



Open Enrollment Guide 2019

Premium and Benefit Changes
Open Enrollment: October 1 - November 15, 2018

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September 1, 2018

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. This could mean anything from a change in premiums, deductibles, and co-pays, to termination of health care coverage.

Open Enrollment Meetings

Advance registration is not required. Please note there is only one meeting per location.

Southeast Ohio

CAMBRIDGE

Tuesday, October 2, 2018
Afternoon meeting: 1 p.m.
Pritchard Laughlin Civic Center
7033 Glenn Hwy.
Cambridge, Ohio 43725

CHILLICOTHE

Thursday, October 4, 2018
Afternoon meeting: 1 p.m.
Ross County Senior Citizens Center
1824 Western Ave.
Chillicothe, Ohio 45601

Central Ohio

COLUMBUS – WEST

Tuesday, October 9, 2018
Afternoon meeting: 1 p.m.
Prairie Township Community Center
5955 W. Broad St.
Galloway, Ohio 43119

COLUMBUS – EAST

Thursday, October 11, 2018
Afternoon meeting: 1 p.m.
Madison Township Community Center
4575 Madison Lane
Groveport, Ohio 43125

Southwest Ohio

MIDDLETOWN

Friday, October 12, 2018
Afternoon meeting: 1 p.m.
Middletown Area Senior Center
3907 Central Ave.
Middletown, Ohio 45044

Northwest Ohio

LIMA

Tuesday, October 23, 2018
Afternoon meeting: 1 p.m.
Senior Citizens Association
132 N. Main St.
Bluffton, Ohio 45817

PERRYSBURG

Tuesday, November 6, 2018
Afternoon meeting: 1 p.m.
Hilton Garden Inn
6165 Levis Commons Blvd.
Perrysburg, Ohio 43551

Northeast Ohio

WESTLAKE

Tuesday, October 16, 2018
Afternoon meeting: 1 p.m.
Westlake Recreation Center
28955 Hilliard Blvd.
Westlake, Ohio 44145

YOUNGSTOWN / BOARDMAN

Monday, October 22, 2018
Afternoon meeting: 1 p.m.
Mahoning County Senior Center
1110 Fifth Ave.
Youngstown, Ohio 44504

CANTON / AKRON

Friday, October 26, 2018
Afternoon meeting: 1 p.m.
Mercy Medical Center* – Mercy Hall
Auditorium
1320 Mercy Drive NW
Canton, Ohio 44709

* Use the high-rise parking deck and exit north stairway if space is not available near the building.

MANSFIELD / BELLVILLE

Wednesday, October 31, 2018
Afternoon meeting: 1 p.m.
Der Dutchman Restaurant
720 State Route 97 West
Bellville, Ohio 44813

CLEVELAND

Thursday, November 1, 2018
Afternoon meeting: 1 p.m.
Leo H. Bender Community Building
Willow Meeting Room
9543 Broadview Road
Broadview, Ohio 44147

Webinar



Online registration is required for the webinar.

Register at www.ohsers.org.

Type “Open Enrollment” in the search box. The webinar is being held on Thursday, November 8, 2018, at 1 p.m. EST.

Can't Make a Meeting?

Open enrollment videos are available online at www.ohsers.org. Type “Open Enrollment” in the search box.

Open Enrollment Checklist

Each year during open enrollment, you can make changes to your SERS health care coverage. Use the checklist below if you decide to make any changes to your coverage.

Do you need to return anything to SERS?

YES NO

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

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

If you currently have SERS dental and/or vision coverage, you will remain enrolled until you tell us to cancel it. You do not have to re-apply.

3) Do I want to change health care plans?

Check the back of the letter that lists your 2019 premiums to determine if other plans are available to you.

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

YES NO

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

- See application form for qualifying income levels.
- At least one family member must be enrolled in a SERS Medicare plan to apply.
- If you have received a letter confirming your 2019 Premium Discount enrollment because of your Medicare Extra Help status, you **do not** need to apply.

YES: If you checked the “YES” box above for question #4, 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.

What's New for Medicare Enrollees 2019

Premiums

Premiums will be **decreasing** for most enrollees in the **Aetna Medicare Plan (PPO)** in 2019. For Aetna enrollees with only Medicare Part B and less than 25 years of service at retirement, premiums will remain the same.

There will also be premium **decreases** for enrollees in the **Paramount Elite Medicare and PrimeTime** plans. For **AultCare** enrollees with only Medicare Part B and less than 25 years of service, premiums are **increasing**.

Our health care vendors submitted lower rates for 2019, which allowed SERS to pass along those savings to enrollees. Positive Medicare revenue, lower increases for prescription drugs, along with good claims experience all contributed to lower premiums.

Specialist Office Co-Pay

The specialist office co-pay will be **decreasing** to \$30 from \$40. Examples of medical specialists include cardiologists, oncologists, and orthopedic surgeons.

Chiropractic Co-Pay

The chiropractic co-pay is **increasing** to \$20 from \$15.

Ambulance Co-Pay

The ambulance is **changing** to an \$80 co-pay from 20% coinsurance. The change to a co-pay helps you know exactly what you owe for an ambulance trip.

Premium Discount Program Automatic Enrollment

In 2019, SERS will automatically enroll a number of retirees into the SERS Premium Discount Program whose Medicare Extra Help status is similar to the Premium Discount Program.

If you qualified for automatic enrollment, SERS sent you a letter in mid-August to confirm your enrollment. Your packet did not include an application because you were already approved for the premium discount in 2019.

The premiums listed in this packet reflect your 25% medical premium discount. Dental and vision premiums are not eligible for the discount.

If you have an application in this mailing, you can still apply by completing SERS' Premium Discount application. At least one family member must be enrolled in a SERS Medicare plan to apply, and you must qualify based on your household income and size.

What's New for Dental and Vision Coverage

SERS offers optional dental and vision coverage through Delta Dental and VSP Vision Plan. Separate premiums are charged. **If you are already enrolled in a plan, no action is needed.** Your current plan automatically renews on January 1, 2019.

Dental

Premiums as well as benefits for the dental plan will be the same in 2019 as 2018.

See page 26 for more information.

Vision

Premiums for the VSP Vision Plan also will be the same.

Effective July 1, 2018, the standard progressive lenses co-pay changed to a \$0 co-pay from \$50.

See page 28 for more information.

Non-Medicare changes are listed on page 15.

Medicare Plans and Premiums

Aetna MedicareSM Plan (PPO)

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

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

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

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

- Medicare Part B
- Medicare Part A, if eligible



Aetna MedicareSM Plan (PPO)

PREMIUM IF YOU HAVE MEDICARE PART A AND PART B

Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$117	Not Eligible	Not Eligible	\$117
10 to 14.999	\$ 64	\$198	\$198	\$ 89
15 to 19.999	\$ 64	\$117	\$198	\$ 89
20 to 24.999	\$ 64	\$ 76	\$117	\$ 89
25 to 29.999	\$ 64	\$ 64	\$ 84	\$ 64
30 to 34.999	\$ 64	\$ 64	\$ 68	\$ 64

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

Spouse premium			Child(ren) premium
24.999 or less	\$198	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	\$149
25 to 29.999	\$182		
30 or more years	\$166		

Medicare

Aetna MedicareSM Plan (PPO)

PREMIUM IF YOU HAVE MEDICARE PART B ONLY

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

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

Spouse premium

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

Aetna Traditional Choice (Indemnity)

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

Aetna Traditional Choice

SPECIAL CIRCUMSTANCES FOR ENROLLMENT (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	\$428	Not Eligible	Not Eligible	\$428
10 to 14.999	\$173	\$821	\$821	\$294
15 to 19.999	\$173	\$428	\$821	\$294
20 to 24.999	\$173	\$232	\$428	\$294
25 to 29.999	\$173	\$173	\$271	\$173
30 to 34.999	\$173	\$173	\$192	\$173

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

Spouse premium

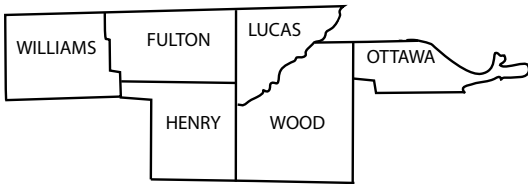
24.999 or less	\$821	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	Child(ren) premium
25 to 29.999	\$743		
30 or more years	\$664		

Paramount Elite Medicare Advantage

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage administered by Express Scripts. You must use Paramount providers or pay the full cost for services.

To enroll in this plan, you must:

- Have Medicare Part B
- Have Medicare Part A, if eligible
- Live in one of the Ohio counties listed on the map or live in Lenawee or Monroe counties in Michigan
- Complete an enrollment application; request one by calling SERS toll-free at 800-878-5853



Paramount Elite Medicare Advantage

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	\$139	Not Eligible	Not Eligible	\$139
10 to 14.999	\$ 71	\$243	\$243	\$104
15 to 19.999	\$ 71	\$139	\$243	\$104
20 to 24.999	\$ 71	\$ 87	\$139	\$104
25 to 29.999	\$ 71	\$ 71	\$ 97	\$ 71
30 to 34.999	\$ 71	\$ 71	\$ 77	\$ 71

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

Spouse premium			Child(ren) premium
24.999 or less	\$243	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	\$181
25 to 29.999	\$222		
30 or more years	\$201		

Medicare

Paramount Elite Medicare Advantage

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	\$209	Not Eligible	Not Eligible	\$209
10 to 14.999	\$ 96	\$383	\$383	\$150
15 to 19.999	\$ 96	\$209	\$383	\$150
20 to 24.999	\$ 96	\$122	\$209	\$150
25 to 29.999	\$ 71	\$ 71	\$ 97	\$ 71
30 to 34.999	\$ 71	\$ 71	\$ 77	\$ 71

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

Spouse premium

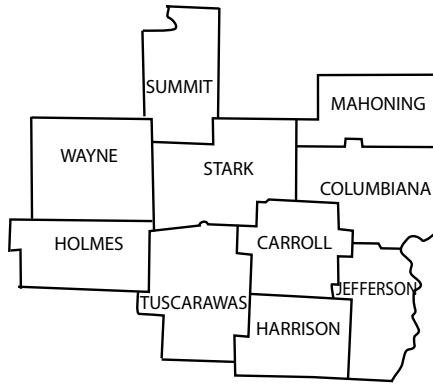
24.999 or less	\$383	Spouse premium is based on the service retiree, disability recipient, or member's service credit.
25 to 29.999	\$222	
30 or more years	\$201	

PrimeTime Health Plan

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage by PrimeTime. You must use PrimeTime providers or pay the full cost for services.

To enroll in this plan, you must:

- Have Medicare Part A and Part B
- Live in one of the Ohio counties listed on the map
- Complete an enrollment application; request one by calling SERS toll-free at 800-878-5853



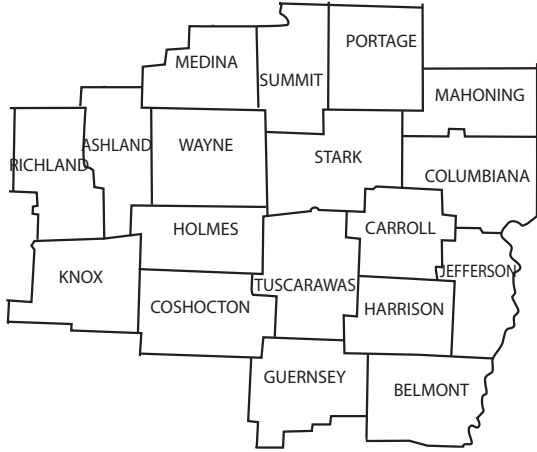
PrimeTime Health Plan				
PREMIUM IF YOU HAVE MEDICARE PART A AND PART B				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$148	Not Eligible	Not Eligible	\$148
10 to 14.999	\$ 74	\$260	\$260	\$109
15 to 19.999	\$ 74	\$148	\$260	\$109
20 to 24.999	\$ 74	\$ 91	\$148	\$109
25 to 29.999	\$ 74	\$ 74	\$103	\$ 74
30 to 34.999	\$ 74	\$ 74	\$ 80	\$ 74
*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.				
Spouse premium				Child(ren) premium
24.999 or less	\$260	Spouse premium is based on the service retiree, disability recipient, or member's service credit.		\$193
25 to 29.999	\$238			
30 or more years	\$215			

AultCare PPO

This plan is available to individuals who have only Medicare Part B. Prescription drug coverage is administered by AultCare.

To enroll in this plan, you must:

- Have Medicare Part B only
- Live in one of the Ohio counties listed on the map



AultCare 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	\$539	Not Eligible	Not Eligible	\$539
10 to 14.999	\$211	\$1,042	\$1,042	\$367
15 to 19.999	\$211	\$ 539	\$1,042	\$367
20 to 24.999	\$211	\$ 287	\$ 539	\$367
25 to 29.999	\$ 74	\$ 74	\$ 103	\$ 74
30 to 34.999	\$ 74	\$ 74	\$ 80	\$ 74

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

Spouse premium

24.999 or less	\$839	Spouse premium is based on the service retiree, disability recipient, or member's service credit.
25 to 29.999	\$238	
30 or more years	\$215	

Medicare Prescription Drug Co-Pays

Express Scripts for Aetna and Paramount Elite Plans

	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	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 (min. \$25, max. \$30)	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

PrimeTime 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	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$25, max. \$100), 30-day supply only
Non-preferred brand name	50% of cost	50% 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.

2019 Medicare Plan Coverage

	Aetna Medicare Plan (PPO)	
	In Network	Out of Network
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
Deductible	None	None
Primary Care Office Visit	\$20 co-pay	20% coinsurance
Specialist Office Visit	\$30 co-pay	20% coinsurance
Outpatient Diagnostic X-ray	\$25 co-pay	20% coinsurance
Outpatient Diagnostic Lab	100% coverage	20% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room (co-pay waived if admitted)	\$100 co-pay	\$100 co-pay
Ambulance	\$80 co-pay	\$80 co-pay
Inpatient Hospital	\$150 co-pay per day 1-5, then 100% coverage	20% coinsurance
Outpatient Surgery/ Procedures	15% coinsurance up to \$200 maximum	20% coinsurance
Skilled Nursing Facility (100-day max.)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100	
Home Health Care	100% coverage	100% coverage
Hospice	Covered by Medicare	Covered by Medicare
Outpatient Short-Term Rehabilitation	\$20 co-pay	20% coinsurance
Chiropractic	\$20 co-pay limited to Medicare-covered services	20% coinsurance limited to Medicare-covered services
Durable Medical Equipment	20% coinsurance	20% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs.
Prescription drug co-pays are listed on page 12.

Paramount Elite Medicare Advantage	PrimeTime Health Plan
\$3,000 per person	\$3,000 per person
None	None
\$20 co-pay	\$20 co-pay
\$30 co-pay	\$30 co-pay
100% coverage	100% coverage
100% coverage	100% coverage
\$40 co-pay	\$40 co-pay
\$100 co-pay	\$100 co-pay
\$80 co-pay	\$80 co-pay
\$150 co-pay per day 1-5, then 100% coverage	\$150 co-pay per day 1-5, then 100% coverage
15% coinsurance up to \$200 maximum	\$200 co-pay
Co-pay: \$0 per day 1-20, \$95 per day 21-100	Co-pay \$0 per day 1-15, \$20 per day 16-30, \$0 per day 31-100
100% coverage	100% coverage
Covered by Medicare	Covered by Medicare
\$20 co-pay (\$10 co-pay for cardiac/pulmonary rehab)	\$5 co-pay (Cardiac rehab covered at 100%)
\$20 co-pay limited to Medicare-covered services	\$20 co-pay limited to Medicare-covered services
20% coinsurance	20% coinsurance

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

What's New for Non-Medicare Enrollees 2019

Premiums

Premiums, particularly for spouses and children, are **decreasing** in the **Aetna Choice POS II** plan in 2019.

Reasons for lower premiums include SERS' efforts to enroll into Medicare those who qualify for Social Security Disability; SERS' Marketplace Wraparound plan offering; and positive medical management results from Aetna.

Premiums will be **increasing** for **AultCare** enrollees. However, AultCare continues to offer competitive non-Medicare plan premiums even with the increase. This plan is only available to retirees living in specific counties in the Akron and Canton areas.

Emergency Room Co-Pay

The emergency room is **changing** to a \$150 co-pay from 20% coinsurance. The change to a co-pay helps you know exactly what an emergency room visit costs.

What's New for Dental and Vision Coverage

SERS offers optional dental and vision coverage through Delta Dental and VSP Vision Plan. Separate premiums are charged. **If you are already enrolled in a plan, no action is needed.** Your current plan automatically renews on January 1, 2019.

Dental

Premiums as well as benefits for the dental plan will be the same in 2019 as 2018.

See page 26 for more information.

Vision

Premiums for the VSP Vision Plan also will be the same.

Effective July 1, 2018, the standard progressive lenses co-pay changed to a \$0 co-pay from \$50.

See page 28 for more information.

Medicare changes are listed on pages 4-5.

Non-Medicare Plans and Premiums

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

Aetna Choice POS II

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

To enroll in this plan, you must:

- Be under age 65
- Not be eligible for Medicare

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



Aetna Choice POS II

NON-MEDICARE

Service Years	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	\$659	Not Eligible	Not Eligible	\$659
10 to 14.999	\$253	\$1,282	\$1,282	\$447
15 to 19.999	\$253	\$ 659	\$1,282	\$447
20 to 24.999	\$253	\$ 347	\$ 659	\$447
25 to 29.999	\$253	\$ 253	\$ 409	\$253
30 to 34.999	\$253	\$ 253	\$ 284	\$253

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

Spouse premium			Child(ren) premium
24.999 or less	\$1,032	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	\$253
25 to 29.999	\$ 932		
30 or more years	\$ 833		

Non-Medicare

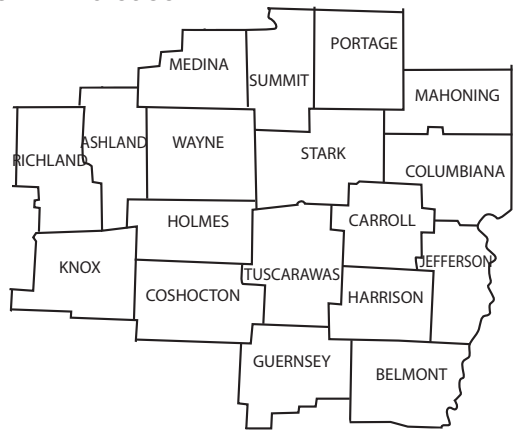
AultCare PPO

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.



AultCare PPO

NON-MEDICARE

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	\$539	Not Eligible	Not Eligible	\$539
10 to 14.999	\$211	\$1,042	\$1,042	\$367
15 to 19.999	\$211	\$ 539	\$1,042	\$367
20 to 24.999	\$211	\$ 287	\$ 539	\$367
25 to 29.999	\$211	\$ 211	\$ 337	\$211
30 to 34.999	\$211	\$ 211	\$ 236	\$211

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

Spouse premium			Child(ren) premium
24.999 or less	\$839	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	\$159
25 to 29.999	\$759		
30 or more years	\$678		

SERS Wraparound Plan

The Marketplace Open Enrollment for 2019 runs from November 1, 2018, to December 15, 2018. You must sign up for coverage during that time.

If you are currently enrolled in the SERS Wraparound Plan, you will receive premium and plan information from the Marketplace for 2019.

Contact HealthSCOPE Benefits toll-free at 888-236-2377 for assistance in updating your Marketplace application or to select a new Marketplace plan.

To change to a group SERS plan, contact SERS toll-free at 800-878-5853. (Premium information for the SERS group plans can be found on pages 16-17.) In addition, complete and return the Health Care Change Form to SERS by December 15, 2018.

How the SERS Wraparound Plan Works

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

Next, you choose insurance from any insurer offering coverage in the federal Marketplace; and, if eligible, receive a federal subsidy to lower the premium and cost-sharing amounts.

The SERS Wraparound Plan will offer additional benefits to help pay for deductibles, co-pays, and other costs.

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

This coverage option is NOT available if you:

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

Important Facts

- When you enroll in a Marketplace plan, you are responsible for paying the monthly premium directly to the Marketplace plan. SERS cannot deduct Marketplace premiums from your pension benefit.
- Federal subsidies offered in the Marketplace are based on household size and whole-household income.
- There is no additional premium for the SERS Wraparound Plan.
- Wraparound participants can return to a group SERS plan within 31 days of cancelling Marketplace coverage.
- Additional information on the SERS Wraparound Plan can be found at www.ohsers.org. Click on “Retirees” at top. Then, under Health Care in Retirement, click on “Plans and Premiums,” and scroll down to SERS Marketplace Wraparound Plan.

2019 SERS Wraparound Plan Benefits

Benefit	Maximum Reimbursement
Deductible	Up to \$2,000*
Covered prescription drugs co-pay/coinsurance	50% of the Marketplace plan’s prescription drug co-pay / coinsurance (up to \$200 per prescription)*
Physician Office Visit co-pay	Up to \$50 per visit *
Inpatient Hospital Admission co-pay/coinsurance	Up to \$300 per admission*
Imaging (X-rays, CT/PET Scans, MRI) co-payment or coinsurance	Up to \$100 per service*
Hearing Aid	One hearing aid per year; up to \$1,500**
<p>* This is the maximum amount that the Wraparound Plan will reimburse each participant for each benefit category. Reimbursement is limited to cost-sharing after the participant’s Marketplace plan has adjudicated any claim(s). Actual reimbursement may vary according to the participant’s Marketplace plan’s terms, but in no event will exceed the participant’s actual out-of-pocket expenses under the applicable Marketplace plan.</p> <p>**The Wraparound Plan will reimburse each participant on a first dollar basis up to this limit.</p>	

To receive reimbursement, submit the following documents to HealthSCOPE Benefits: Explanation of Benefits (EOB) or the pharmacy receipt that is attached to your prescription. For hearing aid reimbursement, submit an invoice from the provider with receipt showing payment.

Mail documents to HealthSCOPE Benefits, P.O. Box 1029, New Albany, Ohio, 43054; or email to SERS@HealthSCOPEBenefits.com.

Non-Medicare Prescription Drug Co-Pays

Express Scripts for Aetna Choice POS II 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	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 (min. \$25, max. \$30)	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (\$45 max.)	25% of cost (\$115 max.)

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 for the Aetna Choice POS II and AultCare PPO plans may only be filled through home delivery. New prescriptions may be filled for the first two times at a retail pharmacy, but all refills must be obtained through home delivery.

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

Specialty Medications (Aetna Choice POS II only)

Specialty medications for the Aetna Choice POS II plan must be filled by mail order through Accredo, Express Scripts' specialty pharmacy. Accredo sends deliveries overnight. The only retail pharmacy exceptions are specialty medications that must be taken within 24 hours of a hospital discharge. Specialty medications typically require special handling, administration, or monitoring. These drugs treat complex and chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

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

- **Specialty Co-Pay Assistance (Aetna Choice POS II only)**

SERS participates in a co-pay assistance program with SaveonSP, which takes advantage of funds available from drug manufacturers to lower your cost and the amount that SERS pays.

Accredo determines whether your specialty medication is eligible for co-pay assistance. If it is, you will be contacted by SaveonSP to enroll and lower your cost to \$0. SaveonSP only contacts you if your specialty medication is eligible for this assistance. If you choose not to participate, you will pay a significant co-pay.

The specialty medications in this program are considered non-essential health benefits under the plan, and your co-pay expenses will not be applied toward satisfying the out-of-pocket maximum. If you take a specialty drug that is not included in the co-pay assistance program with SaveonSP, your prescription will be subject to the specialty medication co-pays listed in the chart on page 20.

Setting up Home Delivery

Here's how to get started:

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

2019 Non-Medicare Plan Coverage

	Aetna Choice POS II	
	In Network	Out of Network
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
Deductible Coinsurance applies after the deductible is met.	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
Primary Care Office Visit	\$20 co-pay	90% coinsurance
Specialist Office Visit	\$40 co-pay	90% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	90% coinsurance
Retail Walk-In Clinic	\$20 co-pay	90% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	\$150 co-pay	\$150 co-pay
Ambulance	20% coinsurance	20% coinsurance
Inpatient Hospital*	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
	*For joint replacements, spine surgery, and transplants, see page 25.	
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
Outpatient Short-Term Rehabilitation (PT, OT, Speech, Cardiac)	20% coinsurance	90% coinsurance
Chiropractic	20% coinsurance	90% coinsurance
Durable Medical Equipment	20% coinsurance	90% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs.
Prescription drug co-pays are listed on pages 20 and 21.

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

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

Aetna Institutes of Quality (Orthopedics)

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

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

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

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

Aetna Institutes of Excellence (Transplants)

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

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

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

To Find Institutes of Excellence or Quality:

- Visit www.aetna.com. Click on “Find a Doctor”
- Call the toll-free number on the back of your Aetna ID card

Dental Coverage

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

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

Monthly 2019 Premiums:	
Benefit recipient	\$27.81
Benefit recipient and one dependent*	\$55.62
Benefit recipient, and two or more dependents*	\$83.70

* A dependent can be a spouse or a child

Payment

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

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

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

Network Dentist

To locate a network dentist:

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

Plan Details

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

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

DENTAL COVERAGE HIGHLIGHTS

Benefit Year – January 1 through December 31, 2019	PPO <u>Dentist</u> Plan Pays	Premier <u>Dentist</u> Plan Pays	Non- Participating <u>Dentist</u> Plan Pays*
Final plan documentation prevails			
DIAGNOSTIC AND PREVENTIVE (no deductible)			
Diagnostic and Preventive Service – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Radiographs – bitewing and full-mouth X-rays	100%	80%	80%
BASIC SERVICES (\$50 deductible applies)			
All Other Radiographs – other X-rays	80%	60%	60%
Minor Restorative Services – fillings	80%	60%	60%
Endodontic Services – root canals other than molar teeth	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Simple Extractions – non-surgical removal of teeth	80%	60%	60%
Other Oral Surgery Service – dental surgery	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
MAJOR SERVICES (\$50 deductible applies)			
Crown Repair – to individual crowns	50%	40%	40%
Molar Root Canals	50%	40%	40%
Major Restorative Services – crowns and veneers	50%	40%	40%
Osseous Surgery	50%	40%	40%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	50%	40%	40%
Surgical Extractions – surgical removal of fully or partially bony impacted teeth	50%	40%	40%
Relines and Repairs – to bridges, dentures, and implants	50%	40%	40%
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 located in retail, neighborhood, medical and professional settings. VSP also contracts with Costco Optical, Walmart, Visionworks, and others.

Monthly 2019 Premiums:	
Benefit recipient	\$ 7.11
Benefit recipient and one dependent*	\$14.22
Benefit recipient, and two or more dependents*	\$16.70

* 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 network providers will confirm your benefits.

If you see a non-network 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.

VSP Providers

To locate a VSP provider:

- Call customer service at 800-877-7195
- Visit www.vsp.com. Click on "Find a Doctor"

TruHearing®

As an added bonus, you and your extended family members can enjoy savings on hearing aids through TruHearing®.

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

VISION COVERAGE HIGHLIGHTS

Coverage with VSP Doctors and Affiliate Providers* Coverage Effective 01/01/2019

Services	Description	Co-pay	Frequency
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$180 allowance for a wide selection of frames • \$200 allowance for featured frame brands • 20% savings on the amount over your allowance • \$100 allowance for frames at Costco and Walmart Providers* 	Included in prescription glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses 	Included in prescription glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> • Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% savings in other lens enhancements 	\$0 \$0 \$50 \$50	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price discounts only available from contracted facilities. 		

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

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

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 "Retirees," then Forms and Publications.

Important Contacts

Aetna MedicareSM Plan (PPO)

www.aetna.com

Toll-free: 866-282-0631

TDD: 711

Aetna Choice POS II

www.aetna.com

Toll-free: 800-826-6259

TDD: 711

Aetna Traditional Plan

www.aetna.com

Toll-free: 800-826-6259

TDD: 711

AultCare PPO

www.aultcare.com

Local: 330-363-6360

Toll-free: 800-344-8858

TDD: 866-633-4752

Delta Dental

www.deltadentaloh.com/sersohio

Toll-free: 800-524-0149

TDD: 711

Group #: 1200-0001-0002

Express Scripts (Medicare)

www.express-scripts.com

Toll-free: 866-258-5819

TDD: 800-716-3231

Express Scripts (Non-Medicare)

www.express-scripts.com

Toll-free: 866-685-2791

TDD: 800-759-1089

HealthSCOPE Benefits for SERS Wraparound Plan

Toll-free: 888-236-2377

SERS@healthscopebenefits.com

Paramount Elite Medicare Advantage

www.paramounthealthcare.com

Toll-free: 800-462-3589

TDD: 888-740-5670

PrimeTime Health Plan

www.PTHP.com

Local: 330-363-7407

Toll-free: 800-577-5084

Local TDD: 330-363-7460

TDD: 800-617-7746

School Employees Retirement System of Ohio (SERS)

www.ohsers.org

Toll-free: 800-878-5853

Email: Healthcare@ohsers.org

Fax: 614-340-1820

VSP Vision Care

www.vsp.com

Toll-free: 800-877-7195

TDD: 800-428-4833

Group #: 30041628

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100, COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-free 866-280-7377 • www.ohsers.org