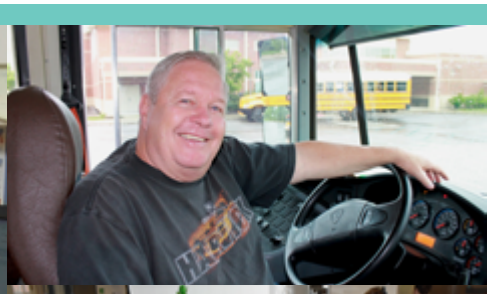
2025 Member Health Care Guide



School Employees Retirement System of Ohio
Serving the People Who Serve Our Schools®
800-878-5853 | www.ohsers.org

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School Employees Retirement System of Ohio
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GENERAL INFORMATION

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Introduction

This guide is for future retirees and benefit recipients of the School Employees Retirement System of Ohio (SERS) who may be eligible for SERS' health care coverage. It provides information about current health care coverage and addresses a range of topics. The information in this guide is only an overview of the health care plans that are available and does not provide a complete description of each plan's coverage. When you enroll in SERS' health care coverage, you will receive a summary of benefits.

To the extent that 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. If you have questions or need more details, email us at healthcare@ohsers.org or call us at 800-878-5853.

This information is effective January 1, 2025.

Eligibility

Service Retiree

You are eligible for coverage if you have at least 10 years of qualified service credit at retirement. Qualified service credit includes:

- Earned or restored service credit
- Contributing service credit from State Teachers Retirement System of Ohio (STRS), Ohio Public Employees Retirement System (OPERS), Ohio Police & Fire Pension Fund (OP&F), Ohio Highway Patrol Retirement System (HPRS), and the Cincinnati Retirement System (CRS), if it was not earned at the same time as SERS' service credit
- Workers' Compensation credit

Qualified service credit does not include:

- Military (other than free or interrupted military service credit)
- Federal government, private school, or out-of-state service credit
- Exempted service
- Service credit purchased by a school employer under an Early Retirement Incentive Plan (ERI)

Disability Benefit Recipient

If you receive a disability benefit, you are eligible for health care coverage. The effective date of coverage is the later of the following dates:

- The effective date of the disability benefit
- The first day of the month following approval of the disability benefit

A disability benefit recipient enrolling in health care coverage is required to file an application with Social Security for Social Security Disability Insurance (SSDI). This determination establishes your eligibility for Medicare based on a disability when you are under age 65.

SERS will assist you with filing the SSDI application.

To be eligible for health care coverage under a conversion retirement, you must have at least 10 years of qualified service credit, which includes the years you received a disability allowance.

Dependent Coverage

When you enroll in SERS' coverage, you may cover your spouse and children as dependents.

A child includes:

- A biological or legally adopted child, stepchild, or child for whom you have legal custody, up to age 26.
- A child, regardless of age, who is permanently and totally disabled, if the disability existed prior to the child reaching age 26.
  - "Permanently and totally disabled" means the child is unable to engage in any substantial gainful activity due to physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of at least 12 months.

If you want to enroll your spouse, you must provide your spouse's Social Security number, and copies of his or her birth certificate, and your marriage certificate. To enroll dependent children, you must provide the Social Security number, and a copy of the birth certificate or legal custody papers, if applicable, for each child.

If you are enrolling a disabled child, contact SERS' Health Care Department at 800-878-5853 for additional forms that may need to be completed.

Q. Can my spouse be covered by SERS' health care coverage if I pass away?

A. Yes. If you selected one of the Joint Survivor payment plans (Plans A, C, D, or F) with your spouse as beneficiary, your spouse will be eligible for health care coverage.

Service retirees must select a Joint Survivor payment plan A, C, D, or F to provide continuing access to coverage for qualified dependents in the event of the retiree's death.

Enrollment

There are three times when you can enroll in SERS' coverage:

- When you retire or begin receiving a disability benefit
- Within 90 days of becoming eligible for Medicare
- Within 31 days of the involuntary termination of health care coverage under another plan. Proof of involuntary termination is required.
  - Failing to pay the premium or ending coverage because of plan changes does not count as involuntary termination.

If you do not enroll your spouse or children when you enroll, you can enroll them under the following circumstances:

- Within 31 days of marriage
- Within 31 days of the birth, adoption, or custody of a child
- Within 90 days of the dependent becoming eligible for Medicare
- Within 31 days of the involuntary termination of health care coverage under another plan. Proof of involuntary termination is required.
  - Failing to pay the premium or ending coverage because of plan changes does not count as involuntary termination.

Q. ***I will be eligible for SERS' health care coverage, but I plan to enroll in my spouse's employer plan until my spouse retires. Will I be able to enroll in SERS' coverage later?***

A. Yes. Once your spouse's employment or coverage ends, you and your spouse have 31 days to enroll in SERS' health care coverage.

Coverage Through Another Ohio Retirement System

If your spouse is retired from another Ohio public retirement system, you cannot waive (decline) SERS' health care coverage to be covered under your spouse's plan. Likewise, if your spouse is eligible for health care coverage at another Ohio retirement system, your spouse cannot be on your SERS coverage.

Eligible coverage includes instances where an Ohio retirement system provides a payment, stipend, or reimbursement to obtain medical or prescription coverage.

Reemployment

If you retire and then take a new job or go back to work for a public or private employer, you may temporarily lose eligibility for SERS' health care coverage while you are reemployed. Once reemployment ends, your eligibility will be restored.

This does not impact individuals enrolled in Medicare Part B.

SERS' health care eligibility is lost when:

- You are eligible for medical and prescription coverage through your new employer, or
- You are not eligible for medical and prescription coverage through your new employer but other employees in comparable positions are eligible for coverage. The coverage available to employees in comparable positions must be at the same cost as full-time employees.

You will not lose your eligibility for SERS' coverage if you do not have access to the employer coverage or it costs employees in comparable positions more than full-time employees pay.

Termination of Eligibility

If you are affected by this rule, you will be notified of the date your SERS health care coverage is terminated. Because you must be enrolled in SERS' coverage to enroll your spouse and dependents, termination of your eligibility may affect their coverage.

Regaining Eligibility

Your eligibility for SERS' health care coverage will be restored after you stop working. You will have 31 days after you lose employer coverage to enroll in SERS' coverage.

Dependent Coverage

This rule also applies to your spouse. If your spouse has SERS' health care coverage, and is or becomes eligible for employer coverage, your spouse will lose eligibility for SERS' coverage. Your eligibility will not be affected by your spouse's loss of coverage.

If your child has SERS' coverage and is or becomes eligible for employer coverage, that child will not lose SERS' coverage. Federal law provides that coverage may continue to age 26, regardless of the child's employment or eligibility for employer coverage.

Please notify SERS if you or your spouse become employed.

Questions: If you have questions on whether this rule affects you, please call SERS at 800-878-5853.

Waiver and Cancellation

You can waive health care coverage at any time. If you choose to waive coverage, dependent coverage for your spouse and children will automatically end.

If you waive coverage, you can re-enroll under the following qualifying events:

- Within 90 days of becoming eligible for Medicare
- Within 31 days of the involuntary termination of health care coverage under another plan. Proof of involuntary termination is required.
  - Failing to pay premiums or ending coverage because of plan changes does not count as involuntary termination.

Cancellation of Spouse/Dependent Coverage

To cancel coverage for one or more dependents, you must send a written request to SERS. Both you and your spouse must sign the cancellation request if the cancellation is for your spouse.

Dental/Vision Enrollment

SERS offers dental and vision coverage through Delta Dental of Ohio and VSP Vision Care.

To sign up for dental and/or vision coverage, you must be eligible for SERS' health care coverage, but you do not have to be enrolled. You must enroll in dental/vision coverage to enroll your spouse and/or children.

The 2024-2025 enrollment period ends December 31, 2025, regardless of your effective date of coverage. Once enrolled, you must remain enrolled through December 31, 2025, and pay monthly premiums.

Dental and vision coverage can only be canceled mid-year if you also are canceling SERS' medical and prescription coverage.

If you do not enroll at retirement or when you start receiving a disability benefit, you can enroll:

- During the biennial Open Enrollment period for dental and vision
- Within 31 days of an involuntary termination of another dental or vision plan

See pages 32-33 for monthly premiums and benefits.

Q. When will I get my identification cards?

A. Your plan identification cards will typically arrive in the mail approximately five to seven days before your plan takes effect. VSP does not issue ID cards. If your vision provider accepts VSP, it will file any claim for you. If it does not, you will need to submit a VSP manual claim form.

NON-MEDICARE COVERAGE

Selecting Coverage Before Medicare

SERS' Marketplace Wraparound HRA

SERS' Traditional Non-Medicare Plans

NON-MEDICARE COVERAGE

Selecting Coverage Before Medicare

Before you reach Medicare eligibility, SERS offers two health care options.

The **SERS Marketplace Wraparound Health Reimbursement Arrangement (HRA)** is often the most affordable option. SERS helps you enroll in a federal Health Insurance Marketplace plan with an individualized premium based on household size and income. The Marketplace offers a variety of plans in every state, including Ohio. Marketplace plan premiums can be as low as $0.

- During your enrollment in a Marketplace plan, SERS will reimburse you up to $2,150 per calendar year for out-of-pocket expenses, including deductibles, co-pays, and other cost-sharing.
- Reduced Marketplace premiums, in combination with the HRA reimbursements, make the SERS Marketplace Wraparound HRA an affordable health care option.

SERS also offers traditional group plans, **Aetna Choice POS II and AultCare PPO**, that resemble employer coverage, but are generally more expensive.

Applicants are required to contact UMR at 1-888-236-2377 to complete non-Medicare counseling. UMR counselors help applicants understand what Marketplace plans are available, the costs, and benefits.

Counseling is not required when a family member is enrolling in SERS' Aetna Medicare Plan (PPO). The Aetna Choice POS II plan is the only option for the non-Medicare family member.

SERS' Marketplace Wraparound HRA	Aetna Choice and AultCare
SERS' Health Reimbursement Arrangement (HRA) supplements your enrollment in a Health Insurance Marketplace Plan ▪ SERS helps you enroll in an insurance plan through the federal Marketplace. ▪ Most SERS members qualify for federal premium reductions, which are based on household size and income. ▪ You pay the Marketplace Plan premium directly to the plan. ▪ You pay a $0 premium for the SERS Marketplace Wraparound HRA. ▪ The Marketplace Wraparound HRA reimburses you and your family up to $2,150 in deductibles, co-pays and other out-of-pocket costs.	▪ SERS offers traditional group health insurance through Aetna Choice POS II (available nationally) and AultCare PPO (available only in certain Ohio counties). ▪ Monthly premiums are up to $1,630 depending on your qualified years of service. ▪ Retiree group plans are generally more expensive than employer insurance.

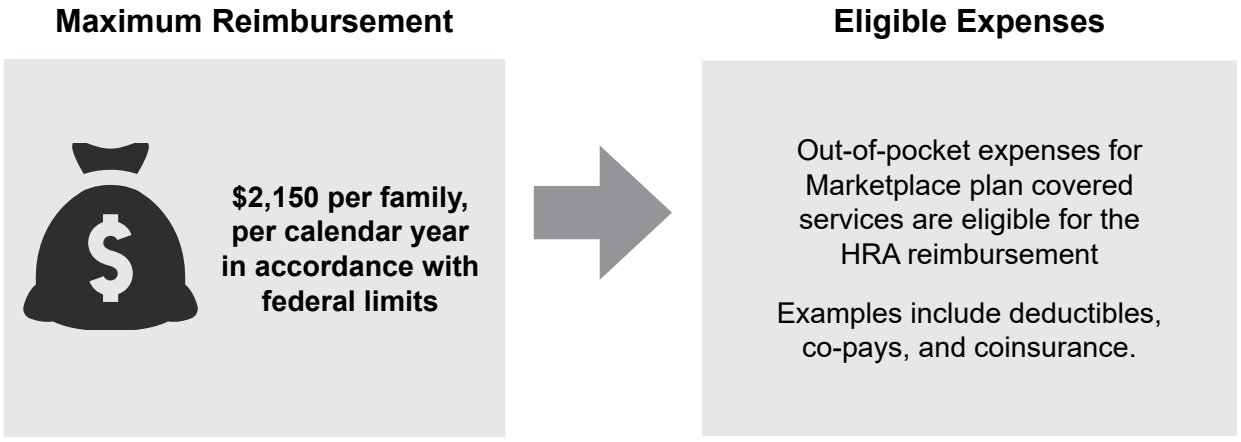
SERS' Marketplace Wraparound HRA

SERS' Marketplace Wraparound HRA works in combination with the federal Health Insurance Marketplace.

A counselor from UMR, SERS' plan administrator, will help you review the best Marketplace plans for you and help you sign up for a plan. The counselor also will tell you if you are eligible for a federal premium reduction to lower your Marketplace plan premium.

The SERS Marketplace Wraparound HRA provides reimbursement for eligible out-of-pocket costs. Reimbursement is limited to $2,150 per family per calendar year.

This option is NOT available if you waive SERS coverage, are Medicare or Medicaid eligible, or will have a family member enrolled in SERS' Medicare Advantage 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.

Important Details:

1. You must enroll in a Marketplace plan through UMR to receive the SERS Marketplace Wraparound HRA reimbursement.
2. You are responsible for paying premiums directly to the Marketplace plan you selected. SERS cannot deduct Marketplace premiums from your benefit.
3. There is no premium for the SERS Marketplace Wraparound HRA reimbursement.
4. The Marketplace offers federal premium reductions based on household size and income. If you have a change in household size or income, you must inform UMR or update your eligibility information with the federal Marketplace.
5. Eligible HRA expenses only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.

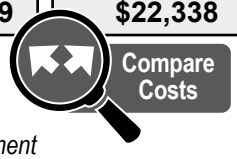
Comparing SERS' Marketplace Wraparound HRA Costs with Traditional Group Plans

These are premium examples from the federal Marketplace. Your premium and out-of-pocket costs will be specific to your situation. Plan availability, the plan level chosen, and eligibility for a federal premium reduction influence overall costs.

2025 Silver-Level Marketplace Plan Cost Examples Based on Average Health Care Use

Marketplace Silver Plan* with SERS' Wraparound HRA						SERS' Aetna Choice POS II
Premiums for an <u>INDIVIDUAL</u>, age 60.						
Annual Household Income	**$25,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	
Monthly Premium	**$12.98**	**$48.98**	**$153.98**	**$282.98**	**$422.98**	**$354.00****
Out-of-Pocket Estimate	$1,234	$1,234	$2,422	$2,422	$2,422	$1,947
Estimated SERS' HRA Reimbursement	-$1,234	-$1,234	-$2,150	-$2,150	-$2,150	$0
Total Yearly Cost***	**$156**	**$588**	**$2,120**	**$3,668**	**$5,348**	**$6,195**

Marketplace Silver Plan* with SERS' Wraparound HRA						SERS' Aetna Choice POS II
Premiums for a <u>MARRIED COUPLE</u>, ages 60, 62.						
Annual Household Income	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	
Monthly Premium	**$0**	**$60.54**	**$157.54**	**$286.54**	**$411.54**	**$1,537.00**
Out-of-Pocket Estimate	$733	$2,345	$4,491	$4,491	$4,491	$3,894
Estimated SERS' HRA Reimbursement	-$733	-$2,150	-$2,150	-$2,150	-$2,150	$0
Total Yearly Cost***	**$0**	**$921**	**$4,231**	**$5,779**	**$7,279**	**$22,338**



**Based on Silver Classic Standard (Select) from Oscar Health Insurance*

***Based on 30 years of service*

****Total Yearly Cost = yearly premiums + yearly deductible + copays and coinsurance - HRA reimbursement*

Call UMR Today to Learn About Marketplace Plan Options

Call UMR at 1-888-236-2377 to learn about Marketplace plans and premiums. UMR Counselors will help you decide which SERS option is best for you.

Marketplace Counseling Checklist

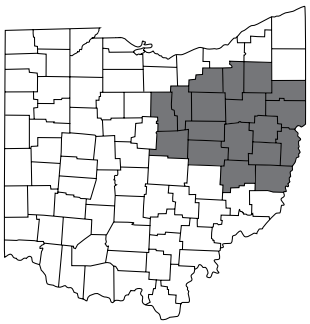
- ❒ Will you need single or family coverage? What are the ages for those seeking coverage?
- ❒ ZIP code where you live
- ❒ Estimated gross yearly household income. It may be helpful to have a copy of your most recent tax return and pay stubs when you call.
- ❒ List of your usual doctors and hospitals
- ❒ List of prescription drugs
- ❒ Date your current health coverage will end

SERS' Traditional Non-Medicare Plans

Plan Availability

Aetna Choice POS II
is available throughout the United States.

AultCare PPO
is available in the following Ohio counties:



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

Non-Medicare Health Care Counseling Requirement

Non-Medicare members must call UMR at 1-888-236-2377 to review their Marketplace plan options. This counseling requirement helps you decide which SERS option is best for you.

SERS will only process Aetna Choice POS II or AultCare PPO plan enrollments once the non-Medicare health care counseling requirement is met.

Counseling is not required if a family member is enrolled in SERS' Aetna Medicare Plan (PPO). The Aetna Choice POS II plan is the only enrollment option.

Premiums

The monthly premium you pay for SERS' health care coverage includes medical and prescription drug coverage.

Premiums are based on:

- Years of qualified service credit
- Eligibility for a premium subsidy
- Health care plan selected

If you enroll in dental and/or vision coverage, you will be charged additional premiums.

SERS automatically deducts the premiums for you and any dependents from your pension. If your pension is not enough to cover your premiums, SERS will bill you each month for the remaining balance.

If monthly premiums are not paid, SERS' health care coverage will be cancelled.

Medicaid Eligibility Rule

Non-Medicare benefit recipients who are eligible for Medicaid cannot enroll in SERS' medical and prescription coverage. Medicaid provides no-cost health care plans to low-income individuals and families.

Premium Subsidy

SERS helps reduce health care premiums by providing a subsidy to those who qualify. To receive a premium subsidy, you must have at least 20 years of qualified service credit, or be receiving a disability benefit. In addition, at the time of retirement or separation from service, you must:

- Be eligible to participate in the health care plan of your last school employer, or
- Have been eligible to participate in the health care plan of your last school employer at least three of the last five years of service

If you are eligible for your employer's health care coverage but are a few years short of 20 years, it may be beneficial to work until you have 20 qualified years of service.

Spouse premium is based on the qualified service credit of the service retiree or disability recipient.

2025 Non-Medicare Plan - Monthly Premiums

Service and Disability Benefit Recipients		
Benefit Effective Date on or after August 1, 2008		
YEARS OF QUALIFIED SERVICE CREDIT	Aetna Choice POS II	AultCare PPO
5 to 9.999 years*	Service: Not Eligible **Disability: $1,630**	Service: Not Eligible **Disability: $1,183**
10-19.999 years*	**$1,630**	**$1,183**
20-24.999 years	$833	$609
25-29.999 years	$514	$379
30-34.999 years	$354	$265
35-35.999 years	$274	$207
*** This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see above), you pay this amount regardless of your qualified years of service.** There is a 1% premium reduction for each year over 35 years of service.		
Spouse / Children		
Spouse and children premiums based on the service retiree, disability, or member's qualified service credit		
	Aetna Choice POS II	AultCare PPO
Spouse		
up to 24.999 years	**$1,470**	**$952**
25-29.999 years	$1,327	$860
30 years and over	$1,183	$768
Child(ren)		
	$370	$177

2025 Non-Medicare Plan Coverage

2025 Non-Medicare Plan Coverage		
	Aetna Choice POS II *Available Throughout the U.S.*	
	In Network	**Out of Network**
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	$10 co-pay	90% coinsurance
Specialist Office Visit	$25 co-pay	90% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	90% coinsurance
Retail Walk-In Clinic	$10 co-pay	90% coinsurance
Urgent Care	$40 co-pay	$40 co-pay
Emergency Room	$150 co-pay	$150 co-pay
Ambulance	$150 co-pay	$150 co-pay
Inpatient Hospital	20% coinsurance after $250 co-pay	90% coinsurance after $290 co-pay
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 (PT, OT, Speech, Cardiac, Pulmonary)	20% coinsurance	90% coinsurance
Chiropractic	20% coinsurance	90% coinsurance
Durable Medical Equipment	20% coinsurance	90% coinsurance
Annual Out-of-Pocket Maximum • This is the most you will pay in a calendar year. Once you reach the maximum, your medical and prescription plans pay 100%. • Your maximum includes what you pay toward deductibles, co-pays, and coinsurance for certain covered services.	Per Person: $7,350 Per Family: $14,700	Not Limited

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.

Q. ***How do I know if my doctor and hospital are in network?***

A. For a handout on searching for a plan's network providers, go to www.ohsers.org/members/ready-to-retire/hc-coverage. Scroll down to "Things to Consider When Choosing Health Insurance."

AultCare PPO *Available in Select Northeastern Ohio Counties (see page 12)*	
In Network	**Out of Network**
$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
$150 co-pay	$150 co-pay
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
Per Person: $7,350 Per Family: $14,700	Per Person: $14,700 Per Family: $29,400

Q. ***I have selected Aetna Choice POS II. Does the $10 office visit co-pay count toward my deductible?***

A. No. Co-pays do not count toward your deductible. However, co-pays do count toward your out-of-pocket maximum.

Early Detection Health Screenings

Many early detection screenings are 100% covered by SERS' health care plans. The Summary of Coverage provided by your health plan includes detailed information on included screenings.

For more information, including an Early Detection Screenings chart, visit our website at www.ohsers.org or click the link at https://www.ohsers.org/wp-content/uploads/2018/01/Non-Medicare_Early_Detection_Health_Screenings__1_.pdf.

Prescription Drug Coverage

Prescription drug coverage is included in SERS' traditional non-Medicare plans and does not require a separate premium.

All prescription plans have a formulary of covered medications. These are referred to as preferred medications. Medications not on the formulary are referred to as non-preferred. The amount you are responsible for paying, known as the co-pay, is based on the medication's preferred status. You pay the least for generic medications. You pay the most for brand-name medications that are not preferred.

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% of cost (max. $25)	25% of cost (min. $45, max. $60)
Non-preferred brand name	25% of cost (max. $45)	25% of cost (max. $115)

AultCare PPO Plan

	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 Medication Refills

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

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

Prescriptions Not Covered

The following is a partial list of situations or types of medications that are not covered. If you are unsure if a medication is covered, you can call your prescription plan's customer service.

- Prescriptions or medications dispensed in a hospital
  - –These are typically covered under your medical plan
- Prescriptions covered by Workers' Compensation
- Prescriptions for fertility, erectile dysfunction, or cosmetic drugs
- Over-the-counter drugs and herbal preparations, including homeopathic preparations

Except for insulin, Express Scripts does not cover non-preferred medications. You pay the full amount for non-preferred medications.

Coverage Rules

All prescription plans include these common coverage rules:

- **Prior Authorization** - For some medications, your doctor must contact the drug plan before certain prescriptions can be filled. The prescription is only covered if your doctor is able to confirm that the medication is necessary.
- **Quantity Limits** - Limits how much of a specific medication you can get at a time.
- **Step Therapy** - A process where certain medications that have proven to be safe and effective are tried as the first choice rather than starting with a more expensive prescribed medication.

If you or your doctor believes that one of these coverage rules should not be applied to your situation, you can ask for an exception. Contact your prescription plan for more information.

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 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 are not 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 is subject to the specialty medication co-pays listed in the chart on page 16.

Q. ***I take several brand-name drugs. Will they be covered? If so, how much should I expect to pay?***

A. For information on how to estimate drug costs, go to www.ohsers.org/members/ready-to-retire/hc-coverage. Scroll down to “Things to Consider When Choosing Health Insurance.”

MEDICARE COVERAGE

Medicare Basics

Medicare Initial Enrollment Period

Working Past Age 65

Medicare Coverage Choices

SERS' Medicare Advantage Plan

MEDICARE COVERAGE

Medicare Basics

Medicare is health insurance for people who are:

- 65 or older
- Under 65 with certain disabilities or end-stage renal disease

Parts A, B, C, and D

Medicare Part A (hospital insurance) helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care, not long-term care
- Hospice care
- Some home health care

Part A is premium-free for most people, based upon either their own work history or a spouse's or former spouse's work history in Social Security.

Medicare Part B (medical insurance) helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Some home health care
- Durable medical equipment
- Some preventive services

Everyone is eligible for Part B, and pays a Part B premium. The 2025 premium for most enrollees is $185 per month.

Medicare Part C (Medicare Advantage Plans):

- Includes Part A and Part B benefits
- Offered by Medicare-approved private insurance companies that have contracts with Medicare
- Usually includes prescription drug coverage (Part D)
- Can include extra benefits, such as fitness memberships

Medicare Part D (prescription drug coverage):

- Helps cover prescription drug costs
- Offered by private insurance companies
- Purchased separately unless you enroll in a Medicare Advantage plan that includes Part D

Medicare Initial Enrollment Period

Medicare's "Initial Enrollment Period" lasts for seven months. It starts three months before you turn 65 and ends three months after the month you turn 65.

For each 12-month period you delay enrollment in Medicare Part B, you will have to pay a 10% Part B premium penalty, unless you have insurance based on your or your spouse's current work (job-based insurance).

If you are receiving a Social Security check:

- Social Security automatically enrolls you in Medicare Parts A and B, and
- Social Security mails you a Medicare card.

If you are not yet receiving a Social Security check or are not eligible for one:

- You will need to sign up for Medicare in person at a Social Security office or online at www.ssa.gov/medicare.
- To have your Medicare coverage effective the month you turn 65, sign up as soon as you are eligible.

Initial Enrollment Period (IEP)

3 months prior	2 months prior	1 month prior	Your 65th Birthday Month	1 month after	2 months after	3 months after
If you enroll one to three months before reaching age 65 → your Part B Medicare coverage starts the month you turn age 65			If you enroll the month that you reach age 65, or one to three months after you reach age 65 → your Part B Medicare coverage starts the first day of the month after you sign up.			

SERS' Receipt of Medicare Proof

When enrolling in SERS Medicare coverage, send SERS a copy of your Medicare ID card or Letter of Entitlement showing a Medicare Part B effective date and Medicare Beneficiary Identification (MBI) number as soon as it is received. SERS coverage will start the first of the month following receipt of Medicare proof.

Signing up for Medicare

Medicare Part A – Enroll in premium-free Part A if you are eligible. Eligibility is based on your work record, or a spouse's or former spouse's work record. If Social Security says you are not eligible to receive Part A for free, and you are enrolling in SERS' Medicare coverage, do not sign up for Medicare Part A. Your SERS Medicare Advantage plan covers your Part A services.

Medicare Part B – Everyone must enroll in Part B, and everyone pays a monthly premium. Your Part B premium is deducted from a Social Security check, or you pay it directly to Medicare. The 2025 premium for most enrollees is $185.00 per month.

Q. ***I did not pay into Social Security. Will I be eligible for Medicare?***

A. Yes. Occasionally, a Social Security representative incorrectly tells a SERS member that they are not eligible for Medicare because they did not pay into Social Security. If you need assistance, contact SERS and we can help you correct the issue with Social Security.

Working Past Age 65

If you are covered by an employer health plan, either from your own or your spouse's current employment, you can delay enrolling in Medicare Parts A and B. You have a one-time Special Enrollment Period of up to eight months after employer coverage ends to enroll in Medicare.

You can enroll online at www.ssa.gov/medicare/sign-up or at your local Social Security Office. You should apply at a minimum a month prior to your employer coverage ending.

Enrollment when you have Medicare Part A

You will need to enroll in Medicare Part B. You will need to submit to Social Security:

- Application for Enrollment in Medicare Part B (CMS-40B)
- Request for Employment Information (CMS-L564)

Ask your employer to complete the Request for Employment Information form and return it to you. This form is proof that you delayed your Medicare Part B enrollment because you had employer coverage, and you will not be subject to a late enrollment penalty.

If you have Part A only or receive a Social Security check, you generally cannot file your Medicare application any earlier than 30 days before the month you want your coverage to begin.

Contact your local Social Security office for these forms or download them at ssa.gov/forms.

Enrollment when you have no Medicare

You will need to enroll in Medicare Part A and Medicare Part B. You will need to submit to Social Security the Request for Employment Information (CMS-L564) form.

Ask your employer to complete the Request for Employment Information form and return it to you. This form is proof that you delayed your Medicare Part B enrollment because you had employer coverage, and you will not be subject to a late enrollment penalty.

If you have not started receiving Social Security benefits, you can file your application up to three months before you want coverage to begin.

Contact your local Social Security office for this form or download it at ssa.gov/forms.

Q. ***I am 65 years old, still employed, and have health care coverage through my employer. Do I need to sign up for Medicare? Will I be penalized for not signing up?***

A. No. Only sign up for Part B if your employer requires it. As long as you were covered by your employer's health care plan, or your spouse's employer plan, there will be no penalty.

Medicare Coverage Choices

When you become eligible for Medicare, you have a choice to make on how to receive your coverage:

Choose either Original Medicare or a Medicare Advantage Plan

Original Medicare

Sign up for Original Medicare.

- Medicare Part A (hospital)
- Medicare Part B (medical) - requires a monthly premium paid directly to Medicare

Medicare pays your providers directly for your services. Original Medicare only covers approximately 80% of costs.

+

Do you need supplemental coverage to pay for costs Original Medicare does not cover?

Select a Medicare Supplement Insurance policy.

This is also known as Medigap, and offered by private companies to cover gaps in Medicare coverage. You will pay a separate monthly premium.

+

Do you need prescription drug coverage?

Select a Medicare Prescription Drug Plan (Part D).

Original Medicare does not include prescription drug coverage. Part D plans are offered by private companies approved by Medicare. You will pay a separate monthly premium.

Medicare Advantage Plan

Sign up for Original Medicare.

- Medicare Part A (hospital)
- Medicare Part B (medical) - requires a monthly premium paid directly to Medicare

+

Select a Medicare Advantage Plan, also known as Part C.

Private companies provide both Part A and Part B coverage. Most plans cover prescription drugs (Part D) as well. The private companies pay your providers directly for your services.

SERS offers Medicare Advantage plans with prescription drug coverage

SERS' coverage includes:

- Part A, Part B, and Part D
- $0 deductible
- SilverSneakers
- $60 quarterly over-the-counter health and wellness allowance
- Better prescription drug coverage than most Medicare Part D plans
- Lower out-of-pocket costs than Original Medicare

When you enroll in a SERS plan, we will add $45.50 to your monthly pension payment to help offset the cost of your Part B premium. Spouses and children do not qualify for reimbursement.

SERS' Medicare Advantage Plan

Plan Availability

Aetna Medicare℠ Plan (PPO)
is available throughout the United States.

Premiums

You pay one premium for the SERS' Aetna Medicare Plan (PPO), which includes medical and prescription drug coverage. Premiums are based on:

- Years of qualified service credit
- Eligibility for a premium subsidy

If you enroll in dental and/or vision coverage, additional premiums are charged. SERS automatically deducts your premiums and the premiums for your dependents from your monthly payment.

If your payment is not enough to cover your premiums, SERS will bill you each month for the remaining balance.

If monthly premiums are not paid, SERS' health care coverage will be cancelled.

Q. ***Do I still have to pay the Part B premium to Medicare when I have SERS' Medicare Advantage coverage?***

A. Yes. You must pay a Part B premium directly to Medicare AND pay a premium for SERS' Medicare Advantage Plan.

Medicare only pays for a portion of your medical costs and does not include prescription drug coverage. Most people choose to enroll in a Medicare Advantage Plan or Medicare Supplemental Plan to help with out-of-pocket costs not covered by Medicare.

Premium Subsidy

SERS helps reduce health care premiums by providing a subsidy for those who qualify.

To receive a premium subsidy, you must have at least 20 years of qualified service credit, or be receiving a disability benefit. In addition, at the time of retirement, or separation from service, you must:

- Be eligible to participate in the health care plan of your last school employer, or
- Have been eligible to participate in the health care plan of your last school employer at least three of the last five years of service

If you are eligible for your employer's health care coverage but are a few years short of 20 years, it may be beneficial to work until you have 20 qualified years of service.

Spouse premium is based on the qualified service credit of the service retiree or disability recipient.

SERS' Medicare Part B Reimbursement

SERS' service and disability benefit recipients who are enrolled in SERS' health care coverage and Medicare Part B can be reimbursed $45.50 per month to help offset the cost of their Medicare Part B premium that is due directly to Medicare.

Individuals receiving Medicare Part B at no cost are not entitled to this reimbursement. Spouses and children are also not eligible for this benefit.

Health care plan enrollees must inform SERS if they are receiving a Medicare Part B premium reimbursement from another source.

Medicare Part B Eligibility Rule

Eligibility for SERS' health care coverage ends if you do not enroll in Medicare Part B during your Medicare Initial Enrollment Period at age 65 or Special Enrollment Period following the loss of employer coverage.

Failure to maintain Medicare Part B enrollment will also result in the loss of eligibility.

Premium Discount Program

To apply for the discount program, at least one family member must be enrolled in a SERS Medicare Advantage plan, and you must qualify based on your household size and income.

A 25% reduction in your monthly SERS health care premium for medical and prescription drug coverage is available if your total household income falls at or below qualifying income levels. The discount does not apply to dental or vision premiums.

To apply, call SERS for a Health Care Premium Discount Application.

2025 Medicare Premiums

Premium if you have Medicare Part A and Part B. Benefit Effective Date on or after August 1, 2008	
Service Retirees	
YEARS OF QUALIFIED SERVICE CREDIT	**Aetna Medicare Plan (PPO) premium**
10-19.999 years or no premium subsidy*	**$198**
20-24.999 years	$117
25-29.999 years	$84
30-34.999 years	$68
35-35.999 years	$60
Disability Benefit Recipients	
YEARS OF QUALIFIED SERVICE CREDIT	**Aetna Medicare Plan (PPO) premium**
Full premium without a premium subsidy*	**$198**
5-9.999 years	$117
10-24.999 years	$89
25 years and over	$64
* This is the full premium without a premium subsidy. If you do not qualify for a subsidy, you pay this amount regardless of your qualified years of service. (See page 24)	
A Medicare Part B Reimbursement of $45.50 per month is given to those enrolled in SERS' Aetna Medicare Plan and Medicare Part B. Plan premiums appear as deductions on pension statements. However, the Medicare Part B reimbursement will appear as a separate line item as a $45.50 addition.	
Individuals receiving Medicare Part B at no cost are not entitled to SERS' Medicare Part B Reimbursement. Spouses and Children are not eligible for this benefit.	
Spouse / Children	
Spouse premium based on the service retiree, disability, or member's qualified service credit	**Aetna Medicare Plan (PPO)**
Spouse	
up to 24.999 years	$198
25-29.999 years	$182
30 years and over	$166
Child(ren)	
	$149

Q. ***How do I know if my doctor and hospital are in network?***

A. For a handout on searching for a plan's network providers, go to www.ohsers.org/members/ready-to-retire/hc-coverage. Scroll down to "Things to Consider When Choosing Health Insurance."

Medicare Plan Coverage

2025 Medicare Plan Coverage		
	Aetna Medicare Plan (PPO)	
	In Network	Out of Network
Deductible	None	None
Primary Care Office Visit	$0 co-pay	20% coinsurance
Specialist Office Visit	$20 co-pay	20% coinsurance
Outpatient Diagnostic X-ray	$25 co-pay	20% coinsurance
Outpatient Diagnostic Lab	$0 co-pay	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	$0 co-pay	$0 co-pay
Hospice	Covered by Medicare	Covered by Medicare
Outpatient Rehabilitation Therapies (speech, physical, and occupational therapy)	$15 co-pay	20% coinsurance
Cardiac Rehabilitation Services	$15 co-pay	20% coinsurance
Chiropractic (limited to Medicare-covered services)	$20 co-pay	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance
Diabetic Supplies (includes supplies to monitor blood glucose)	$0 co-pay	20% coinsurance
Routine Hearing Exam	$0 co-pay; one exam every 12 months	$0 co-pay; one exam every 12 months
Routine Eye Exam	$0 co-pay; one exam every 12 months	$0 co-pay; one exam every 12 months
Annual 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

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.

Early Detection Health Screenings

Many early detection screenings are 100% covered by SERS' health care plans. The Summary of Coverage provided by your health plan includes detailed information on included screenings.

For more information, including an Early Detection Screenings chart, visit our website at www.ohsers.org or click the link at https://www.ohsers.org/wp-content/uploads/2018/01/Medicare_Early_Detection_Health_Screenings__1_.pdf.

Prescription Drugs

An Express Scripts Part D plan is included as part of the premium that you pay for the Aetna Medicare Plan (PPO). This drug plan has a $0 deductible.

Medicare does not allow a person to have more than one Medicare Part D drug plan. If you enroll in another Part D plan, both your SERS' Aetna Medicare Plan (PPO) and Express Scripts coverage will be cancelled.

Express Scripts for Aetna Medicare 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% of cost (max. $25)	25% of cost (min. $45, max. $60)
Non-preferred brand name	25% of cost (max. $35)	25% of cost (max. $90)

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

Express Scripts National Medicare Performance Network

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

Enrollees must use retail pharmacies within the network or Express Scripts mail order for coverage. Participating pharmacies include CVS, 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 at 1-866-258-5819 (TDD: 1-800-716-3231).

Medicare Part B Medications and Supplies

Some medications and supplies are covered by Medicare Part B, which is part of your Aetna medical plan rather than your prescription drug plan. These include but are not limited to:

- Diabetic test strips
- Nebulizer medication
- Transplant-related medications

You will use your medical plan ID card, not your prescription card, to obtain these medications and supplies.

Prescriptions Not Covered

The following is a partial list of situations or types of medications that are not covered. If you are unsure if a medication is covered, you can call your prescription plan's customer service.

- Prescriptions or medications dispensed in a hospital
  - –These are typically covered under your medical plan
- Prescriptions covered by Workers' Compensation
- Prescriptions for fertility, erectile dysfunction, or cosmetic drugs
- Over-the-counter drugs and herbal preparations, including homeopathic preparations

Except for insulin, Express Scripts does not cover non-preferred medications. You pay the full amount for non-preferred medications.

Coverage Rules

All prescription plans include these common coverage rules:

- **Prior Authorization** - For some medications, your doctor must contact the drug plan before certain prescriptions can be filled. The prescription is only covered if your doctor is able to confirm that the medication is necessary.
- **Quantity Limits** - Limits how much of a specific medication you can get at a time.
- **Step Therapy** - A process where certain medications that have proven to be safe and effective are tried as the first choice rather than starting with a more expensive prescribed medication.

If you or your doctor believes that one of these coverage rules should not be applied to your situation, you can ask for an exception. Contact your prescription plan for more information.

Q. ***Do I have to get my maintenance (long-term) prescription medications through mail order?***

A. If you are enrolled in a SERS Medicare plan, you can refill your maintenance medications at a retail pharmacy in the Express Scripts National Medicare Performance Network or through Express Scripts' mail order. However, if you are enrolled in a non-Medicare plan, maintenance medication refills must be obtained through your prescription plan's mail order.

DENTAL AND VISION COVERAGE

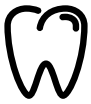
Dental Plan

Vision Plan

DENTAL AND VISION COVERAGE

SERS has a biennial, or two-year, enrollment period for dental and vision coverage. You must be eligible for, but you do not have to be enrolled in, SERS' health care coverage to sign up for dental and vision coverage. You must enroll in the coverage to enroll your spouse and/or children.

Dental Plan



Delta Dental of Ohio is the dental plan provider. Delta gives you access to two large networks of participating dentists, Delta Dental PPO and Delta Dental Premier. Delta Dental has the largest network of dentists nationwide.

The 2024-2025 enrollment period ends December 31, 2025, regardless of your effective date of coverage.

Once enrolled in the dental plan, you must remain enrolled through December 31, 2025, and pay monthly premiums. If your monthly payment is not enough to cover your monthly premium, SERS will bill you each month.

Dental coverage can only be canceled mid-enrollment if you also are canceling SERS' medical and prescription coverage.

Maximum Coverage

$1,500 per person per calendar year.

2024/2025 Monthly Premiums:	
Benefit recipient	$30.37
Benefit recipient and one dependent*	$60.74
Benefit recipient, and two or more dependents*	$91.35

* A dependent can be a spouse or a child

Network Dentists

Network dentists have agreed to accept Delta Dental's payment schedule for various services. When a service is not covered at 100%, you pay the remaining portion.

Your benefits will be better if your dentist is in the PPO network. If your dentist participates in both the PPO and Premier networks, you automatically receive the better benefit (PPO network).

To locate a network dentist:

- Go to www.deltadentaloh.com/sersohio; click on "Find a Dentist" at the top of the page. Next, scroll down and click on the "Delta Dental PPO and Delta Dental Premier" search button.
- Call your dentist's office to ask if your dentist is a Delta Dental PPO or Delta Dental Premier network provider.

DENTAL COVERAGE HIGHLIGHTS			
Benefit year January 1 through December 1 Final plan documentation prevails	**PPO Dentist**	**Premier Dentist**	**Non-participating Dentist***
DIAGNOSTIC AND PREVENTIVE (no deductible)			
Exams, cleanings, fluoride, emergency pain relief, sealants, brush biopsy, bitewing, and full-mouth X-rays	100%	80%	80%
BASIC SERVICES ($50 deductible applies)			
Minor restorative services, including fillings, periodontic, and endodontic services, other basic services, other X-rays	80%	60%	60%
MAJOR SERVICES ($50 deductible applies)			
Repair to individual crowns, root canals, oral surgery services, crowns and veneers; relines and repairs to bridges, dentures, and implants; prosthodontic services for bridges, implants, and dentures	50%	40%	40%

* When you receive services from a nonparticipating dentist, the percentages listed 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 Plan

The vision coverage is offered through VSP Vision Care, which serves more than 57 million people as the nation's largest eye care plan provider.

The VSP plan offers prescription hearing aids savings through the TruHearing program. TruHearing also offers over-the-counter hearing aids. See truhearing.com/vsp for more information.

The 2024-2025 enrollment period ends December 31, 2025, regardless of your effective date of coverage.

Once enrolled in the vision plan, you must remain enrolled through December 31, 2025, and pay monthly premiums. If your monthly payment is not enough to cover your monthly premium, SERS will bill you each month.

Vision coverage can only be canceled mid-enrollment if you are also canceling SERS' medical and prescription coverage.

2024/2025 Monthly Premiums:	
Benefit recipient	$6.17
Benefit recipient and one dependent*	$12.34
Benefit recipient, and two or more dependents*	$14.49

* A dependent can be a spouse or a child

Providers

- VSP Preferred Providers: Get the most out of your benefits and greater savings with a VSP network doctor.
- Non-Network (Open Access) Providers: When you see a non-network provider, your costs will be higher. If a non-network provider charges more than VSP allows, the provider can bill you the difference.

VISION COVERAGE HIGHLIGHTS			
Coverage with a VSP Provider			
Services	**Description**	**Co-pay**	**Frequency**
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		**$25**	**See frame and lenses**
Frame	•$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	• Single vision, lined bifocal, and lined trifocal lenses	Included in prescription glasses	Every calendar year
Lens Options	• Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% off other lens options	$0 $0 $50 $50	Every calendar year
Contacts (instead of glasses)	• $150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year

Coverage with a retail chain may be different or not apply. Once your coverage is effective, visit www.vsp.com for details.

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

CONTACT INFORMATION

Address and Directions to SERS

Important Websites and Phone Numbers

CONTACT INFORMATION

Most questions can be answered by correspondence or telephone calls. If you would like to visit with a counselor at the SERS office, you can schedule an appointment Monday through Friday. Call SERS at 800-878-5853 to schedule an appointment. You may obtain more information by:

- Calling SERS locally at 614-222-5853 or at 800-878-5853
- Visiting the SERS website at www.ohsers.org
- Sending an email to healthcare@ohsers.org

Address and Directions to SERS

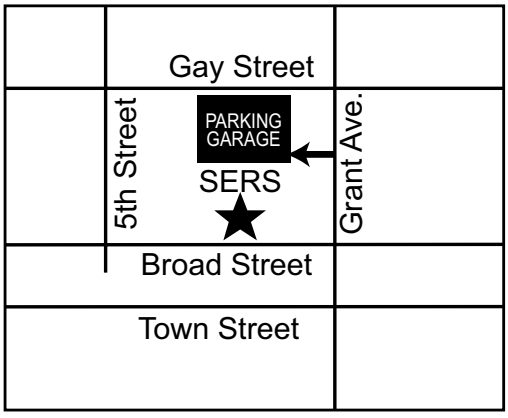
SERS is located at 300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746. Free parking is available in SERS' parking garage. The parking garage entrance is located on Grant Avenue, north of Broad Street.

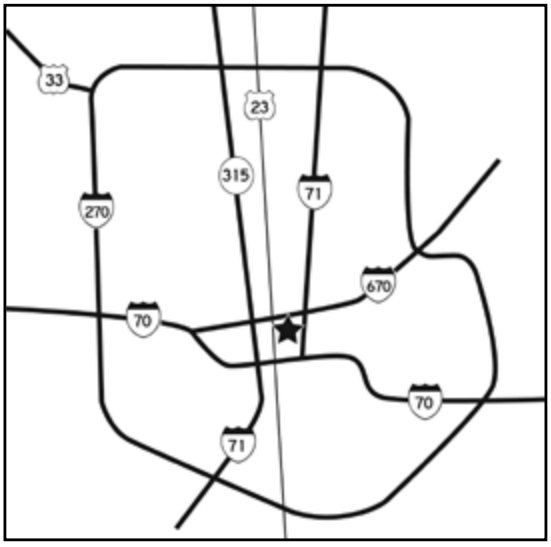
From the north: Take I-71 South to exit 109B toward Downtown / Spring Street. Turn right onto Spring Street (one-way street). Turn left onto Grant Avenue. Turn right at the 300 E. Broad parking garage entrance. You will arrive at the SERS entrance before reaching Broad Street.

From the south: Take I-71 North to I-70 East to the Fourth Street Livingston Avenue exit #100B onto Fourth Street. Turn right on Town Street, then left on Grant Avenue. Cross Broad Street. The SERS parking garage entrance is half a block up Grant Avenue on the left.

From the west: Take I-70 East to I-670 East. Take exit 4C for OH-3 / Cleveland Avenue. Turn right onto Spring Street (one-way street). Turn left onto Grant Avenue. Turn right at the 300 E. Broad parking garage entrance. You will arrive at the SERS entrance before reaching Broad Street.

From the east: Take I-70 West to exit 101B toward Hospital / Downtown / Mound Street. Continue on East Mound Street. Turn right onto Grant Avenue. Cross Broad Street. The SERS parking garage entrance is half a block up Grant Avenue on the left.





Important Websites and Phone Numbers

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

Aetna Medicare℠ Plan (PPO)
SERS.AetnaMedicare.com
Toll-free: 866-282-0631
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

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

UMR – for SERS' Marketplace Wraparound HRA
Toll-free: 888-236-2377
SERSCS@umr.com

Medicare
www.medicare.gov
Toll-free: 800-633-4227
TDD: 877-486-2048

Social Security Administration
www.ssa.gov/medicare
Toll-free: 800-772-1213
TDD: 800-325-0778

VSP Vision Care
www.vsp.com
Toll-free: 800-877-7195
TDD: 800-428-4833

Ohio Senior Health Insurance Information Program (OSHIIP)
www.insurance.ohio.gov
Toll-free: 800-686-1578

Notes