



The Via Benefits Advocate

OPERS Fall 2021 Newsletter

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Welcome to the fall 2021 edition of **The Via Benefits Advocate**, our newsletter dedicated to information and resources to help you effectively navigate your medical plan choices and coverage during Open Enrollment, and all year long. We hope you find these articles useful as you determine what's best for you in 2022.

Our website is a fast, secure way to research your options and learn more about how to make the most of your Health Reimbursement Arrangement (HRA). Go to my.viabenefits.com/opers and select **Help & Support** to find answers to a wide range of questions regarding Medicare, COVID-19, premiums, reimbursement requests, maintaining your account, and much more.

Medicare's Open Enrollment Period runs from October 15 through December 7, 2021. Via Benefits Insurance Services welcomes the opportunity to be your advocate now, and in the coming year.

We're Here to Assist You



Mobile App

Download the Via Benefits Accounts mobile app from the [App Store](#) or [Google Play](#)



Online

my.viabenefits.com/opers



By Phone

[1-844-287-9945 \(TTY: 711\)](tel:1-844-287-9945)

Monday through Friday,

8:00 a.m. to 9:00 p.m. Eastern Time



By Mail

Via Benefits

PO Box 981155

El Paso, TX 79998-1155

Access our privacy policy at my.viabenefits.com/about/privacy-policy. If you have questions or concerns about our privacy policy, please contact us at my.viabenefits.com/help.



Get Ready for Open Enrollment

No action is needed if you're satisfied with your current coverage and don't plan to make changes to it. About 98% of people enrolled in Medicare plans through Via Benefits don't change their coverage during Open Enrollment. Please keep in mind that unless your carrier advises you otherwise, your coverage will automatically renew during Open Enrollment.

You might want to explore your Medicare coverage options during Open Enrollment if you've experienced any of the following changes in the past year:



You've moved to a new ZIP Code



You changed your prescription drugs



You've experienced a change in your health status



Your plan's formulary for prescription drugs changed



You've experienced a significant increase in premiums



Your plan's in-network pharmacies are no longer convenient



Your doctors are no longer in your plan's network



Your plan has been discontinued



You've had a change in your household, such as a marriage, divorce, or death in the family

If any of these things have occurred, go to my.viabenefits.com/opers and use our online tools to review and compare your plan options.



A Message from OPERS

OPERS Pre-Medicare retirees are transitioning from the OPERS Pre-Medicare group plan effective January 1, 2022. We know these retirees will be heavily relying on our assistance this Open Enrollment Period. Just as the Medicare population needed our assistance during the initial transition several years ago, we hope to provide these Pre-Medicare retirees the extra support required when first leaving their group plan.

While we in no way expect to provide you with anything less than the highest quality service during this Open Enrollment Period, OPERS has respectfully asked we pass on the message that our call centers will be busier than usual this enrollment season while we on-board this Pre-Medicare population. With that in mind, **we ask you to please consider shopping online** and using our website to the extent you feel comfortable this Open Enrollment Period to help us ensure we are able to support everyone who needs assistance.

That said – Via Benefits is here to help and committed to providing you the support you've come to expect – this year, as always.





A Reminder About Pre-Medicare Spouses

If you have a spouse or other family members enrolled in the OPERS Pre-Medicare group plan, please note they'll need to take action during this year's Open Enrollment Period. The OPERS Pre-Medicare group plan ends on December 31, 2021. Anyone currently enrolled in the OPERS Pre-Medicare group plan should contact Via Benefits or find other coverage during this year's Open Enrollment Period to avoid a gap in coverage. We're here to help!

Some reminders regarding funding for Pre-Medicare retirees:

- Unless your spouse or dependent is also an OPERS retiree, they won't qualify for an OPERS HRA
- Per federal regulations, if you are receiving contributions to an OPERS HRA, your Pre-Medicare spouse or dependent will not be able to accept a federal subsidy

Upcoming Changes to Your OPERS HRA

Offering health care coverage has become increasingly expensive as costs have risen dramatically and member demographics have shifted. To preserve the OPERS Health Care Fund for current and future retirees, **three notable changes are occurring, effective January 1, 2022.**

- 1 The OPERS base HRA allowance amount is moving from \$450 to \$350 per month. Monthly HRA contributions for Benefit Recipients enrolled in a medical plan through Via Benefits will range from 51% (\$178.50) to 90% (\$315) of the base allowance. Although the base allowance amount has been lowered, Medicare retirees should still have sufficient funds within their HRA to cover their supplemental Medicare plan premiums and some will have additional funds for other qualified medical expenses. To view your new contribution amount, be sure to review your OPERS Open Enrollment statements carefully (mailed from OPERS mid-September).

- 2 In addition to a change in the base allowance amount, retirees could see a change in their allowance percentage.
 - Retirees who had less than 20 years of qualified health care service credit at retirement will have their allowance percentage reduced from 75% to 51%.
 - If a retiree had 20 or more years of qualified health care service credit at retirement, their allowance percentage could change. This impacts retirees who had an allowance percentage less than 75% but were grandfathered at 75% in 2015. Their allowance percentage will be reduced to between 51% and 74% based on their actual position on the allowance table.

- 3 Effective January 1, 2022, the Via Benefits monthly HRA administration fee will increase from \$2.33 to \$2.60. The \$2.60 monthly HRA administration fee will remain the same from 2022 through 2025.

Keep Your Costs In Check

With Our Coverage Checkup

The Via Benefits Coverage Checkup lets you compare your current Part D Prescription Drug or Medicare Advantage Prescription Drug (MAPD) plan to the plans available for 2022 and may help you save money. Find out which plan or plans meet your needs by taking these two steps:

Step 1: Make sure your profile is up to date — See if you can save money by first making sure your online profile is up to date. Sign into your Via Benefits online profile any time and take a few minutes to update your personal and contact information – especially your health care providers, current address with Zip Code, health status, and prescription details.

Step 2: Get instant results online during Open Enrollment — The first step gets you prepared to take advantage of our Coverage Checkup, which is available online when Open Enrollment begins on October 15, 2021. If you're already enrolled in a Part D or MAPD plan, when you sign into your account during Open Enrollment, you'll be shown one of three checkup results based on your online profile:

- No action is necessary if the plan or plans you have now still work for you
- If your current plan or plans will be discontinued, the checkup lets you know
- If you can save money by choosing a new Part D or MAPD plan, the checkup displays options and potential savings, and provides access to all plan details so you can make an informed choice

If you need a new plan or decide to switch, keep in mind it's fast and easy to enroll online – but you can also call us if you need some additional support even after you've shopped and compared.

Time Spent Comparing Plans to Enroll

Online Enrollment



15 minutes

OR

Phone Enrollment



30-60 minutes





Always Looking Out for You

Via Benefits is your year-round advocate, and one of the ways we're actively serving you behind the scenes is by continuously tracking the movements of the Medicare Supplement (Medigap) market.

If you have a Medigap policy, you probably know you can change it at any time, and that you aren't limited to the Open Enrollment Period. But who has time to constantly be searching for a better-priced policy?

Via Benefits has just started a new initiative **to do exactly that on your behalf**. Via Benefits is constantly monitoring the Medicare market, and as industry events arise (carriers exit markets, new plans are offered, regulations change), Via Benefits considers how these events impact you, as an OPERS Benefit Recipient. If we see a significant premium spike, we will notify you if a different plan exists that might offer better value for your particular needs.

We may be in touch by mail, email, or telephone any time during the year when we find a better plan option that exists for your situation.

Just another example of how we strive to serve you at the very highest level!

Making Changes to Your Plan and Maintaining **Your OPERS HRA**

If you're considering changing your coverage, be sure to use Via Benefits to make the change and ensure you remain qualified for your OPERS HRA monthly contributions. Visit your Via Benefits online profile and use the [Shop & Compare](#) tool to evaluate, compare, and enroll in new plans. You can also call us at [1-844-287-9945 \(TTY: 711\)](tel:1-844-287-9945), Monday to Friday, 8:00 a.m. to 9:00 p.m. Eastern Time. **To continue qualifying for funding, you must maintain Medicare medical coverage through Via Benefits.**

For example, meet Robin, an OPERS retiree who receives contributions to her HRA. Her neighbor is an insurance salesperson who told her that another plan exists that might be able to save her money. Robin's considering switching and having her neighbor help her with the new enrollment. However, if she does so, she will no longer receive monthly contributions to her OPERS HRA because her enrollment is no longer through Via Benefits.





Why Do Health Premiums Increase?

Ever wonder why premiums only seem to move in one direction? If you're like many retirees, you've probably seen your premiums increase year over year — sometimes steadily, other times by leaps and bounds. Why do premiums increase and what can you do about it?

When it comes to Medicare plans, an increased number of medical claims (or bills an insurance carrier is responsible to pay) during one year is the main cause driving members' premiums up the next. If a large percentage of the members of one medical plan has claims during one year, they can expect to see higher premiums the following. Why? Because the insurance carrier has to cover those costs. It may have been a more expensive year than they anticipated — and so they raise members' premiums the following year.

On the flip side, suppose the majority of the members of one medical plan stay healthier than the insurance carrier anticipated. These retirees eat healthier, exercise, get preventive screenings regularly, and keep their stress under control. As a result, they have fewer claims for the insurance carrier to pay. The following year, their premiums should remain stable or only increase slightly. Why? Because the members “performed” better than the insurance carrier anticipated.

This is why wellness checkups, proactive care, and regular preventative visits are so important to keeping costs down. For Medicare-eligible individuals, it's critical —not only to your health and wellbeing, but to your bank account's health, too. The fewer claims submitted to your insurance carrier, the better chance you have that your plan premiums will remain stable.

Can you eliminate rising premiums completely? Not really. There are a number of other factors you can't control which also contribute to rising premiums. The most notable would be inflation, as reflected by the rising cost of new medical technology, research, and specialized treatments. There are also administrative costs and regular business expenses to be paid.



What you can do

The first and most productive thing you can do to keep your premiums down is to stay as healthy as you can. Preventive care is just as important as eating healthy and exercising. Medicare Parts A and B cover an annual wellness visit and many preventive services. Many of these services have no copay and are part of your annual benefits.

The second thing you can do is keep an eye on your premiums. If they do rise to an uncomfortable level, moving to another plan from a carrier offering more competitive rates can be an option.

In order for us to better assist you in providing the most accurate premium quotes we can, we encourage you to take an additional step. Sign into your online account or call us to provide the authorization to furnish you with this more specific information.

Here's how to do so online:

1. Sign in to your Via Benefits online account
2. From the **My Account** page, select **Permission To Contact You**
3. Provide your HIPAA authorization

By giving us permission to contact you, we'll help make sure you don't miss any potential savings on your 2022 plans.

Via Benefits is well equipped to help you assess the premium and coverage landscape and assist you in making a change, if that's what's best. By taking advantage of our Coverage Checkup this Open Enrollment Period, we can help make sure you are in the right plan for your needs and budget. For more info on our Coverage Checkup, please see our [“Always Looking Out for You”](#) and [“Keep Your Costs In Check With Our Coverage Checkup”](#) articles in this newsletter. And remember, if you do want to make a change, work with Via Benefits to ensure you still qualify for monthly contributions to the OPERS HRA!



What's the Right Amount to Maintain in Your **OPERS HRA**?

Your OPERS HRA is a valuable tool that OPERS provides to help you pay for eligible expenses. When does it make the most sense to use your funds? Do you know what your OPERS HRA balance is? Are you using it regularly?

For some Benefit Recipients, these are easy questions to answer because they use their entire contribution every month. Others don't, so there's some accumulation over time.

Just remember, the money in your OPERS HRA is for you to use to reimburse yourself for eligible medical expenses. You can neither designate it to a beneficiary nor withdraw it as cash. It makes sense to use it while you can.

Get the balance right

What balance you decide to keep in your OPERS HRA is a personal decision, but here are a few things to consider. First, using your OPERS HRA as a “rainy day fund” for future medical expenses probably doesn't make the most sense. Instead, if you really want to save that money, consider setting up a separate bank account in which you channel your reimbursement deposits. That way you can have those funds accumulate some interest and be accessible when you need them in the future.

Second, keep in mind the money in the OPERS HRA doesn't necessarily pass on to other family members following the death of a Benefit Recipient. An authorized representative may submit a request for reimbursement of any qualifying medical expenses incurred by the Benefit Recipient prior to death. Eligible dependents can also submit expenses to Via Benefits for reimbursement that they themselves incur. But there is a limited time in which this can be done – 24 months following the Benefit Recipient's date of death, any remaining OPERS HRA funds are forfeited.

Establish an authorized representative

Establishing an authorized representative on your account is a good idea as it allows a family member or caregiver to help you manage your OPERS HRA. Authorized representatives will also be able to submit reimbursement requests for eligible expenses for you – both while you are living, as well as for the 24 months following death.






Want to Save Time? Go Online or Use our Mobile App

We know that Benefit Recipients have a variety of comfort levels with technology. Some have embraced our digital tools, other are more hesitant – and that’s OK by us. If using our online and app-based resources isn’t for you, know that we’re happy to speak with you over the phone, Monday to Friday, 8:00 a.m. to 9:00 p.m. Eastern Time.

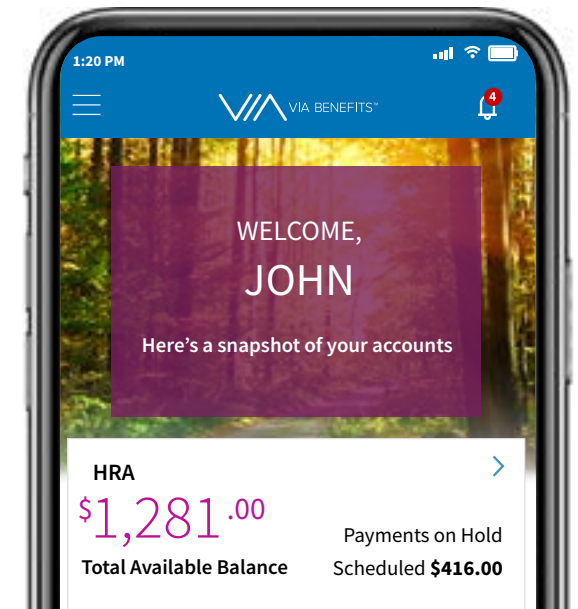
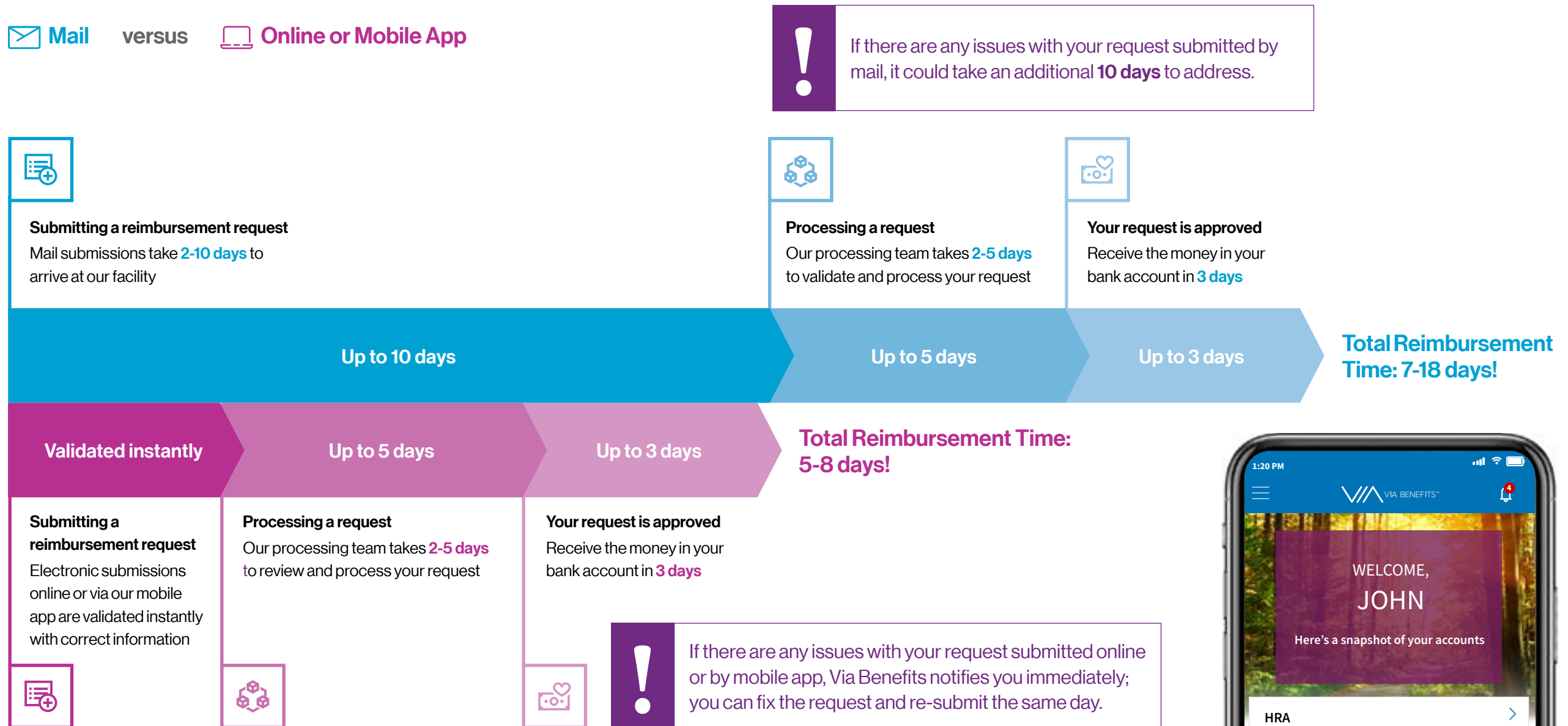
That said, there’s some real value in using our digital resources – namely that they can save you time, and offer a more secure method of submitting reimbursements. Almost all of the insurance options offered by Via Benefits allow you to get a quote, compare plan benefits and features, save items to your cart, and enroll completely online. Online enrollment can take as little as half the time as enrolling over the phone!

Using our website or mobile app is also a big time-saver for getting your expenses reimbursed. See how submitting online compares with submitting reimbursement requests by mail.

Download our mobile app by searching for Via Benefits Accounts in the [App Store](#) or [Google Play](#), or by scanning this QR code with your smartphone’s camera

Mail versus Online or Mobile App



Know the Ins and Outs of the Donut Hole

There are some changes coming up to the prescription drug gap, or “Donut Hole,” you should be aware of. Navigate the Donut Hole effectively in 2022 by keeping the following information and updates in mind:

Phase	Details
Maximum Initial Deductible	<ul style="list-style-type: none">You pay for your drugs until you reach the deductible amount set by your planThe Maximum Initial Deductible for Medicare Part D plans will increase in 2022 by \$35, from \$445 to \$480
Initial Coverage Limit (ICL)	<ul style="list-style-type: none">You pay a copay or coinsurance and the plan pays the rest up to the Initial Coverage Limit (ICL)The ICL will increase in 2022 by \$300, from \$4,130 to \$4,430
Coverage Gap (Donut Hole)	<ul style="list-style-type: none">Once the total expense of your prescriptions reaches \$4,430 in 2022, you will enter the Coverage Gap, also known as the “Donut Hole,” after which:<ul style="list-style-type: none">You'll pay 25% of the cost on all generic or brand-name prescriptionsThe drug manufacturer and Medicare Part D plan will pay the remaining 75%Part D enrollees will receive a Donut Hole discount in 2022 for the total cost of their brand-name drugs purchased while in the Donut Hole. The discount includes a 70% discount paid by the brand-name drug manufacturer and a 5% discount paid by your Medicare Part D plan. The 70% paid by the drug manufacturer combined with the 25% you pay count toward your True Out-of-Pocket threshold (TrOOP or the Coverage Gap exit point) along with your deductible and ICL expenses
Catastrophic Coverage	<ul style="list-style-type: none">You exit the Coverage Gap in 2022 when the total expense of your prescriptions reaches \$7,050, which is the True Out-of-Pocket threshold (TrOOP)If you reach the Catastrophic Coverage Phase, you will pay:<ul style="list-style-type: none">For generic or preferred multisource drugs:<ul style="list-style-type: none">\$3.95 for those with a retail price under \$795% for those with a retail price over \$79For brand-name drugs:<ul style="list-style-type: none">\$9.85 for those drugs with a retail price under \$1975% for those with a retail price over \$197



A Small Name Change

While your enrollment-related communications will continue to display “OPERS Medicare Connector,” you will soon see your OPERS HRA-related communications display “OPERS Connector.” This is no cause for concern and is simply a result of us preparing to provide our OPERS HRA services to the OPERS Pre-Medicare retirees. No action from you is required.

Find Support All Year Long

We get the most calls to our call centers during the Medicare Open Enrollment Period – but did you know we are available to help you throughout the year? We can answer questions about your new coverage, provide support in choosing the right plan for you, help set up your online profile, reset your password, and answer other questions related to your enrollment and OPERS HRA.



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