MEDICARE ADVANTAGE PLAN COMPARISON WORKSHEET

Use this worksheet to compare the Aetna Medicare Plan's **in-network** coverage to other plans. Remember, if you waive SERS' health care, you may not be able to enroll in the future. Contact SERS for more information.

	2025 SERS Plan	Plan 2	Plan 3
Plan Name	**Aetna Medicare℠ Plan (PPO)**		
Plan Type	Preferred Provider Organization		
Are my doctors and hospitals in the plan's network?	Ohio residents will pay more if they use providers outside the Aetna Medicare PPO network.	Yes / No	Yes / No
Coverage outside of service area?	Yes	Yes / No	Yes / No
Do I need referrals?	No	Yes / No	Yes / No
Monthly Premium			
Deductible (Annual)	None		
Out-of-Pocket Maximum	$3,000 per person		
Primary Care Office Visit	$0 co-pay		
Specialist Office Visit	$20 co-pay		
Inpatient Hospital	$150 per day for first five days, then plan covers 100%		
Emergency Room	$100 co-pay, waived if admitted		
Ambulance	$80 co-pay		
Urgent Care	$40 co-pay		
Outpatient Diagnostic X-ray	$25 co-pay		
Outpatient Diagnostic Lab	$0 co-pay		
Outpatient Surgery	15% coinsurance up to $200 max.		
Outpatient Rehabilitation Therapies (speech, physical, occupational)	$15 co-pay		
Chiropractic	$20 co-pay limited to Medicare-covered services		
Durable Medical Equipment	20% coinsurance		
Skilled Nursing Facility	Co-pays: $0 per day 1-10, $25 per day 11-20, $50 per day 21-100 (100-day max.)		
Home Health Care	$0 co-pay		
Preventive Care	100% coverage		
Vision	Annual exam / eyewear discounts		
Hearing	Annual exam / device discounts		
Over-the-Counter Allowance	$60 quarterly	Yes / No	Yes / No
Are wellness programs included?	Yes, SilverSneakers®	Yes / No	Yes / No
Is disease management offered?	Yes	Yes / No	Yes / No
Is a prescription drug (Part D) plan included?	Yes - Express Scripts Part D Plan (see other side)	Yes / No	Yes / No
SERS Medicare Part B Reimbursement ($45.50 per month added to SERS pension payment)	Must have SERS coverage to be eligible for reimbursement. (Spouses and dependents do not qualify).	No	No

OVER for Drug Coverage

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PRESCRIPTION DRUG COVERAGE

All of SERS' Medicare plans include Medicare Part A (hospitalization), Part B (medical), and Part D (prescription drugs). Under federal rules, if you buy an individual Part D plan, your SERS health care coverage could be cancelled.

	SERS Plan	Plan 2	Plan 3
Plan Name	**Express Scripts Part D Plan**		
Is prescription drug coverage included in the monthly health care premium?	Yes. See other side for monthly premium.	Yes / No If no, monthly Rx premium $_____	Yes / No If no, monthly Rx premium $_____
Is there a deductible for prescriptions?	No	Yes / No If yes, $_____	Yes / No If yes, $_____
Is mail order available?	Yes	Yes / No	Yes / No
RETAIL (34-day supply)			
Is there a retail network requirement?	Yes	Yes / No	Yes / No
Generic	$7.50 co-pay max.		
Preferred brand name	25% of cost (min. $25 / max. $100)		
Specialty medications	25% of cost (min. $25 / max. $100)		
Non-preferred brand name	No coverage		
MAIL ORDER (90-day supply)			
Generic	$15 co-pay max.		
Preferred brand name	25% of cost (min. $45 / max. $200)		
Specialty medications	25% of cost (min. $15 / max. $67 for 30-day supply)		
Non-preferred brand name	No coverage		
INSULIN ONLY			
RETAIL			
Preferred brand name	25% of cost (max. $25)		
Non-preferred brand name	25% of cost (max. $35)		
MAIL ORDER			
Preferred brand name	25% of cost (min. $45 / max. $60)		
Non-preferred brand name	25% of cost (max. $90)		