

# The Via Benefits Advocate

OPERS Spring 2021 Newsletter



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Welcome to the spring 2021 edition of The Via Benefits Advocate, our newsletter dedicated to information and resources to help you with your health plan options and Health Reimbursement Arrangement (HRA).

If you need personalized support, our licensed benefit advisors are trained to answer questions about your medical or prescription drug plan, help resolve concerns with your current insurance carrier, and set up your [Via Benefits online account](#). We can also help you access and understand reimbursement requests, Explanation of Benefits statements, copays, coinsurance, and more.

Our website is an easy, secure way to research your plan options and learn more about how to make the most of your HRA. Go to [my.viabenefits.com/opers](https://my.viabenefits.com/opers) and select **Help & Support** at the top of the page to find answers to a wide range of questions regarding Medicare, the Via Benefits Accounts mobile app, COVID-19, reimbursement requests, keeping your online profile current, and much more.

**Bottom line:** Via Benefits is here to help you, during Open Enrollment and throughout the year. We hope you find these articles valuable now and in the future.

### For Pre-Medicare Spouses

If you have a spouse that's not yet Medicare eligible, be sure to watch your mail for upcoming communications from Via Benefits about Open Enrollment this fall.

# 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](https://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

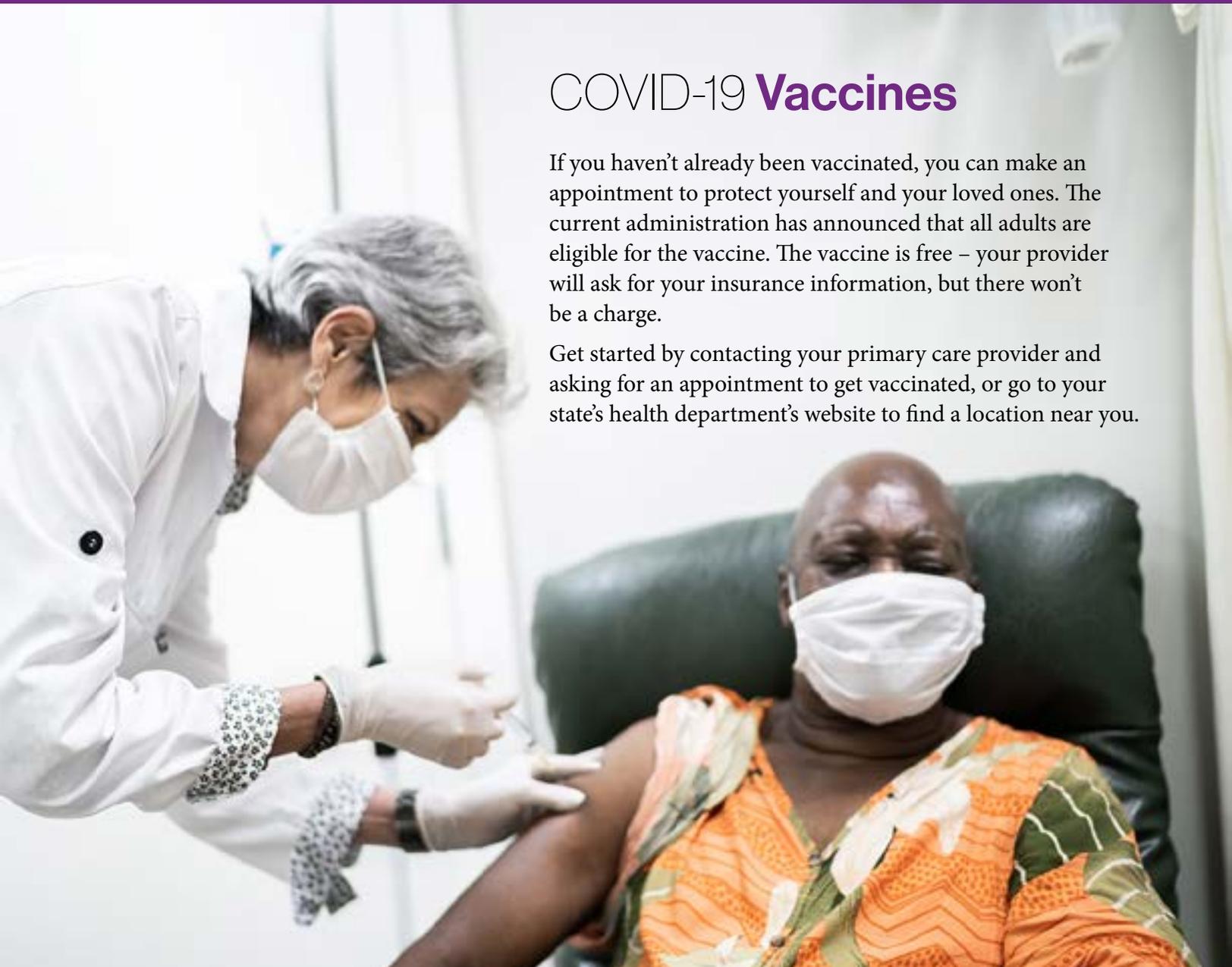
El Paso, TX 79998-1155

Access our privacy policy at [my.viabenefits.com/about/privacy-policy](https://my.viabenefits.com/about/privacy-policy). If you have questions or concerns about our privacy policy, please contact us at [my.viabenefits.com/help](https://my.viabenefits.com/help).

## COVID-19 Vaccines

If you haven't already been vaccinated, you can make an appointment to protect yourself and your loved ones. The current administration has announced that all adults are eligible for the vaccine. The vaccine is free – your provider will ask for your insurance information, but there won't be a charge.

Get started by contacting your primary care provider and asking for an appointment to get vaccinated, or go to your state's health department's website to find a location near you.



# Explore Your Telehealth Options

Telehealth, or telemedicine, lets you receive care from your provider without leaving your house. If a health issue arises that isn't life threatening, telehealth is a way of connecting with your health care provider directly and confidentially via phone, instant message, or live video chat.

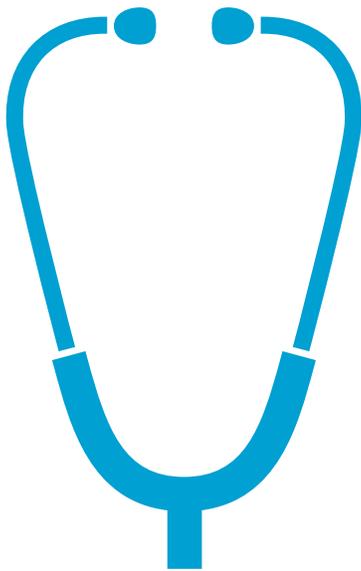
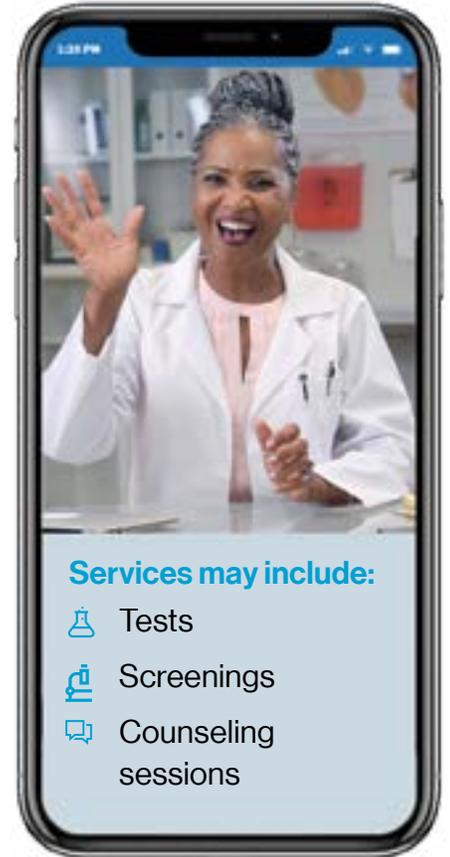
The expansion of telehealth services for people on Medicare, put in place last year at the start of the COVID-19 pandemic, is still in effect. You're now able to receive a number of services from doctors who offer telehealth, including evaluation and office visits, mental health counseling, and preventive health screenings.

Take a few moments and explore your options to access health care professionals and advice remotely. To get started, check with your insurance carrier to see what telehealth options are available on your plan. Many insurance carriers provide additional support in the forms of advice lines and quality indicators. You can also search your preferred app stores to see if your insurance carrier has a mobile app.

Medicare Parts A and B and Medicare Advantage plans must cover telehealth services, and there is a long list of preventive services covered at no charge. Preventive care is just as important as eating healthy and exercising. If your provider offers telehealth services, check with them to see what can be done remotely.

Telehealth won't be the solution for every health care need, but it does offer some great benefits, like reduced waiting time, no transportation time and costs, and avoidance of busy doctors' offices. Via Benefits

encourages you to take advantage of telehealth for the right situation. To learn more, read the telehealth information on the [Medicare & Coronavirus](#) page on [medicare.gov](#), and visit [medicare.gov/coverage/telehealth](#).



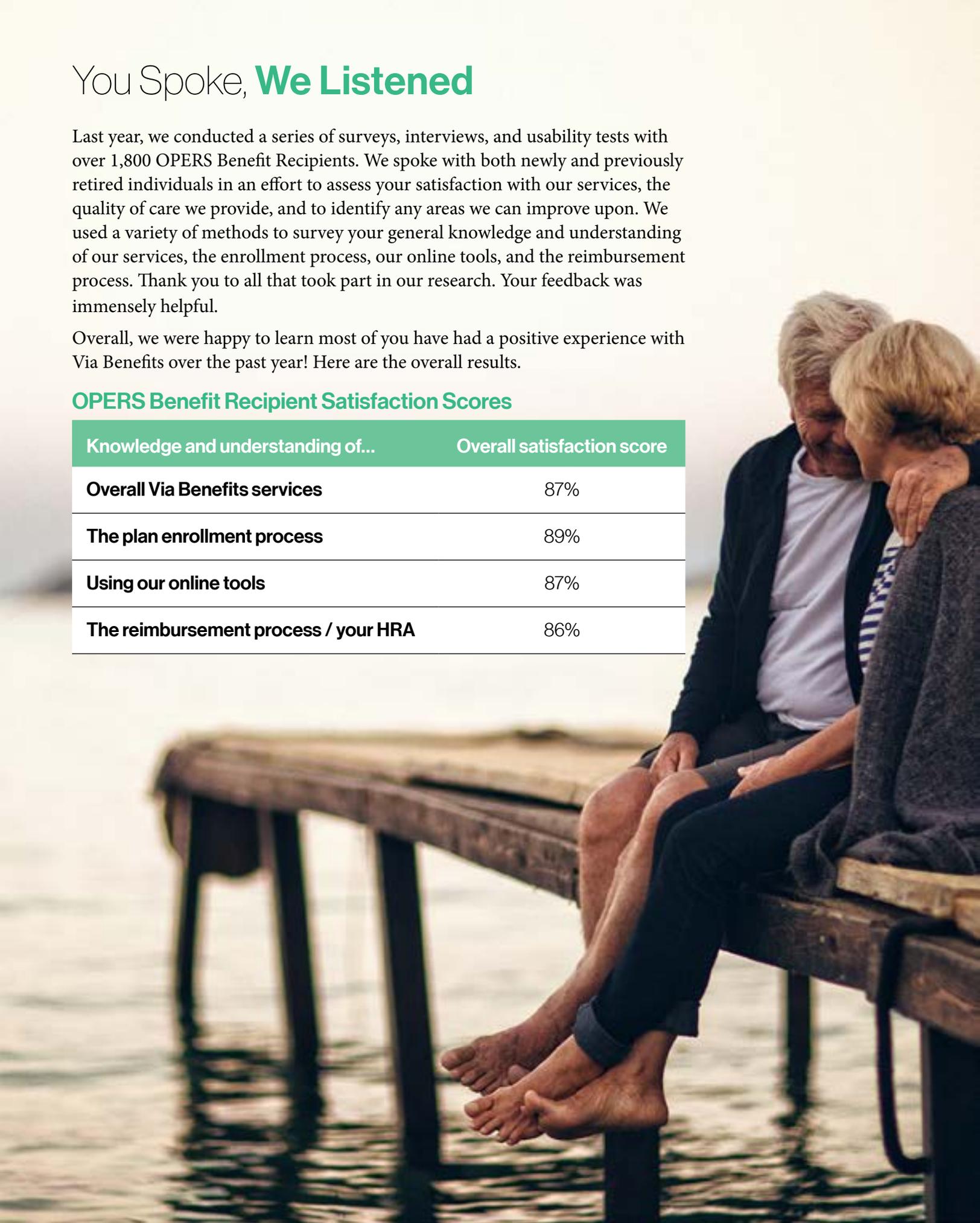
# You Spoke, **We Listened**

Last year, we conducted a series of surveys, interviews, and usability tests with over 1,800 OPERS Benefit Recipients. We spoke with both newly and previously retired individuals in an effort to assess your satisfaction with our services, the quality of care we provide, and to identify any areas we can improve upon. We used a variety of methods to survey your general knowledge and understanding of our services, the enrollment process, our online tools, and the reimbursement process. Thank you to all that took part in our research. Your feedback was immensely helpful.

Overall, we were happy to learn most of you have had a positive experience with Via Benefits over the past year! Here are the overall results.

## **OPERS Benefit Recipient Satisfaction Scores**

<b>Knowledge and understanding of...</b>	<b>Overall satisfaction score</b>
<b>Overall Via Benefits services</b>	87%
<b>The plan enrollment process</b>	89%
<b>Using our online tools</b>	87%
<b>The reimbursement process / your HRA</b>	86%



(Continued from previous page)

We were especially encouraged to hear respondents indicate they found our service center and licensed benefit advisors particularly helpful. Here is a sample of what we heard:



“Always found your staff courteous, helpful, knowledgeable, and could articulate well. Thank you.”

– Sue F., OPERS retiree



“Customer service representatives are ALWAYS extremely helpful, kind, and respectful.”

– Debra C., OPERS retiree



“All customer service agents have been very helpful, polite, and knowledgeable. It is a pleasure dealing with them.”

– Lynda P., OPERS retiree

We are so pleased to hear that our call center has been helpful to you. We strive to always serve you with the highest degree of compassion and professionalism, and continuously look to improve.

### Via Benefits communication insights

- The Via Benefits website received strong ratings overall. The average frequency with which a Benefit Recipient visits the site is roughly once every three months
  - If you check your online account less frequently than every three months, consider taking the time to do so to become more familiar with your resources
- HRA-related communications, including this newsletter, received similar overall positive responses
  - Newsletters are a good opportunity to see what is coming up and how you can better take advantage of what Via Benefits offers
- Both paper and online reimbursement requests got high satisfaction marks, with Benefit Recipients reporting that they receive the correct reimbursement amount on a routine basis. Reimbursement status emails were also seen as helpful
  - You can also submit reimbursements and check their status with our mobile app

As a result of the feedback you've provided, we've implemented several enhancements to improve your experience with us. Here's a description of a few of them, along with their current status.

## **Virtual hold functionality**

You told us you wanted to spend less time on hold when calling to speak with us. We know you have other things to do. With “virtual hold,” during periods of high call volumes, we’ll now call you back instead of requiring you to wait on hold to speak with a Via Benefits representative. Just enter your name and a call-back number when prompted by the phone system, and we’ll hold your place in line. When it’s your turn, a Via Benefits representative will call you at the number you entered.

## **Keeping you informed regarding your premiums**

It’s never a welcome surprise when premiums go up. Our goal is to let you know as soon as possible, before the increase happens — but we need your help. Remember, Medicare Advantage and Prescription Drug Plans can only change their premiums once a year – on January 1. They are legally required to notify you by September 30 for January 1 increases, giving you time to make a change during Open Enrollment, if you would like. It’s important to watch for these notifications – and to contact Via Benefits to change to another plan while retaining your HRA eligibility.

Medicare Supplement (Medigap) policies, however, can change their premiums throughout the year, though they are required to notify you at least 30 days in advance. The good news is, if your Medigap premiums go up, you don’t need to wait for Open Enrollment. You can change Medigap policies anytime during the year. Contact Via Benefits during business hours and we can help you find out if a different Medigap policy exists that better suits your budget.

## **Helping you find the right plans to meet your needs**

We’re building tools to enable you to easily find the plans that give you all the coverage you need and fit your budget. Our Prescription Coverage Checkup is a great tool for making sure you’re not paying too much for your prescription drugs. Watch for the email announcing its availability when we update it with new plan information in the fall. We’re working to expand this to other plan comparison tools, too.

## **HRA enhancements**

To make sure you’re reimbursed for your health expenses as quickly and easily as possible, we’ve enhanced the reimbursement process. These small but significant enhancements make the whole experience more seamless.

For example, we’ve made it easier to upload and attach supporting documentation to your request. We’ve also improved and clarified our reimbursement notifications so you can better understand what they mean and keep track of what’s been reimbursed.

We’ve updated the Via Benefits Accounts mobile app to make it easier and more intuitive to use.

And, for your convenience, Automatic Premium Reimbursement is now available for Medicare Part B and for OPERS group dental and vision plans. For more information, see our “Automate Your Part B Premium Reimbursements” article in this newsletter.

## **Thank you**

We appreciate the time you take to give us your feedback on both the positive aspects of your experience, as well as the areas where we can make improvements. We’re never satisfied until you’re satisfied, and we’ll keep listening to you to understand how we can make your experience better.



# Understand When You Can Change Plans

When can a Benefit Recipient change plans? The answer: it depends. Some plans can only be changed during the Open Enrollment Period or under certain circumstances that trigger a Special Enrollment Period (SEP). Others can be changed anytime but you may need to go through underwriting, where the insurance company determines whether they want to take on the risk represented by an applicant. No matter what the circumstances, Benefit Recipients can change one plan without affecting another. For example, you can change your prescription drug plan without affecting your medical plan enrollment, and vice versa.

## Changing Medicare Advantage and prescription drug plans

You probably already know you can change your prescription drug and Medicare Advantage plans every year during the Medicare Open Enrollment Period (October 15 – December 7). Changing plans at any other time requires an SEP, which is created when you experience changes in your circumstances:

- You change where you live
- Your insurance carrier ends a plan or discontinues your coverage
- [Other special circumstances](#)



### Moving? Let us know

Because changing your home mailing address changes the plans for which you're eligible, it's important to let both OPERS and Via Benefits know when you move.



## Changing Medicare Supplement (Medigap) plans

Medigap plans can be changed at any time. You should be aware, though, that depending on where you live and your health status, you may need to go through underwriting and your premium may be quite high. You may even be denied coverage due to pre-existing conditions.

If you live in Connecticut, Massachusetts, Maine, or New York, you have either continual or annual guaranteed issue coverage by Medigap (no underwriting required) if you change plans. Check with the state's Department of Insurance to learn the specific rules for your state. All other states have specific periods (such as the first six months after you enroll in Medicare Part B) when Medigap plans are guaranteed issue; otherwise applicants are subject to underwriting.

### Summing up

Changing your Medicare plans can be a bit complicated, but it's almost always possible to switch if you need to—Via Benefits is here to help you figure out how. You can find more information about special circumstances on [medicare.gov](https://www.medicare.gov), or by contacting the [Department of Insurance \(DOI\)](#) for the state in which you live.

If you want to explore your options, our website has online tools to help you evaluate and compare plans. Our website is fast, secure, and available 24/7. Via Benefits representatives are ready to help you with the process of choosing and enrolling in new coverage if and when you need to make a change. Call us at [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.

### Important!

If you'd like to change your plan, be sure to contact Via Benefits (not your insurance carrier directly) in order to remain qualified for your HRA. Changing plans with your carrier directly not only disqualifies you for HRA contributions, it also creates a substantial amount of work to get you back into a qualified plan. When in doubt, please contact us!



# Automate Your Part B Premium Reimbursements

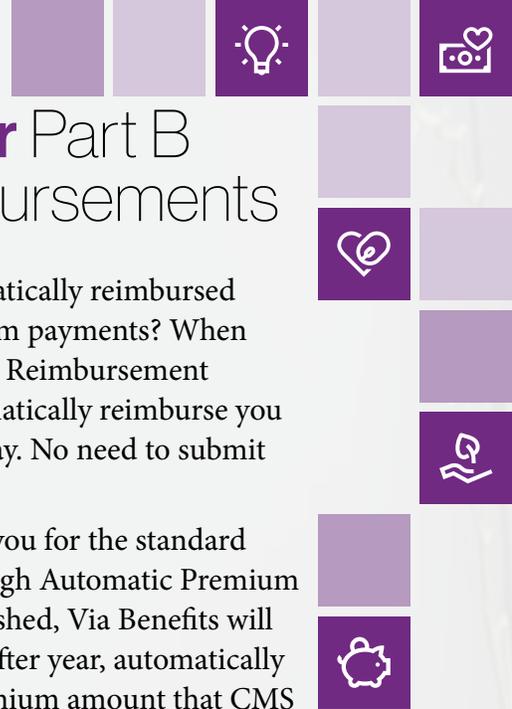
Did you know you can be automatically reimbursed for your Medicare Part B premium payments? When you turn on Automatic Premium Reimbursement through Via Benefits, we'll automatically reimburse you each month for premiums you pay. No need to submit ongoing requests.

Via Benefits can now reimburse you for the standard Medicare Part B premiums through Automatic Premium Reimbursement. Once it's established, Via Benefits will continue to reimburse you year after year, automatically adjusting for the new Part B premium amount that CMS sets annually.

If you pay more than the standard Part B premium amount because of penalties for late enrollment or the Income Related Monthly Adjusted Amount (IRMAA), you still have options for making the reimbursement process easier:

- Use Automatic Premium Reimbursement for the standard amount and submit a separate recurring reimbursement request each year for the additional amount you owe
- Submit a recurring reimbursement request each year for the entire amount you owe

Set up these options by signing into your [Via Benefits online account](#) or calling Via Benefits at [1-844-287-9945](tel:1-844-287-9945) (TTY: 711) Monday through Friday, 8:00 a.m. to 9:00 p.m. Eastern Time.





## Take Advantage of Your HRA

Your 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 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.

If you can, maintaining some balance in your HRA is not a bad idea and prepares you should a medical emergency occur. Just remember – the money in your 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.

### Keep an eye on your balance

Keep an eye on your HRA balance so you know when reimbursements have been paid and how much of your funds remain. You can check your balance in the following ways:



**App** – The Via Benefits Accounts mobile app gives you access to your HRA any time from your mobile device. Download it now from the [App Store](#) or [Google Play](#)



**Online** – Sign into your account at [my.viabenefits.com/opers](#) and navigate to the **Reimbursement Center**, where your account balance is displayed



**Over the phone** – Via Benefits representatives can let you know your balance – call us at [1-844-287-9945 \(TTY: 711\)](#) Monday through Friday, 8:00 a.m. to 9:00 p.m. Eastern Time



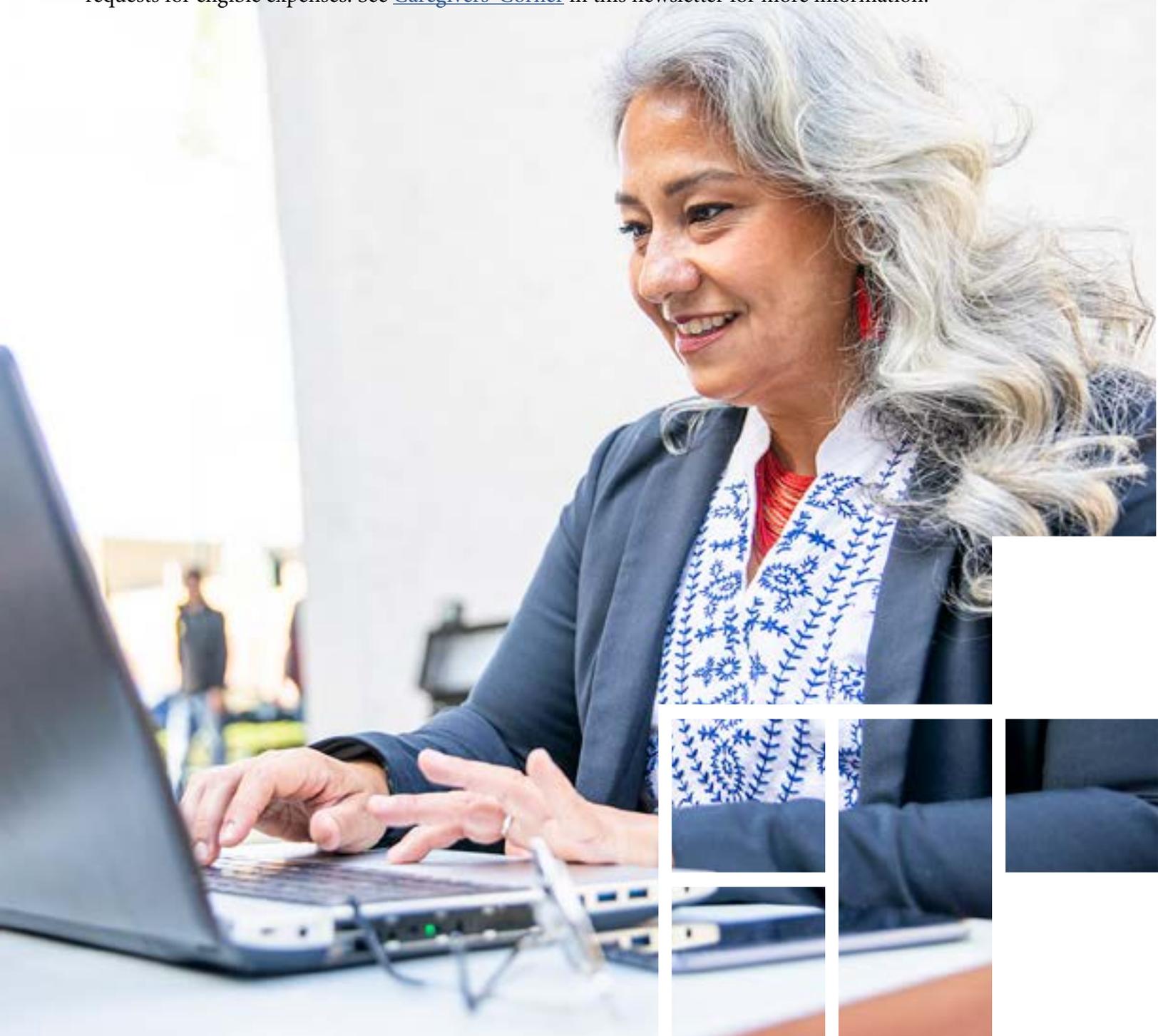
**Balance reminder letters** – Via Benefits sends these out twice a year in the spring and fall to those who have not submitted a reimbursement request against their HRA in the prior 90 days

## Utilize and maximize

You can use your HRA on eligible medical expenses – this includes medical and prescription drug plan premiums – as well as for out-of-pocket expenses (like copays at your provider’s office, or for drugs). You can also use your HRA for a host of other eligible health care expenses, such as for acupuncture, eyeglasses/contacts, physical therapy sessions, hearing aids, therapeutic devices, like medical shoes or crutches, and much more. For a full list, go to the [Help & Support](#) section on our website and type “eligible expenses” in the search bar.

## 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 HRA. Qualified dependents will also be able to submit reimbursement requests for eligible expenses. See [Caregivers’ Corner](#) in this newsletter for more information.



# How to Understand the Response to Your Reimbursement Request

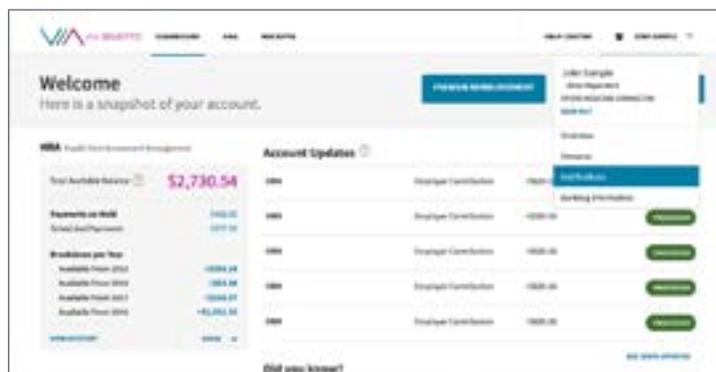
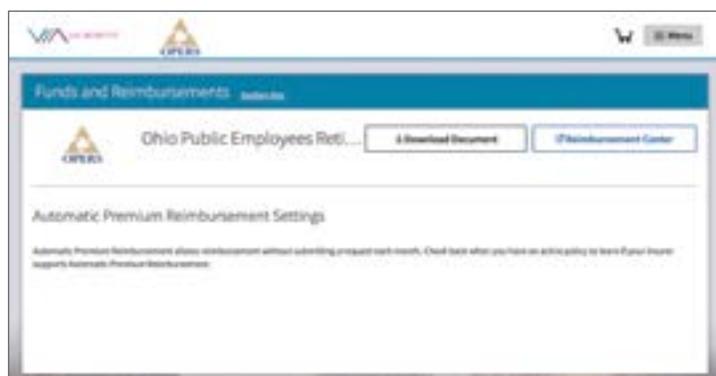
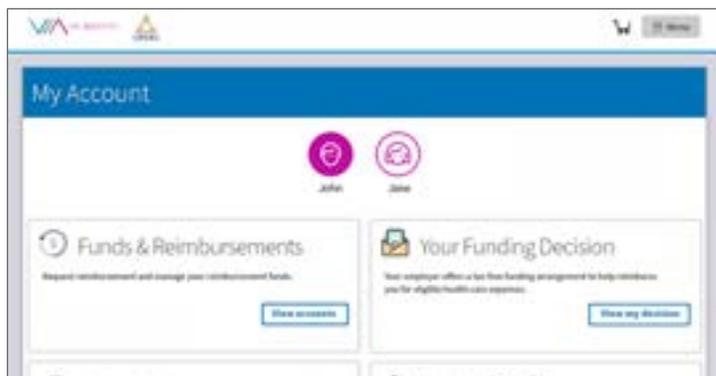
If you've been having trouble understanding what happens after you submit a reimbursement request, this article is for you. Depending on your communication preferences, you may receive this information in the mail or through email. If you get it in the mail, you'll receive an Explanation of Payment (EOP) or Explanation of Unpaid Expenses (EOUE).

If a reimbursement request is approved and paid in full, Via Benefits notifies you by email that payment of your reimbursement has been processed. If you do not have an email on file, you will receive notification through the mail.

If any part of your reimbursement request is denied or not approved, Via Benefits will provide the reason via a printed EOP (or EOUE, if no part of your reimbursement request is approved) or an email, depending on your communication preferences. You may need to take action, such as providing additional supporting documentation. You can also access your EOP or EOUE in your online account.

To change your communication preferences, follow these steps.

1. Sign into [my.viabenefits.com/opers](https://my.viabenefits.com/opers)
2. Select **View accounts** under **Funds & Reimbursements**
3. Select **Reimbursement Center**
4. In the top right corner of the screen, select the account holder's name, then **Notifications**
5. Select **Edit Notification Settings**, then choose email or paper preferences



On the top right of both of your EOP and EOUE, you'll see a box that looks like this:

**Amount Paid | Direct Deposit**  
Bank account ending in #0987

**\$280.00**

**HRA Available Balance      \$0.00**

**Reimbursement Summary**

Amount Requested	\$1,073.00
Paid	\$280.00
Denied	\$140.00
Not Approved	\$233.00
On Hold	\$280.00
Used for Offset	\$140.00

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Available balance reflects this payment and is subject to change. Sign into **[my.viabenefits.com/opers](https://my.viabenefits.com/opers)** for account details.

Here is the difference between the line items and how it works:

- **Amount Requested** is the total amount you've submitted for reimbursement
- **Paid** is any amount that is paid to you toward this reimbursement request. Check your online account history to help you understand which expense(s) it's referring to. We may show reimbursements of multiple requests on a single document
- **Denied** includes any expenses that weren't reimbursed. Look at the subsequent tables to understand why and what you can do to appeal a denied expense
- **Not Approved** are eligible expenses that may be approved if you follow the action steps described in the subsequent table
- **On Hold** are expenses that have been approved, but were not yet paid because you don't have enough money in your HRA to cover the reimbursement. When your HRA balance is replenished by your next contribution, you may then receive this reimbursement
- **Used for Offset** are expenses that have been approved, but that are being applied to pay back a previous overpayment. Similar to the OPERS overpayment process, when that happens, future requests for reimbursement will be reduced until the overpayment is resolved

# Streamline Your Reimbursements with **Our Digital Solutions**

Via Benefits has a number of digital solutions that can streamline your reimbursement experience. With the Via Benefits Accounts mobile app and Automatic Premium Reimbursement, receiving reimbursement is faster and more secure than doing so by mail.

Take advantage of these features to help improve and automate your reimbursement experience:

**Download the Via Benefits Accounts mobile app:** You can use the app to sign into your Via Benefits HRA account, take photos and upload supporting documentation, submit reimbursement requests, check your HRA balance, and more.

**Sign into the Via Benefits website:** From our website, you can view your full HRA history, sign up for direct deposit, submit reimbursement requests, and more.

**Automate your premium reimbursement.** Turn on Automatic Premium Reimbursement to get reimbursed for premium payments without having to submit a monthly request. Via Benefits offers this feature for most insurance policies and for Medicare Part B premium reimbursements. To learn more, sign into your [Via Benefits online account](#) (you can't turn this on with our app).

OPERS automatically sets up Automatic Premium Reimbursement on your behalf for OPERS dental and/or vision plans. This goes into effect for you as well as any dependents whose dental or vision premiums are deducted from your pension. No action from you is required to set this up.

**Go paperless.** Reduce the amount of funding-related mail you receive from us by registering for electronic statement delivery and notifications – see page 12 for instructions.

**Set up a family member or caregiver as an authorized representative.** Give a family member or caregiver access and permission to manage your funds should you wish. More details are provided in the Caregivers' Corner article in this newsletter.



For direct access, just scan the QR code with your smartphone's camera.



## Watch this!

Learn more by watching a video on our website. Select "Managing Your HRA through Via Benefits (video)" under **Important Messages** on [my.viabenefits.com/opers](https://my.viabenefits.com/opers).

# NEW: Voice-Activated Access to Important Information

Via Benefits is always working to enhance your experience. We're happy to report you can now use our automated voice system 24 hours a day to check your HRA balance, review the status of recent reimbursement requests, and request forms to be mailed to the mailing address saved in your online account.



To access these features, dial **1-844-287-9945 (TTY: 711)**. Verify your identity by saying or entering your date of birth, followed by the last four digits of your Social Security number.

Say **“balance”** to hear your HRA balance

Once you're in the phone system's main menu, you have the following options:



Say **“forms”** to request forms be mailed to you

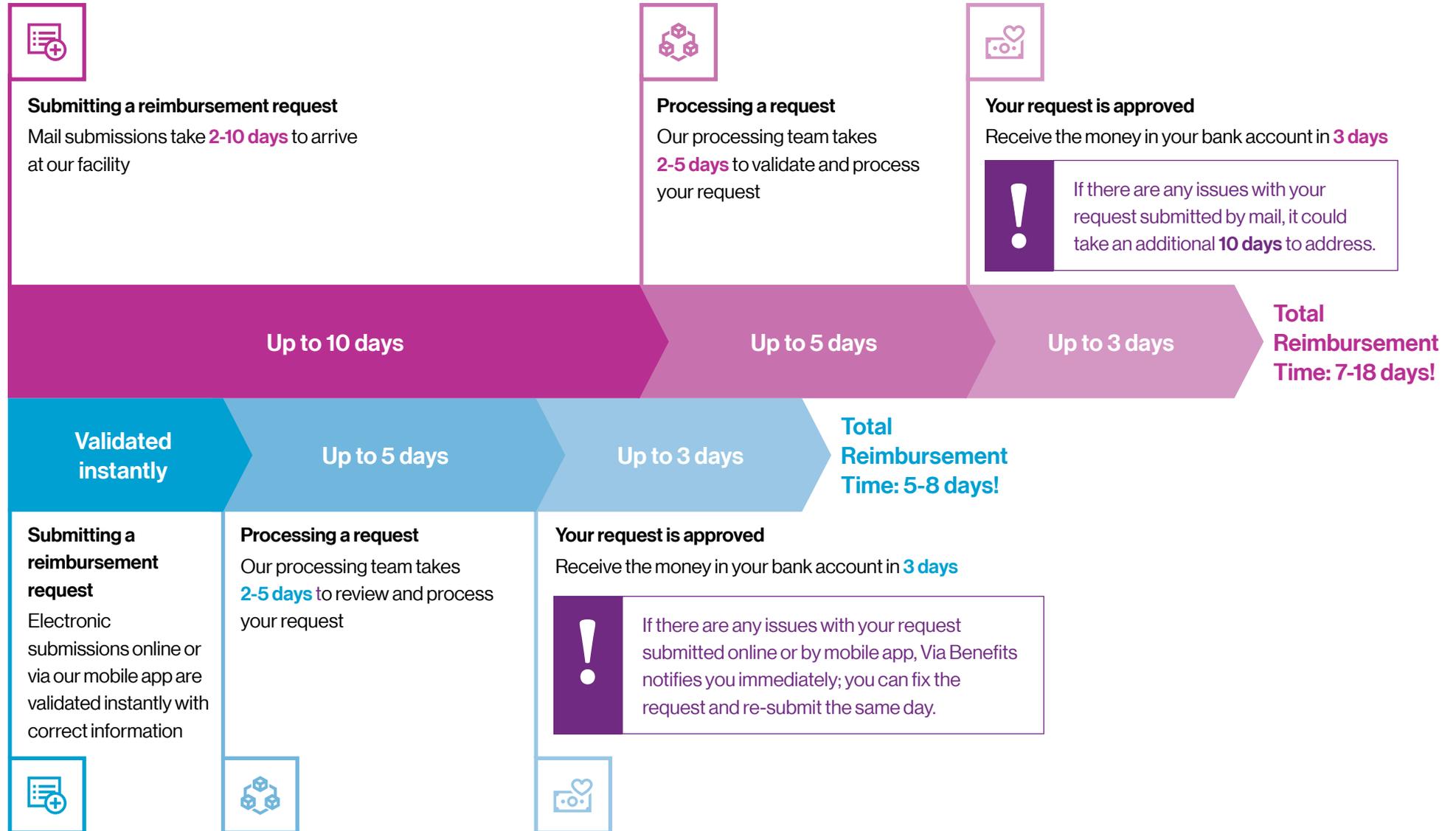
Say **“status”** to hear the amount, date, and status for your three most recent reimbursement requests

You can request reimbursement or direct deposit authorization forms. The system will then read the forms available. Once you indicate which one you want, the system will verify your address, and then submit the form to be mailed

# Save Time – Submit Your Reimbursements with Our App or Online

Want to save time and get your reimbursements faster? Submit your reimbursement requests using our mobile app or website. These two methods are the fastest, safest, and easiest ways to complete your reimbursement request.

 **Mail** versus  **Online or Mobile App**





## Caregivers' Corner

As a part of managing your Health Reimbursement Arrangement (HRA), we recommend you establish a family member or loved one as an authorized representative.

For your protection, we are restricted from sharing your personal health information, even with a spouse or close family member.

Making someone an authorized representative grants them permission to access your Via Benefits account. If something should happen to you, your authorized representative can help handle your affairs.

You may designate an authorized representative for any length of time, and can change your representative any time.

You can also designate more than one individual as a representative on your account. For example, you may want one representative to help in managing your HRA, and another representative to consult with on your health plan choices.



## Three levels of authorization you can grant

	Power of Attorney	Authorization to Release Personal Information - Full	Authorization to Release Personal Information - Limited
	Allows representative to <b>take action on your behalf and make decisions</b>	Allows representative to <b>take action on your behalf</b>	Allows representative to <b>get information only</b>
Discuss health plan enrollments (without making changes)	✓	✓	✓
Enroll you in a plan	✓		
Share protected health information	✓	✓	✓
Establish a Via Benefits online profile	✓	✓	
Update bank account information	✓	✓	
Confirm HRA contribution amount/balance	✓	✓	✓
Submit reimbursement requests on your behalf	✓	✓	
Discuss HRA details (status of reimbursement, denial reasons, etc.)	✓	✓	✓

To set this up, you may provide verbal authorization by contacting Via Benefits at [1-844-287-9945 \(TTY: 711\)](tel:1-844-287-9945), Monday through Friday from 8:00 a.m. until 9:00 p.m. Eastern Time. A Via Benefits representative can walk you through the process.

If you're unable to come to the phone, a Via Benefits representative can provide information about how to submit documentation for review.

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\*Extend Insurance Services, LLC is changing its d/b/a from Towers Watson's OneExchange to Via Benefits Insurance Services.