



OPEN ENROLLMENT GUIDE 2023

Premium and Benefit Changes

Open Enrollment: October 1 - November 15, 2022



Table of Contents

Open Enrollment Checklist	2
Open Enrollment Webinars	3
What's New for Medicare Enrollees 2023	5
Medicare Plans and Premiums	7
2023 Medicare Plan Coverage	9
Medicare Prescription Drug Co-Pays.....	10
What's New for Non-Medicare Enrollees 2023	11
Non-Medicare Plans and Premiums	13
2023 Non-Medicare Plan Coverage.....	16
SERS Wraparound HRA.....	18
Non-Medicare Prescription Drug Co-Pays.....	20
Aetna Institutes of Quality (Orthopedics)	24
Aetna Institutes of Excellence (Transplants).....	24
Notice of Privacy Practices	25
Dental Coverage	26
Vision Coverage.....	28
Important Contacts.....	30

September 1, 2022

To the extent resources permit, SERS intends to continue offering access to health care coverage. However, SERS reserves the right to change or discontinue any plan or program at any time. The following information is not a guarantee of the type of health care coverage, if any, that might be available to you. Please keep in mind that the health care coverage offered through SERS is subject to change, including possible changes in premiums, deductibles, and co-pays, to termination of health care coverage.

Open Enrollment Checklist

This guide can answer most, if not all, of your questions about your 2023 coverage. Use the checklist below if you decide to make any changes to your coverage.



Do you need to return anything to SERS? YES NO

1. Do I want to enroll in or cancel dental coverage for myself, my spouse, or my children?

2. Do I want to enroll in or cancel vision coverage for myself, my spouse, or my children?

If you currently have SERS dental and/or vision coverage, you will remain enrolled.

3. Do I want to change health care plans?

Check the back of the letter that lists your 2023 premiums to determine if other plans are available to you based on the county where you live.

YES: If you checked any of the “YES” boxes above, complete and return the Health Care Enrollment Change Form.

4. Do I want to apply for a Premium Discount?

- See application form for qualifying income levels.
- At least one family member must be enrolled in a SERS Medicare plan to apply.
- If you have received a letter confirming your 2023 Premium Discount enrollment, you do not need to apply.

YES: If you checked the “YES” box above for question #4, complete and return the Premium Discount application.

REMINDER: Do you need to return anything to SERS?

NO: If you answered “NO” to all questions, you do not need to return anything; your current coverage will automatically be renewed.

Open Enrollment Webinars

Meeting dates and times are listed below. When participating in a webinar, you can view the webinar on a computer or tablet, and type in your questions. Registration is required.

Open Enrollment Webinars

Thursday, October 6, 2022, 10 a.m.

Online registration is required. To register, visit:

www.ohsers.org/retirees/health-care-in-retirement/open-enrollment

Tuesday, October 18, 2022, 2 p.m.

Online registration is required. To register, visit:

www.ohsers.org/retirees/health-care-in-retirement/open-enrollment

Thursday, November 3, 2022, 10 a.m.

Online registration is required. To register, visit:

www.ohsers.org/retirees/health-care-in-retirement/open-enrollment

Can't Make a Webinar?

Beginning October 1, 2022, open enrollment videos are available online at www.ohsers.org. Click on Video Center and then Health Care Videos.

Other Ways to Connect:

- Send your question by email to healthcare@ohsers.org
- Call SERS toll-free at 800-878-5853

Remember, your SERS coverage automatically renews each year unless you tell us otherwise.

What's New for Medicare Enrollees 2023

Premiums

Aetna Medicare Plan premiums will remain the same.

Your open enrollment letter lists your premiums for 2023.

Medical Benefits

The following Aetna Medicare Plan co-pays are changing:

- Primary Care Office Visit co-pay will decrease to \$10 from \$20
- Outpatient Rehabilitation Therapies (speech, physical, occupational) co-pay will decrease to \$15 from \$20.
- Cardiac Rehabilitation Services and Pulmonary Rehabilitation Services co-pays will decrease to \$15 from \$20.

Aetna will mail new ID cards at the end of December. The only change will be the office co-pay amount.

Prescription Benefits

While there are no benefit changes, your pharmacy plan will change to Express Scripts Medicare Premier Performance Formulary, expanding the list of covered drugs.

The 2023 formulary will be available after October 1.

If you have specific coverage questions about covered drugs, contact Express Scripts by calling the customer service number on the back of your ID card.

In addition, a few prescription drugs may change to non-preferred, but Express Scripts will send you a letter in advance if you have taken one of those drugs in the last 90 days. If Express Scripts has a working telephone number for you, Know Your Rx will also call you to help you transition to a preferred drug or request an exception for a medical reason.

Premium Discount Program

The Premium Discount Program provides a 25% reduction in monthly health care premiums.

In 2023, the qualifying income will increase to 175% of the Federal Poverty Level from 150%.

Income must be at or below \$23,783 for a single-person household or \$32,043 for a two-person home. In addition, one family member must be enrolled in the SERS Aetna Medicare plan to apply.

The SERS Board also voted to allow a majority of previously approved participants to continue in the program without reapplying.

Dental and Vision Coverage

Delta Dental and VSP vision premiums and benefits will remain the same.

Your coverage automatically renews when you are already enrolled. No further action is needed.

To cancel coverage or join a plan for the first time, complete the Health Care Enrollment Change Form found in this packet and submit it by November 15, 2022. Once the new plan year starts, you cannot make enrollment changes mid-year.

Reminder: If You Leave SERS' Health Care Coverage, You Cannot Return

A small number of retirees and spouses each year respond to television ads or mailings regarding Medicare Advantage or Part D prescription drug plans. Sometimes, retirees think they are requesting more information, but they are actually signing up. If you sign up for another plan, you **cannot** stay in the SERS Medicare plan.

If you sign up for another plan in error, it is important to contact Health Care Services immediately at 1-800-878-5853. You must take steps to cancel the other plan so you can continue with SERS' Medicare coverage.

You cannot re-enroll in SERS' coverage except under limited circumstances after leaving for another plan. You may also lose your SERS Medicare Part B Reimbursement of \$45.50.

Non-Medicare changes are listed on pages 11-12.

Medicare Plans and Premiums

Aetna MedicareSM Plan (PPO)

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage administered by Express Scripts.

Ohio Residents: Aetna has a preferred provider network. Use of out-of-network providers increases your out-of-pocket costs.

Non-Ohio Residents: You can use any medical provider that accepts Medicare patients and agrees to file claims with Aetna.

This plan is available throughout the United States. To enroll, you must have:

- Medicare Part B
- Medicare Part A, if eligible

Aetna MedicareSM Plan (PPO)				
PREMIUM IF YOU HAVE MEDICARE PART A AND PART B				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$117	Not Eligible	Not Eligible	\$117
10 to 14.999	\$64	\$198	\$198	\$89
15 to 19.999	\$64	\$117	\$198	\$89
20 to 24.999	\$64	\$76	\$117	\$89
25 to 29.999	\$64	\$64	\$84	\$64
30 to 34.999	\$64	\$64	\$68	\$64
*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.				
Spouse premium			Child(ren) premium	
24.999 or less	\$198	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	\$149	
25 to 29.999	\$182			
30 or more	\$166			

Aetna MedicareSM Plan (PPO)

PREMIUM IF YOU HAVE MEDICARE PART B ONLY

Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$297	Not Eligible	Not Eligible	\$297
10 to 14.999	\$127	\$558	\$558	\$208
15 to 19.999	\$127	\$297	\$558	\$208
20 to 24.999	\$127	\$166	\$297	\$208
25 to 29.999	\$64	\$64	\$84	\$64
30 to 34.999	\$64	\$64	\$68	\$64

*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.

Spouse premium

24.999 or less	\$558	Spouse premium is based on the service retiree, disability recipient, or member's service credit.
25 to 29.999	\$182	
30 or more	\$166	

Aetna Traditional Choice

This plan is NOT available for optional enrollment. SERS determines when enrollment is appropriate. Medicare Part D prescription drug coverage is administered through Express Scripts.

Aetna Traditional Choice

SPECIAL CIRCUMSTANCES FOR ENROLLMENT (Part A Only)

Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$408	Not Eligible	Not Eligible	\$408
10 to 14.999	\$166	\$781	\$781	\$281
15 to 19.999	\$166	\$408	\$781	\$281
20 to 24.999	\$166	\$222	\$408	\$281
25 to 29.999	\$166	\$166	\$259	\$166
30 to 34.999	\$166	\$166	\$184	\$166

*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.

Spouse premium

24.999 or less	\$781	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	Child(ren) premium
25 to 29.999	\$706		
30 or more	\$632		

2023 Medicare Plan Coverage

	Aetna Medicare SM Plan (PPO)	
	In Network	Out of Network
Out-of-Pocket Maximum This amount is the most you will pay in a calendar year. Once you reach the maximum, your medical plan pays 100%. What you pay in co-pays and coinsurance counts toward your out-of-pocket maximum.	\$3,000 per person	\$6,700 per person
Deductible	None	None
Primary Care Office Visit	\$10 co-pay	20% coinsurance
Specialist Office Visit	\$30 co-pay	20% coinsurance
Outpatient Diagnostic X-ray	\$25 co-pay	20% coinsurance
Outpatient Diagnostic Lab	100% coverage	20% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room (co-pay waived if admitted)	\$100 co-pay	\$100 co-pay
Ambulance	\$80 co-pay	\$80 co-pay
Inpatient Hospital	\$150 co-pay per day 1-5, then 100% coverage	20% coinsurance
Outpatient Surgery/Procedures	15% coinsurance up to \$200 maximum	20% coinsurance
Skilled Nursing Facility (100-day max.)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100	
Home Health Care	100% coverage	100% coverage
Hospice	Covered by Medicare	Covered by Medicare
Outpatient Rehabilitation Therapies (PT, OT, Speech)	\$15 co-pay	20% coinsurance
Cardiac Rehabilitation Services	\$15 co-pay	20% coinsurance
Chiropractic	\$20 co-pay limited to Medicare-covered services	20% coinsurance limited to Medicare-covered services
Durable Medical Equipment	20% coinsurance	20% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs. In the event of a conflict between this information and the plan documents, the plan documents prevail.

Medicare Prescription Drug Co-Pays

Express Scripts for Aetna MedicareSM Plan (PPO)

	Retail Network (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay, max.	\$15 co-pay, max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$15, max. \$67 per 30-day supply)
Non-preferred brand name	No coverage	No coverage
INSULIN ONLY		
Preferred brand name	\$25 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

In the event of a conflict between this information and the plan documents, the plan documents prevail.

Express Scripts Broad Performance Medicare Network

The Express Scripts Broad Performance Medicare Network is a coverage requirement for Medicare enrollees.

Enrollees must use retail pharmacies within the network or Express Scripts mail order for coverage.

The Express Scripts Broad Performance Medicare Network has a large network of pharmacies nationwide, including CVS, Kroger, Walgreens, Walmart, and many more.

Enrollees filling prescriptions at a non-network pharmacy will pay 100% of the cost.

For more information on network pharmacies, create an account at www.express-scripts.com. Once logged in, click on "Prescriptions" and then "Find a Pharmacy." Or you can call Express Scripts' Customer Service toll-free at 1-866-258-5819 (TDD: 1-800-716-3231).

What's New for Non-Medicare Enrollees 2023

Premiums

Aetna Choice POS II premiums remain the same as in 2022. However, AultCare PPO premiums are increasing by 1%.

Your open enrollment letter lists your premiums for 2023.

Benefits

There are no benefit changes. However, a few prescription drugs may change to non-preferred, but your pharmacy plan will contact you in advance.

Aetna Choice POS II Participants

Your pharmacy plan will change to the Express Scripts National Preferred Formulary, expanding the list of covered drugs.

The 2023 formulary will be available after October 1.

If you have specific coverage questions about covered drugs, contact Express Scripts by calling the customer service number on the back of your ID card.

Express Scripts will send a letter in advance if you have taken a drug in the last 90 days that will change to non-preferred. If Express Scripts has a working telephone number for you, Know Your Rx will also call you to help you transition to a preferred drug or request an exception for a medical reason.

SERS Wraparound HRA

The Health Reimbursement Arrangement (HRA) limit is increasing to \$1,950 from \$1,800 per family per calendar year.

Benefit Categories	Maximum Reimbursement
Deductible	Reimbursements are limited to \$1,950 per family, per calendar year in accordance with federal limits
Physician office co-pay	
Covered prescription drugs	
Inpatient hospital admission co-pay or coinsurance	
Imaging (X-rays, CT/PET Scans, MRI) co-pay or coinsurance	

The SERS Wraparound HRA benefits only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.

Dental and Vision Coverage

Delta Dental and VSP vision premiums and benefits will remain the same.

Your coverage automatically renews if you are already enrolled. No further action is needed.

To cancel coverage or join a plan for the first time, complete the Health Care Enrollment Change Form found in this packet and submit it by November 15, 2022.

Turning 65 Soon?

Several months before turning 65, you will receive an Approaching 65 packet. It will have information on Medicare enrollment and the Aetna Medicare Plan (PPO).

SERS' Medicare coverage has lower premiums, helps pay some of the costs not covered by Medicare, and includes a Part D prescription drug plan. In addition, most enrollees are eligible to receive the SERS Medicare Part B Reimbursement of \$45.50 per month.

SERS will automatically enroll you into the Aetna Medicare Plan (PPO) when you provide timely proof of your Medicare Part B enrollment unless you waive SERS' coverage.

SERS requires enrollees eligible for Medicare Part B to enroll through Medicare and maintain Medicare Part B enrollment.

Medicare Plan changes are listed on pages 5-6.

Non-Medicare Plans and Premiums

Non-Medicare plans are available to benefit recipients and dependents under age 65 and not Medicare eligible.

Aetna Choice POS II

This is a Preferred Provider Organization (PPO) plan with prescription drug coverage by Express Scripts. **The plan is available throughout the United States.**

To enroll in this plan, you must:

- Be under age 65
- Not be eligible for Medicare

Use of out-of-network providers will increase your out-of-pocket costs.

Aetna Choice POS II			
NON-MEDICARE			
Service Years	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	Not Eligible	Not Eligible	\$780
10 to 14.999	\$1,524	\$1,524	\$526
15 to 19.999	\$780	\$1,524	\$526
20 to 24.999	\$407	\$780	\$526
25 to 29.999	\$296	\$482	\$296
30 to 34.999	\$296	\$333	\$296
*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.			
Spouse premium		Spouse premium is based on the service retiree, disability recipient, or member's service credit.	Child(ren) premium
24.999 or less	\$1,227		\$296
25 to 29.999	\$1,108		
30 or more	\$989		

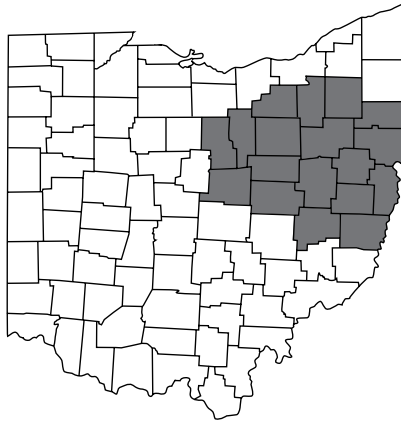
AultCare PPO

This is a Preferred Provider Organization (PPO) plan with prescription drug coverage by AultCare.

To enroll in this plan, you must:

- Be under age 65 and not eligible for Medicare
- Live in one of the Ohio counties listed on the map

Use of out-of-network providers will increase your out-of-pocket costs.



- Ashland
- Belmont
- Carroll
- Columbiana
- Coshocton
- Guernsey
- Harrison
- Holmes
- Jefferson
- Knox
- Mahoning
- Medina
- Portage
- Richland
- Stark
- Summit
- Tuscarawas
- Wayne

AultCare PPO

NON-MEDICARE

Service Years	August 1, 1989 through July 1, 2008	Retirement on or after August 1, 2008*	Disability Recipients
5 to 9.999	Not Eligible	Not Eligible	\$571
10 to 14.999	\$1,106	\$1,106	\$389
15 to 19.999	\$571	\$1,106	\$389
20 to 24.999	\$303	\$571	\$389
25 to 29.999	\$222	\$356	\$222
30 to 34.999	\$222	\$249	\$222

*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.

Spouse premium		Spouse premium is based on the service retiree, disability recipient, or member's service credit.	Child(ren) premium
24.999 or less	\$891		\$167
25 to 29.999	\$805		
30 or more	\$720		

2023 Non-Medicare Plan Coverage

	Aetna Choice POS II	
	In Network	Out of Network
Out-of-Pocket Maximum <ul style="list-style-type: none"> This amount is the most you will pay in a calendar year. Once you reach the maximum, your medical plan pays 100%. What you pay in co-pays and coinsurance counts toward your out-of-pocket maximum. 	\$7,350 per person \$14,700 per family	Not Limited
Deductible Coinsurance applies after the deductible is met	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
Primary Care Office Visit	\$20 co-pay	90% coinsurance
Specialist Office Visit	\$40 co-pay	90% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	90% coinsurance
Retail Walk-In Clinic	\$20 co-pay	90% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	\$150 co-pay	\$150 co-pay
Ambulance	20% coinsurance	20% coinsurance
Inpatient Hospital*	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
	*For joint replacements, spine surgery, and transplants, see page 24.	
Outpatient Surgery / Procedures	20% coinsurance	90% coinsurance
Skilled Nursing Facility (100-day max.)	20% coinsurance	90% coinsurance
Home Health Care	20% coinsurance	90% coinsurance
Hospice Care	100% coverage	100% coverage
Short-Term Rehabilitation Services	20% coinsurance	90% coinsurance
Chiropractic	20% coinsurance	90% coinsurance
Durable Medical Equipment	20% coinsurance	90% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs. In the event of a conflict between this information and the plan documents, the plan documents prevail.

AultCare PPO	
In Network	Out of Network
\$7,350 per person \$14,700 per family	\$14,700 per person \$29,400 per family
\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
\$20 co-pay	35% coinsurance
\$40 co-pay	35% coinsurance
20% coinsurance	35% coinsurance
\$20 co-pay	35% coinsurance
\$40 co-pay	\$40 co-pay
\$150 co-pay	\$150 co-pay
20% coinsurance	20% coinsurance
20% coinsurance after \$250 co-pay	35% coinsurance after \$290 co-pay
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
Inpatient: 100% coverage Outpatient: 20% coinsurance	20% coinsurance
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance

SERS Wraparound HRA

Unless the federal government extends it, the Marketplace Open Enrollment for 2023 will run from November 1, 2022, to December 15, 2022.

If you are currently enrolled in the SERS Wraparound Health Reimbursement Arrangement (HRA), you will receive 2023 premium and plan information directly from your Marketplace plan.

- To select a different Marketplace plan, contact HealthSCOPE Benefits toll-free at 888-236-2377 for assistance.
- To select a SERS group plan, contact SERS toll-free at 800-878-5853. Complete and return the Health Care Enrollment Change Form to SERS by December 15, 2022. You also need to contact your Marketplace plan to cancel 2023 coverage.

How the SERS Wraparound Plan Works

The SERS Wraparound HRA works in combination with the Health Insurance Marketplace. You first select a Marketplace plan with the help of a counselor from our plan administrator, HealthSCOPE Benefits.

Next, the counselor will help you review the Marketplace plans that are best for you, and assist you in signing up for a plan. The counselor also will tell you whether you are eligible for a federal subsidy to help you pay your Marketplace plan premiums.

After you have enrolled in your Marketplace plan, the SERS Wraparound HRA provides reimbursements for eligible medical expenses, such as deductibles, co-pays, and other costs. Reimbursement is limited to \$1,950 per family, per calendar year, in accordance with federal limits.

To explore this coverage option, call HealthSCOPE Benefits toll-free at 888-236-2377.

This coverage option is NOT available if you:

- Are eligible for Medicare,
- Are eligible for Medicaid, or
- Have a family member enrolled in a SERS Medicare Advantage Plan.

Important Facts

- You are responsible for paying the monthly premium directly to the Marketplace plan. SERS cannot deduct Marketplace premiums from your pension payment.
- Federal subsidies offered in the Marketplace are based on household size and whole-household income.
- There is no additional premium for the SERS Wraparound HRA.

SERS Wraparound HRA Benefits

Benefit Categories	Maximum Reimbursement
Deductible	Reimbursements are limited to \$1,950 per family, per calendar year in accordance with federal limits.
Covered prescription drugs	
Physician office visit co-pay	
Inpatient hospital admission co-pay or coinsurance	
Imaging (X-rays, CT/PET Scans, MRI) co-pay or coinsurance	
All benefit category costs in the aggregate are subject to the overall total Maximum Amount under this Plan. Such costs can be used in various combinations but shall not, in the aggregate, exceed the Maximum Amount. Reimbursement is limited to cost sharing after the participant’s Marketplace plan has adjudicated any claim(s). Actual reimbursement may vary according to the participant’s Marketplace plan’s terms, but will in no event exceed the participant’s actual out-of-pocket expenses under the applicable Marketplace plan.	
The SERS Wraparound HRA eligible expenses noted above only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.	

Non-Medicare Prescription Drug Co-Pays

Express Scripts for Aetna Choice POS II Plan

	Retail (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay, max.	\$15 co-pay, max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100) Only certain specialty medications allowed at retail.	25% of cost (min. \$15, max. \$67 per 30-day supply) Different co-pay amounts apply for medications eligible for SaveonSP co-pay assistance program.
Non-preferred brand name	No coverage	No coverage
INSULIN ONLY		
Preferred brand name	\$25 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

In the event of a conflict between this information and the plan documents, the plan documents prevail.

AultCare Plan PPO

	Retail (30-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay, max.	\$15 co-pay, max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	\$100 co-pay	\$100 co-pay, 30-day supply only
Non-preferred brand name	100% of cost	100% of cost
INSULIN ONLY		
Preferred brand name	\$30 co-pay	\$60 co-pay
Non-preferred brand name	\$45 co-pay	\$115 co-pay

In the event of a conflict between this information and the plan documents, the plan documents prevail.

Maintenance Refills (Aetna Choice POS II, AultCare PPO)

Maintenance medications may only be filled through home delivery. New prescriptions may be filled for the first two times at a retail pharmacy, but all refills must be obtained through home delivery.

Maintenance medications are drugs used to treat conditions that are considered chronic. These conditions require regular or daily use of maintenance medications.

Specialty Medications (Aetna Choice POS II only)

Specialty medications for the Aetna Choice POS II plan must be filled by mail order through Accredo, Express Scripts' specialty pharmacy. Accredo sends deliveries overnight.

The only retail pharmacy exceptions are specialty medications that must be taken within 24 hours of a hospital discharge. Specialty medications typically require special handling, administration, or monitoring. These drugs treat complex and chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

If you have questions, call Express Scripts toll-free at 866-685-2791.

- **Specialty Co-Pay Assistance (Aetna Choice POS II only)**
SERS participates in a co-pay assistance program with

SaveonSP, which takes advantage of funds available from drug manufacturers to lower your cost and the amount that SERS pays.

Accredo determines whether your specialty medication is eligible for co-pay assistance.

If it is, you will be contacted by SaveonSP to enroll and lower your cost to \$0. SaveonSP only contacts you if your specialty medication is eligible for this assistance.

If you choose not to participate, you will pay a significant co-pay.

The specialty medications in this program are considered non-essential health benefits under the plan, and your co-pay expenses will not be applied toward satisfying the out-of-pocket maximum.

If you take a specialty drug that is not included in the co-pay assistance program with SaveonSP, your prescription will be subject to the specialty medication co-pays listed in the chart on page 20.

Setting up Home Delivery

Here's how to get started:

- **Ask your doctor.** The fastest, easiest way to set-up home delivery is to ask your doctor's office to send your maintenance prescriptions electronically to your Express Scripts or AultCare plan.
- **Contact your plan directly.** If you have questions about getting your medication delivered at home, call the customer service number on the back of your Express Scripts or AultCare ID card.

Aetna Institutes of Quality (Orthopedics)

Aetna's Institutes of Quality are a network of high-performing hospitals, clinics, and health care facilities.

If you use an Institute of Quality, your coinsurance will be lower.

If you go to an out-of-network facility, your cost share will be 90% coinsurance because Aetna does not have contracts with these providers.

Institutes of Quality (Orthopedics)	Other Network Facilities	Out-of-Network Facilities
15% coinsurance after \$250 co-pay for inpatient hospital stay	20% coinsurance after \$250 co-pay for inpatient hospital stay	90% coinsurance after \$290 co-pay for inpatient hospital stay

Aetna Institutes of Excellence (Transplants)

Aetna Institutes of Excellence serve transplant patients. To be selected, a health care facility must meet quality criteria that includes number of procedures, success rates, cost-effective care, how often patients return to the hospital, and complication rates.

If you undergo transplant surgery at a facility not in the Institutes of Excellence network, you pay 100% of the cost.

Institutes of Excellence	All Other Facilities
20% coinsurance after \$250 co-pay for inpatient hospital stay	No Coverage

To Find Institutes of Excellence or Quality:

- Visit www.aetna.com and click on "Find a Doctor"
- Call the toll-free number on the back of your Aetna ID card

Notice of Privacy Practices

You may request the SERS Notice of Privacy Practices at any time.

It covers:

- How SERS may use and disclose protected health information, including SERS' duties to protect health information privacy
- Your privacy rights, including the right to complain to the U.S. Department of Health and Human Services, and to SERS, if you think your privacy rights have been violated

To receive a copy of the notice:

- Contact SERS Health Care Services at 800-878-5853, or
- Submit a request in writing to: School Employees Retirement System, Health Care Services, 300 E. Broad St., Suite 100, Columbus, OH 43215, or
- Email your request to healthcare@ohsers.org

In addition, the notice is available online at www.ohsers.org. Click the Retirees icon, and then go to "Forms and Publications." The *Notice of Privacy Practices – HIPAA* is located under "Retiree Forms."

Dental Coverage

Delta Dental of Ohio is the SERS dental plan. Delta gives you access to two large networks of participating dentists.

Your benefits will be better if your dentist is in the PPO network.

Monthly 2023 Premiums	
Benefit recipient	\$28.25
Benefit recipient and one dependent*	\$56.50
Benefit recipient, and two or more dependents*	\$84.98

* A dependent can be a spouse or a child

Payment

Network dentists have agreed to accept Delta's payment schedule for various services. The percentages on page 27 show how much the plan pays. When a service is not covered at 100%, you pay the remaining portion.

If your dentist is in both the PPO and Premier networks, you will automatically receive the best benefit (PPO network). Some dentists only participate in one network.

Network dentists cannot charge you more than Delta's payment schedule. A non-network dentist who charges more than the payment schedule can bill you the difference.

Network Dentist

To locate a network dentist:

- Call your dentist's office to ask if your dentist is in the Delta network, and if so, ask your provider if your dentist is a PPO or Premier dentist
- Call Delta's customer service at 800-524-0149
- Go to www.deltadentaloh.com/sersohio; click on "Find a Dentist" at the top of the page

Plan Details

Maximum coverage is \$1,500 per person per calendar year. Additionally:

- There is a \$50 deductible per person per calendar year on basic and major services; there is no deductible on diagnostic and preventive services
- Cleanings are covered twice per calendar year
- Two additional cleanings are covered per calendar year for individuals with a documented history of periodontal disease
- Crowns, bridges, dentures, and implants are covered once per tooth per eight-year period

DENTAL COVERAGE HIGHLIGHTS

Benefit Year – January 1 through December 31, 2023	PPO <u>Dentist</u> Plan Pays	Premier <u>Dentist</u> Plan Pays	Non- Participating <u>Dentist</u> Plan Pays*
Final plan documentation prevails			
DIAGNOSTIC AND PREVENTIVE (no deductible)			
Diagnostic and Preventive Service – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Radiographs – bitewing and full-mouth X-rays	100%	80%	80%
BASIC SERVICES (\$50 deductible applies)			
All Other Radiographs – other X-rays	80%	60%	60%
Minor Restorative Services – fillings	80%	60%	60%
Endodontic Services – root canals other than molar teeth	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Simple Extractions – non-surgical removal of teeth	80%	60%	60%
Other Oral Surgery Service – dental surgery	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
MAJOR SERVICES (\$50 deductible applies)			
Crown Repair – to individual crowns	50%	40%	40%
Molar Root Canals	50%	40%	40%
Major Restorative Services – crowns and veneers	50%	40%	40%
Osseous Surgery	50%	40%	40%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	50%	40%	40%
Surgical Extractions – surgical removal of fully or partially bony impacted teeth	50%	40%	40%
Relines and Repairs – to bridges, dentures, and implants	50%	40%	40%
Prosthetic Services – bridges, implants, and dentures	50%	40%	40%

* When you receive services from a nonparticipating dentist, the percentages listed in this column indicate the portion of Delta Dental's nonparticipating dentist fee that will be paid for those services. The nonparticipating dentist fee paid by Delta may be less than what your dentist charges, and you are responsible for the difference.

Vision Coverage

VSP is the SERS vision plan. Preferred providers are located in retail, neighborhood, medical and professional settings. VSP also contracts with Costco Optical, Walmart, Visionworks, and others.

Monthly 2023 Premiums	
Benefit recipient	\$6.17
Benefit recipient and one dependent*	\$12.35
Benefit recipient, and two or more dependents*	\$14.49

* A dependent can be a spouse or a child

VSP Does Not Mail ID Cards

A VSP ID card **is not needed** to receive your vision benefit.

Tell your provider that you have VSP coverage through SERS when making an appointment.

VSP Providers

To locate a VSP provider:

- Call customer service at 800-877-7195
- Visit www.vsp.com and click on “Find a Doctor”

If you see a non-network (Open Access) provider, you may be responsible for paying the bill and submitting a reimbursement request to VSP. If a non-network provider charges more than VSP allows for payment, the provider can bill you the difference.

Access to Savings on Hearing Aids: TruHearing

You and your extended family members also have the opportunity to save on hearing aids through TruHearing®.

TruHearing is not health insurance. To receive this special pricing, you must schedule your hearing appointment through a TruHearing representative. For more information, call TruHearing toll-free at 877-396-7194, or visit www.truhearing.com/vsp.

VISION COVERAGE HIGHLIGHTS**Coverage with VSP Doctors** Coverage Effective 01/01/2023

Services	Description	Co-pay	Frequency
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frames	<ul style="list-style-type: none"> \$200 frame allowance \$220 featured frame brands allowance 20% savings on the amount over your allowance \$200 Walmart®/Sam's Club® frame allowance \$100 Costco® frame allowance 	Included in prescription glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	Included in prescription glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> Polycarbonate lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$50 \$50	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts; co-pay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal imaging for members with diabetes, covered-in-full Exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision, or to monitor ongoing conditions such as dry eye, diabetic eye disease, and glaucoma Coordination with your medical coverage may apply. Ask your VSP network doctor for details 	\$20 per exam	As needed
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price discounts only available from contracted facilities. 		

Coverage with a retail chain may be different. Once your coverage is effective, visit vsp.com for details.

Coverage information subject to change. In the event of a conflict between this information and the SERS contract with VSP, the terms of the contract prevail.

Important Contacts

Aetna MedicareSM Plan (PPO)

SERS.AetnaMedicare.com
Toll-free: 866-282-0631
TDD: 711

Aetna Choice POS II

aetnaresource.com/p/new_SERS-
Commercial-Plan-Microsite
Toll-free: 800-826-6259
TDD: 711

Aetna Traditional Plan

aetnaresource.com/p/new_SERS-
Commercial-Plan-Microsite
Toll-free: 800-826-6259
TDD: 711

AultCare PPO

www.aultcare.com
Local: 330-363-6360
Toll-free: 800-344-8858
TDD: 866-633-4752

Delta Dental

www.deltadentaloh.com/sersohio
Toll-free: 800-524-0149
TDD: 711
Group #: 1200-0001-0002

Express Scripts (Medicare)

www.express-scripts.com
Toll-free: 866-258-5819
TDD: 800-716-3231

Express Scripts (Non-Medicare)

www.express-scripts.com
Toll-free: 866-685-2791
TDD: 800-759-1089

HealthSCOPE Benefits for SERS Wraparound HRA

Toll-free: 888-236-2377
SERS@healthscopebenefits.com

School Employees Retirement System of Ohio (SERS)

www.ohsers.org
Toll-free: 800-878-5853
Email: Healthcare@ohsers.org
Fax: 614-340-1820

VSP Vision Care

www.vsp.com
Toll-free: 800-877-7195
TDD: 800-428-4833
Group #: 30041628