

Dental and Vision Open Enrollment 2026/2027

Health Care Plan and Premiums 2026

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September 1, 2025

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 your questions about your 2026 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 newly enroll or cancel dental coverage for myself, my spouse, or my children?		
2.	Do I want to newly enroll or cancel vision coverage for myself, my spouse, or my children?		
wi	you currently have SERS dental and/or vision coverage Il remain enrolled for the next two-year period unless quest a change.		u
3.	Do I want to change health care plans?		
	Check the back of the letter that lists your 2026 p to determine if other plans are available to you be the county where you live.		
	ES: If you checked any of the "YES" boxes above, cor turn the Health Care Change Form.	nplete	and
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 SE Medicare plan to apply. 	RS	
	 If you received a letter confirming your 2026 Premiur Discount enrollment, you do not need to apply. You we be automatically re-enrolled. 		
YE	ES: If you checked the "YES" box above for question	#4,	

REMINDER: Do you need to return anything to SERS?

complete and return the Premium Discount application.

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

Tuesday, October 7, 2025, 10 a.m.

Online registration is required. To register, visit: www.ohsers.org/retirees/health-care-in-retirement/open-enrollment

Wednesday, October 15, 2025, 2 p.m.

Online registration is required. To register, visit: www.ohsers.org/retirees/health-care-in-retirement/open-enrollment

Tuesday, October 28, 2025, 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?

In early October, a recorded webinar will be available on our website at www.ohsers.org. Click on Video Center, and then the Health Care Videos button.

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.



Dental and Vision Open Enrollment 2026/2027

Dental and Vision Biennial Open Enrollment Period

SERS has a biennial, or two-year, Dental and Vision enrollment requirement. When enrolled, you must pay the monthly premiums from January 1, 2026, through December 31, 2027, even if you obtain another coverage.

In addition:

- Premiums will increase slightly effective January 1, but will not change during the two-year enrollment period. See monthly dental premiums on page 8 and monthly vision premiums on page 10.
- Benefits for the dental and vision plans remain the same.

	Do I need to return the Health Care Change Form for dental and vision coverage?	YES	NO
1.	Do I want to newly enroll or cancel dental coverage for myself, my spouse, or my children?		
2.	Do I want to newly enroll or cancel vision coverage for myself, my spouse, or my children?		
CC	you currently have SERS dental and/or vision covera overage automatically renews at 2026-2027 rates unle quest a change during Open Enrollment.		

Dental Coverage

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

Monthly 2026 – 2027 Premiums				
Benefit recipient	\$33.56			
Benefit recipient and one dependent*	\$67.12			
Benefit recipient, and two or more dependents*	\$100.94			

^{*} A dependent can be a spouse or a child

Network Dentists

Network dentists have agreed to accept Delta'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).

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.

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 in the Delta network, and if so, ask your provider if the dentist is a PPO or Premier network provider.
- Call Delta's customer service at 800-524-0149.

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 COVEDAGE LUCIULOUTO			
DENTAL COVERAGE HIGHLIGHTS			
Benefit Year – January 1 through December 31 Final plan documentation prevails	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Non- Participating Dentist Plan Pays*
DIAGNOSTIC AND PREVENTIVE (no deductible		гауѕ	Fiairrays
Diagnostic and Preventive Service – exams,) 		I
cleanings, fluoride, and space maintainers	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	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%
Prosthodontic 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 in retail, neighborhood, medical and professional settings. VSP also contracts with Costco Optical, Walmart, Visionworks, and others.

Monthly 2026 – 2027 Premiums	
Benefit recipient	\$6.81
Benefit recipient and one dependent*	\$13.62
Benefit recipient, and two or more dependents*	\$16.00

^{*} 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 833-414-5674, or visit www.truhearing.com/vsp.

VISION COVERAGE HIGHLIGHTS				
Coverage with VSP Doctors Coverage Effective 01/01/2026 through 12/31/2027				
Services	Description	Co-pay	Frequency	
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year	
Prescription G	ilasses	\$25	See frame and lenses	
Frames	\$200 frame allowance \$220 featured frame brands allowance 20% savings on the amount over your allowance \$200 Walmart®/Sam's Club® frame allowance \$110 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 Enhancements	Impact-resistant 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)	\$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	Retinal imaging for members with diabetes 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	\$0 per screening \$20 per exam	As needed	
Extra Savings and Discounts	Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. Routine Retinal Screening No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam. Laser Vision Correction 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.



Health Care Plans and Premiums 2026

What's New for Medicare Enrollees 2026

Medicare Plan Premiums

Aetna Medicare Plan (PPO) premiums are being reduced by \$20 a month for all enrollees, effective January 1. Plan benefits will remain the same.

Express Scripts Pharmacy Co-pays

Co-pays remain the same for prescription drugs on the formulary. The formulary is a list of medications that are covered by the plan.

Formulary lists are revised annually based on reviews of research regarding the medical value of medicines and their associated costs. Additionally, some brand-name drugs may be moved to nonformulary status if a generic version becomes available.

Express Scripts will notify you by mail when you have taken a drug in the past 90 days that will no longer be on the formulary.

If a working telephone number is on file, Know Your Rx will call to assist you in moving to a preferred drug or to file a medical exception request. Depending on your phone carrier, the caller ID may read "KYRX Coalition" or "University of Kentucky."

Premium Discount Program

SERS' Premium Discount Program provides a 25% reduction in monthly health care premiums. To apply, one family member must be enrolled in the SERS Aetna Medicare plan.

In 2026, qualifying income must be at or below \$27,388 for a singleperson household or \$37,013 for a two-person home.

Dental and Vision Coverage

SERS' dental and vision open enrollment is held every two years. Now is the time to request enrollment changes for 2026-2027. See important information on page 7.

What to Expect Next Fall

Medicare enrollees receive this mailing every other year. However, Aetna and Express Scripts mail plan changes every year through their respective Annual Notice of Change mailings.

If You Cancel SERS' Medicare Coverage, You Cannot Return

The Aetna Medicare Plan (PPO) with Part D drug coverage is a group retiree plan available only through SERS.

When you enroll in an individual Medicare Advantage or prescription plan, your SERS Aetna and Express Scripts coverage will be cancelled.

TV advertisements, sales calls, or mailings about other Medicare plans, whether from Aetna or a different insurance company, are about individual Medicare or Part D drug plans.

If you sign up for another plan in error, it is important to contact SERS immediately. You must take steps to cancel the other plan if you want to continue with SERS' Medicare coverage.

Once you leave SERS' Aetna Medicare plan, you cannot re-enroll. You may also lose the SERS Medicare Part B Reimbursement of \$45.50.

Non-Medicare Plan changes are listed on pages 20-21.

Medicare Plans and Premiums

Aetna Medicare 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-ofnetwork 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 Medicare Plan (PPO)						
PREMIUM IF	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	\$97	Not Eligible	Not Eligible	\$97		
10 to 14.999	\$44	\$178	\$178	\$69		
15 to 19.999	\$44	\$97	\$178	\$69		
20 to 24.999	\$44	\$56	\$97	\$69		
25 to 29.999	\$44	\$44	\$64	\$44		
30 to 34.999	\$44	\$44	\$48	\$44		
*If you retired on	or after Aug. 1,	2008, with 35 or	more years of se	ervice credit,		

call SERS for your premium

	p		
Spouse premi	um		Child(ren)
24.999 or less	\$178	Spouse premium is based on	premium
25 to 29.999	\$162	the service retiree, disability	\$129
30 or more	\$146	recipient, or member's service credit.	

Aetna Medicare 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	\$277	Not Eligible	Not Eligible	\$277
10 to 14.999	\$107	\$538	\$538	\$188
15 to 19.999	\$107	\$277	\$538	\$188
20 to 24.999	\$107	\$146	\$277	\$188
25 to 29.999	\$44	\$44	\$64	\$44
30 to 34.999	\$44	\$44	\$48	\$44

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

Spouse premi	um	
24.999 or less	\$538	Spouse premium is based on the
25 to 29.999	\$162	service retiree, disability recipient,
30 or more	\$146	or member's service credit.

Aetna Traditional Choice

SERS determines when enrollment is appropriate in this plan. 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	\$287	Not Eligible	Not Eligible	\$287
10 to 14.999	\$123	\$539	\$539	\$201
15 to 19.999	\$123	\$287	\$539	\$201
20 to 24.999	\$123	\$161	\$287	\$201
25 to 29.999	\$123	\$123	\$186	\$123
30 to 34.999	\$123	\$123	\$136	\$123

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

Spouse premi	um		Child(ren)
24.999 or less	\$539	Spouse premium is based on the	premium
25 to 29.999	\$489	service retiree, disability recipient,	\$388
30 or more	\$438	or member's service credit.	

2026 Medicare Plan Cover	rage	
	Aetna Medicare ^{sм} 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%.	\$3,000 per person	\$6,700 per person
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	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
Over-The-Counter Benefit	\$60 per quarter towa wellness products from	rd eligible health and om CVS Pharmacy

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 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, 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 2026

Aetna Choice POS II and AultCare PPO Premiums

Full premiums will increase by 3% for Aetna Choice POS II and 4% for AultCare PPO, effective January 1, 2026, for service retirees and disability benefit recipients.

Prescription Drug Co-pays

Co-pays remain the same for prescription drugs on your plan's formulary. The formulary is a list of medications that are covered by the plan.

Formulary lists are revised annually based on reviews of research regarding the medical value of medicines and their associated costs. Additionally, some brand-name drugs may be moved to nonformulary status if a generic version becomes available.

Your prescription plan will notify you by mail when you have taken a drug in the past 90 days that will no longer be on the formulary.

Aetna Choice POS II Enrollees Only

If a working telephone number is on file, Know Your Rx will call to assist you in moving to a preferred drug or to file a medical exception request. Depending on your phone carrier, the caller ID may read "KYRX Coalition" or "University of Kentucky."

SERS' Marketplace Wraparound HRA

SERS' Health Reimbursement Arrangement (HRA) limit is increasing to \$2,200 from \$2,150 per family per calendar year. When you pay a deductible, co-pay, or coinsurance under your Marketplace Plan, you can submit a reimbursement claim.

Monthly premiums paid to Marketplace plans are not eligible for reimbursement. Non-covered services also are not eligible.



\$2,200 per family, per calendar year in accordance with federal limits

Maximum Reimbursement



Eligible Expenses*

Out-of-pocket expenses for Marketplace plan covered services are eligible for the HRA reimbursement.

Examples include deductibles, co-pays, and coinsurance.

^{*}Claims for non-covered services are not eligible for reimbursement.

Dental and Vision Coverage

SERS' dental and vision open enrollment is held every two years. Now is the time to request enrollment changes for 2026-2027. See important information on page 7.

Turning 65 Soon? We'll Be in Touch

Three 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' Aetna 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 benefit recipients qualify to receive the SERS Medicare Part B Reimbursement.

SERS will switch your enrollment to the Aetna Medicare Plan (PPO) when you provide timely proof of Medicare Part B enrollment.

Medicare Plan changes are listed on pages 14-15.

SERS Marketplace Wraparound HRA

The Marketplace Open Enrollment for 2026 will begin November 1, 2025 for a limited time.

If you are currently enrolled in the SERS Marketplace Wraparound Health Reimbursement Arrangement (HRA), you will receive 2026 premium and plan information directly from your Marketplace plan.

- To select a different Marketplace plan, contact UMR 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, 2025. You also need to contact your Marketplace plan to cancel 2026 coverage.

How the SERS Marketplace Wraparound HRA Works

The SERS Marketplace 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, UMR.

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 Marketplace Wraparound HRA provides reimbursements for eligible medical expenses, such as deductibles, co-pays, and other costs. Reimbursement is limited to \$2,200 per family, per calendar year, in accordance with federal limits.

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

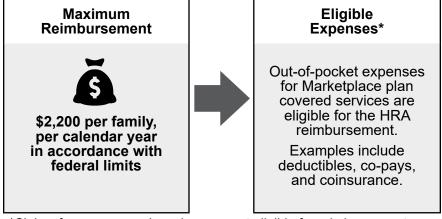
This coverage option is NOT available if you:

- 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 Marketplace Wraparound HRA.

SERS Marketplace Wraparound HRA Benefits



^{*}Claims for non-covered services are not eligible for reimbursement nor Marketplace plan premiums.

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 and pre-authorization may be required for some non-network services.

Aetna Choice POS II				
NON-MEDICARE				
Service Years	Benefit effective date Aug. 1, 1989 through July 1, 2008	Benefit effective date on or after Aug. 1, 2008*		
5 to 9.999	Service: Not Eligible Disability: \$1,671	Service: Not Eligible Disability: \$1,671		
10 to 14.999	\$1,671	\$1,671		
15 to 19.999	\$853	\$1,671		
20 to 24.999	\$444	\$853		
25 to 29.999	\$321	\$526		
30 to 34.999	\$321	\$362		
*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit				

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

Spouse premium		
\$1,508	premium	
\$1,361	\$379	
\$1,213	φυτθ	
	\$1,361	

Spouse premium is based on the service retiree, disability recipient, or member's service credit.

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 and pre-authorization may be required for some non-network services.



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

AultCare PPO

NON-MEDICARE		
Service Years	Benefit effective date Aug. 1, 1989 through July 1, 2008	Benefit effective date on or after Aug. 1, 2008*
5 to 9.999	Service: Not Eligible Disability: \$1,228	Service: Not Eligible Disability: \$1,228
10 to 14.999	\$1,228	\$1,228
15 to 19.999	\$632	\$1,228
20 to 24.999	\$333	\$632
25 to 29.999	\$244	\$393
30 to 34.999	\$244	\$274

^{*}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)
24.999 or less	\$988	premium
25 to 29.999	\$893	\$182
30 or more	\$798	φ102

Spouse premium is based on the service retiree, disability recipient, or member's service credit.

overage	
Aetna Cho In Network	oice POS II Out of Network
\$7,350 per person	Not Limited
\$14,700 per family	
\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
\$10 co-pay	90% coinsurance
\$25 co-pay	90% coinsurance
20% coinsurance	90% coinsurance
\$10 co-pay	90% 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	90% coinsurance after \$290 co-pay
transplants, see page	
20% coinsurance	90% coinsurance
20% coinsurance	90% coinsurance
20% coinsurance	90% coinsurance
100% coverage	100% coverage
20% coinsurance	90% coinsurance
20% coinsurance \$10 co-pay	90% coinsurance 90% coinsurance
	\$7,350 per person \$14,700 per family \$2,000 per person \$4,000 per family \$10 co-pay \$25 co-pay 20% coinsurance \$10 co-pay \$150 co-pay \$150 co-pay \$150 co-pay 20% coinsurance after \$250 co-pay *For joint replacement transplants, see page 20% coinsurance 20% coinsurance

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

AultCare PPO In Network Out of Network			
	1		
\$7,350 per person	\$14,700 per person		
\$14,700 per family	\$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		
\$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 20% coinsurance 20% coinsurance 20% coinsurance	35% coinsurance 35% coinsurance 35% coinsurance 35% coinsurance		

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)	25% of cost (min. \$15, max. \$67 per 30-day supply)
	Only certain specialty medications allowed at retail.	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)

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 28.

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	20% coinsurance	90% coinsurance
after \$250 co-pay for	after \$250 co-pay for	after \$290 co-pay for
inpatient hospital stay	inpatient hospital stay	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."

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: 711

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

UMR for SERS Marketplace Wraparound HRA

Toll-free: 888-236-2377 SERScs@umr.com

School Employees Retirement System of Ohio (SERS)

www.ohsers.org

Toll-free: 800-878-5853

Email: healthcare@ohsers.org

Fax: 614-340-1820

TruHearing

truhearing.com/vsp 833-414-5674

VSP Vision Care

www.vsp.com

Toll-free: 800-877-7195 TDD: 800-428-4833 Group #: 30041628

Notes