursable from the OPERS HRA). When you turn 65, however, in order to continue receiving contributions to your OPERS HRA, you will be required to enroll in a Medicare plan through Via Benefits.

Q. What can I expect to pay for my new plan?

A. What you will pay depends on the type of plan you select. **Beginning November 1**, you'll be able to see the costs of the plans available to you using our online tools, or a licensed benefit advisor can work with you to understand the costs — and the benefits — of the different plan options.

Q. Can I continue to see my current doctor?

A. It depends on the plan you choose. We understand the importance of doctor-patient relationships, so your licensed benefit advisor will work with you to help find plans that include your providers in their networks.

Q. Can I continue to use the same insurance carrier?

A. In many cases, yes, you can. However, group medical plans usually work differently than individual plans. Carriers have different plans and networks by location, and this can sometimes mean the plan won't operate the same, even though the insurance carrier is the same. You may discover another insurance carrier offers a plan that is a better fit for you. We'll help you compare your options.

Q. How do I enroll in vision or dental plans?

A. If you are currently enrolled in an OPERS vision and/or dental plan, you will receive your Open Enrollment information directly from OPERS. Your enrollment will continue unless you choose to cancel coverage during the Open Enrollment Period.

If you are not enrolled in an OPERS vision and/or dental plan, you have the option to enroll during Open Enrollment or you may choose a plan with Via Benefits.

Q. Can I contribute to a Health Savings Account if I enroll in a high deductible health plan?

A. Health Savings Accounts (HSA) allow you to set aside pre-tax money to pay for eligible medical expenses. They are available with qualified high deductible health plans which you may have available to you. **The law does not allow you to have a Health Reimbursement Arrangement and contribute to an HSA at the same time.** If you opt in to the OPERS HRA, make sure you don't also contribute to an HSA or you may have to pay penalties to the federal government. Note, if you already have an HSA, you can still use those dollars for eligible medical expenses you incur under your new individual plan.

Q. Will Via Benefits be available to assist me next year?

A. Yes! When you purchase a plan through Via Benefits, we continue to be your advocate if you stay enrolled through us. If your medications or needs change, or you move, you may contact us any time to help you figure out if your plan is still the right one for you. If you have questions around your current insurance or would like to see if you can reduce your out-of-pocket expenses with a different plan, we can advise on your options. We're happy to help you make changes if necessary.

You don't have to re-enroll every year. If you like your plan, you can keep it, and the plan will automatically renew (as long as the plan continues to be offered). But, if you have questions, want to make a change to your plan, or need help with your insurance, contact Via Benefits.

Q. Do you offer plans that cover me in multiple states or internationally?

A. It depends on the type of plan. Shop and compare the plans on the Via Benefits website or speak with your licensed benefit advisor on the call to determine your options.

Q. If I don't like the plan I enrolled in, when can I change?

A. Every year, the Open Enrollment Period allows you to change your individual or family plan. This generally occurs **November 1 through December 15**.

Sometimes your life changes, and you need to update your health insurance even though it isn't the annual Open Enrollment Period. Here are a few events that might qualify you for a 60-day Special Enrollment Period (SEP):

- Your marital status changes
- You lose your medical plan due to an insurance carrier terminating your plan
- You move outside the area covered by your medical plan

Other events and circumstances can also make you eligible for the SEP. We are available to help you figure these things out. If you choose a plan by the fifteenth of the month, your plan can start the first day of the next month.

 All insurance products are offered through Via Benefits Insurance Services (known in New York as ViaBenefits Insurance Services, LLC and known in New Mexico as Extend Insurance Services, LLC). Utah Resident License No. 104741. California license number: 0F19729. Insurance rates for the insurance products and services offered by Via Benefits are subject to change. The insurance products and services offered by Via Benefits may not be available in all states. It is your responsibility to enroll for coverage during the applicable enrollment periods (such as the Healthcare Open Enrollment Period or any Special Enrollment Periods). Via Benefits receives compensation in the form of commissions from insurance companies from the sale of insurance products and services we offer. Some of the compensation that Via Benefits receives may be contingent and may vary depending on a number of factors, including the insurance contract and insurer you select. In some case, other factors such as the volume of business Via Benefits provides to the insurer or the profitability of the insurance policies that Via Benefits provides to the insurer also may affect our compensation. Via Benefits may accept this compensation in locations where it is legally permissible and meets standards and controls to address conflicts of interest. Whether or how much insurers may pay in such compensation does not play any role in the Via Benefits' insurance recommendations. Via Benefits also may receive other compensation from third parties, such as for selling or referring the sale of other products or services. Individual benefit advisors are compensated the same whether you pick a Medicare Advantage or Medicare Supplement plus PDP plan and regardless of which carrier you choose. For other kinds of products, the compensation they receive may vary based on the kind of product you purchase, but does not change based on carrier.

VIA BENEFITS™