2024 Vision and Dental Plans

for benefit recipients of the Ohio Public Employees Retirement System

OPERS

OPERS Vision and Dental Plans

The OPERS vision and dental plans are optional coverage, so you have the choice to enroll or explore dental and vision 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. **If you decide to enroll in an alternate plan, enrollment in the OPERS plans for you (and your eligible dependents) will NOT automatically terminate.** To terminate your OPERS coverage, you must complete and return the form sent within your annual open enrollment packet or call OPERS during the open enrollment period.

Anyone receiving a monthly OPERS benefit payment qualifies to enroll in the optional OPERS vision or dental plans, even if you don't qualify for the Health Reimbursement Arrangement (HRA). You may also enroll the following eligible dependents.

1. The spouse of a primary benefit recipient.
2. A biological or legally adopted child of the primary benefit recipient who is under the age of 26 (regardless of marital status) or the minor grandchild of the primary benefit recipient if the grandchild is born to an unmarried, unemancipated minor child and you are ordered by the court to provide coverage pursuant to Ohio Revised Code Section 3109.19.

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.

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.

When can I enroll myself (and my eligible dependents) in the vision and/or dental plan?

You may enroll yourself (and any eligible dependents) only prior to or within 30 days of receiving your first benefit payment or during the annual open enrollment period. Outside of open enrollment, you can also enroll yourself (or any eligible dependents) if you have experienced a life change (or a qualifying event). A qualifying event can be an involuntary loss of coverage from another source (for yourself or an eligible dependent), a benefit recipient's marriage or the birth (or adoption) of a child. You must notify OPERS of such an event, complete an enrollment application and provide supporting documentation of the qualifying event within 60 days. If OPERS does not receive the required supporting documents within 60 days, you (and any eligible dependents) cannot be enrolled. Visit opers.org/health-care/resources for a copy of the enrollment application. Once enrolled, you (and any enrolled dependents) must remain enrolled until the next open enrollment period unless you have a change in family status including a divorce, death or a child reaches age 26. In order to avoid any overpayments, you must notify OPERS immediately if you have a change in family status.

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.

How will premiums for the OPERS vision and dental plans be paid?

Your net benefit payment must be enough to cover the full premium amount to be enrolled. Your premium cost for the plan(s) in which you are enrolled will be deducted from your benefit payment each month. If a change occurs and your net benefit payment is not enough to cover the full premium, **ALL** enrollments will be terminated.

Are my premiums automatically reimbursed from my HRA?

If you are receiving a monthly Health Reimbursement Arrangement (HRA) deposit from OPERS, for your convenience, we send a file to Via Benefits the first of every month that includes all premiums paid for that month. If you want to opt out of Automatic Premium Reimbursement for a particular product (vision or dental), you may do so after you receive your first premium reimbursement for that product. To opt out, call Via Benefits or sign into your online profile. Select *View Accounts* under *Funds & Reimbursement* and scroll to your *Automatic Premium Reimbursement*.

MetLife Vision Plan

MetLife vision coverage is optional for you and your eligible dependents. MetLife Vision, administered by Superior Vision Network, is a vision coverage option available to you and your eligible dependents. If you choose to enroll in a vision 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, refer to metlife.com/opers or call MetLife.

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. Routine vision exams can help catch serious problems, such as diabetes and high blood pressure[1].
- Your plan offers coverage on frames and lenses. Discounts are also available for polycarbonate (shatter-resistant) lenses, ultraviolet (UV) coating, scratch-resistant and anti-reflective coatings and progressive lenses.
- Choose from thousands of ophthalmologists, optometrists and opticians or popular retail locations. You can also access the top 50 retailers in network like America's Best Contacts & Eyeglasses, Costco Optical, Eyeglass World, LensCrafters, Pearle Vision, Target Optical, VisionWorks, Walmart and more[2].
- Plus, shop at online in-network eyewear stores, including Glasses.com, ContactsDirect, 1-800-Contacts and Befitting.com.

Added Benefits

- **You have two options of vision coverage to choose from:** High or Low. For more information, view the plan summaries found under resources at metlife.com/opers. Once enrolled you can view your Certificate of Coverage for additional details.
- **Laser Vison Correction:** Savings of 40 to 50 percent off the national average price of traditional LASIK are available at over 1,000 locations across the nationwide network of laser vision correction providers.[3]
- **Replacement Contact Lens Purchases:** Visit contactsdirect.com to order replacement contact lenses for shipment to your home at less than retail price.

  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.

[1]Population Health Management, The role of comprehensive eye exams in the early detection of diabetes and other chronic diseases in an employed population, https://pubmed.ncbi.nlm.nih.gov/20465530/, accessed August 2021.
[2]Please see Superior Vision by MetLife's provider directory for a full list of participating providers.
[3]Laser vision correction services administered by QualSight, LLC

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

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.

2024 OPERS Vision Plan Monthly Premiums		
Vision Coverage	**Per Adult**	**Per Child**
High Option	$4.64	$3.59
Low Option	$1.95	$1.36

2024 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[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

MetLife dental coverage is optional for you and your eligible dependents. If you choose to enroll in a dental 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, refer to metlife.com/opers or call MetLife.

Plan Highlights

- Choose a dentist within the MetLife network to help reduce your costs[1]. 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[2].
- You can also choose an out-of-network dentist, but your out-of-pocket costs may be higher. There are more than 459,000 participating Preferred Dentist Program dentist locations nationwide, including over 112,000 specialist locations. It is encouraged to have your dentist provide a printed 'Pre-treatment Estimate' prior to having services rendered.

Plan Options

- You have two options of dental coverage to choose from: High or Low. For more information you can view the plan summaries found under resources at metlife.com/opers. Once enrolled you can view your Certificate of Coverage for additional details.

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.

MetLife®

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

[1] 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.

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

Please call MetLife for more details.

MetLife Dental Plan

2024 OPERS Dental Plan Monthly Premiums		
Dental Coverage	**Per Adult**	**Per Child**
High Option	**$39.13**	**$23.24**
Low Option	**$23.22**	**$14.11**

2024 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.

MetLife Dental Plan

High and Low Option — List of Primary Covered Services & Limitations

Diagnostic & Preventive Care - Type A

Procedure	*How Many/How Often:*
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	One fluoride treatment per calendar year for dependent children up to 16th birthday
X-rays	Full mouth X-rays: one per 60 months; Bitewing X-rays: one per calendar year
Space Maintainers	Space maintainers for dependent children up to 14th birthday (once per lifetime)
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd permanent molar of a dependent child up to 19th birthday

Oral Surgery & Minor Restorative – Type B

Fillings	As needed
Simple Extractions	As needed
Crown, Denture, and Bridge Recementations	Once per 12-month period
Endodontics	Root canal treatment as needed (excluding molar root canals)
Minor Oral Surgery - Simple extractions and Surgical removal of erupted teeth	As needed
Periodontics	Periodontal scaling and root planing once per quadrant in any 24-month period Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year

Major Services and Restorative – Type C

Bridges and Dentures	Initial placement to replace one or more natural teeth Dentures and bridgework replacement: one every 10 calendar years Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns/Inlays/Onlays	Replacement: once every 10 calendar years
Endodontics	Molar root canal treatment as needed
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontal Surgery	Periodontal surgery once per quadrant in any 3 calendar years

The service categories and plan limitations shown above represent an overview of your Plan of Benefits.

This document presents the majority of services within each category, but is not a complete description of the Plan.

Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

Application for Vision and/or Dental Coverage

Enrollment in the OPERS Vision and/or Dental Plan must be for the entire calendar year. Complete this form if you wish to enroll in, cancel or change your vision and/or dental coverage options.

Section 1 - Personal Information

Provide all personal information in this section.

Member Social Security Number

Beneficiary Social Security Number *(if receiving a survivor benefit)*

Date of Birth **Month** **Day** **Year**

First Name **MI** **Last Name**

Street or Mailing Address

City **State** **ZIP Code** -

Section 2 - Spouse and Dependent Enrollment

Complete this Section if you wish to enroll your eligible spouse and/or children in the OPERS vision and/or dental plans. Please review the dependent eligibility information in the OPERS Health Care Program Guide or the OPERS Vision and Dental Plan Guide to determine if your spouse and/or children are eligible. You must certify your spouse and/or your children's eligibility for coverage at the end of this form and notify OPERS within 30 days of any change in their eligibility. You are responsible for any claim overpayment resulting from your failure to notify OPERS that your spouse and/or child(ren) has become ineligible for vision or dental coverage.

Spouse First Name **MI** **Last Name**

Date of Birth **Month** **Day** **Year** **Gender** **Male** **Female** **Prefer Not to Say** **Social Security Number**

1. Child First Name **MI** **Last Name**

Date of Birth **Month** **Day** **Year** **Gender** **Male** **Female** **Prefer Not to Say** **Social Security Number**

2. Child First Name **MI** **Last Name**

Date of Birth **Month** **Day** **Year** **Gender** **Male** **Female** **Prefer Not to Say** **Social Security Number**

Please attach another sheet for any additional children and provide all of the information requested above for each child.

Section 3 - Vision and Dental Coverage Enrollment/Change

I elect VISION coverage in the:

☐ **High Option** ☐ **Low Option**

I elect this VISION coverage for:

☐ **Myself** ☐ **Spouse** ☐ **1 Child** ☐ **2+ Children**

Name of child(ren) being enrolled:_____

I elect DENTAL coverage in the:

☐ **High Option** ☐ **Low Option**

I elect this DENTAL coverage for:

☐ **Myself** ☐ **Spouse** ☐ **1 Child** ☐ **2+ Children**

Name of child(ren) being enrolled:_____

Section 4 - Auto-Reimbursement from your HRA for Vision and Dental Premiums

If you are eligible for a Health Reimbursement Arrangement (HRA), the OPERS vision and/or dental premium(s) deducted from your monthly benefit payment will automatically be reimbursed 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 at marketplace.viabenefits.com/opers and selecting "View Accounts" under the Funds & Reimbursement section or by contacting Via Benefits at 1-844-287-9945.

Section 5 - Cancellation of Current Coverage

I elect to cancel the following coverage for myself: ☐ **Vision** ☐ **Dental**

Canceling coverage for yourself will automatically cancel coverage for any enrolled dependents.

I elect to cancel the following coverage for my spouse: ☐ **Vision** ☐ **Dental**

If you are canceling coverage because your spouse is no longer eligible, please indicate the date of ineligibility _____

I elect to cancel the following coverage for my child(ren): ☐ **Vision** ☐ **Dental**

Name of child(ren):_____

Section 6 - Acknowledgment and Authorization

Please read the following acknowledgment carefully. ***Sign and date the form before returning it to OPERS.***

If I am enrolling dependents, I acknowledge that the information provided on this form is true and accurate and the enrolled dependents are eligible for coverage, as defined in the OPERS Health Care Program Guide or the OPERS Vision and Dental Plan Guide and the applicable federal laws regarding dependent coverage. I acknowledge that it is my responsibility to notify OPERS within 30 days of a dependent becoming ineligible for coverage.

I authorize the appropriate premium (if applicable) for the coverage I am requesting, including dependent coverage (if applicable), to be deducted from my OPERS benefit payment. If my monthly OPERS benefit payment is less than the amount to cover the full cost of my premium(s), my requested enrollment(s) in the plan(s) will not be accepted.

I authorize Automatic Premium Reimbursement of vision and dental premiums. I confirm that the premiums were for covered participants while eligible under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement. If I wish to update my automatic reimbursement preferences, I know I must do so through the OPERS Connector.

Today's Date

Month **Day** **Year**

Recipient Signature_____ ☐☐ ☐☐ ☐☐☐☐

Do not print or type name

OPERS Board of Trustees

The 11-member OPERS Board of Trustees is responsible for the administration and management of OPERS. Seven of the 11 members are elected by the groups that they represent (i.e., college and university non-teaching employees, state, county, municipal, and miscellaneous employees, and retirees); the Director of the Department of Administrative Services for the State of Ohio is a statutory member, and three members are investment experts appointed by the Governor, the Treasurer of State, and jointly by the Speaker of the Ohio House of Representatives and the President of the Ohio Senate.

For a current listing of OPERS Board members, please visit opers.org.

The plan features within this document are valid only for the 2024 plan year.

This document reflects information as of the date listed herein. There is no promise, guarantee, contract or vested right to access to health care coverage or a premium allowance. The board has the discretion to review, rescind, modify or change the health care plan at any time. This document is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for federal or state law, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code or Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney.

HC DV (Rev 8/2023)

OPERS

Ohio Public Employees Retirement System

277 East Town Street
Columbus, Ohio
43215-4642

1.800.222.7377

Web
opers.org

Blog
perspective.opers.org

Facebook
facebook.com/ohiopers

Twitter
twitter.com/ohiopers