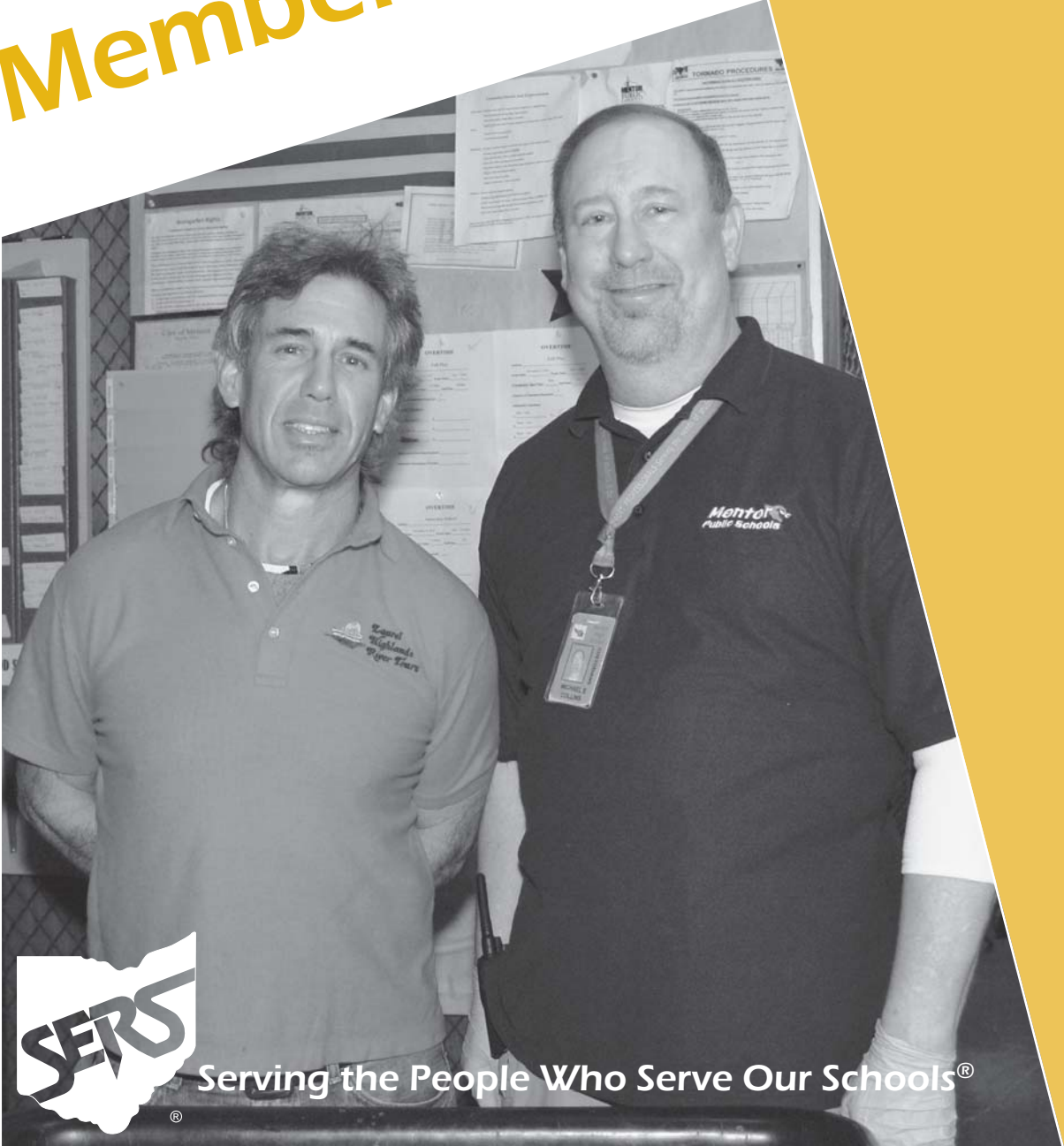


2019

# Member Health Care Guide



Serving the People Who Serve Our Schools®



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### *SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO*

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

614-222-5853 • TOLL-FREE 800-878-5853 • [www.ohsers.org](http://www.ohsers.org) • email: [healthcare@ohsers.org](mailto:healthcare@ohsers.org)

Rev. 9/2018

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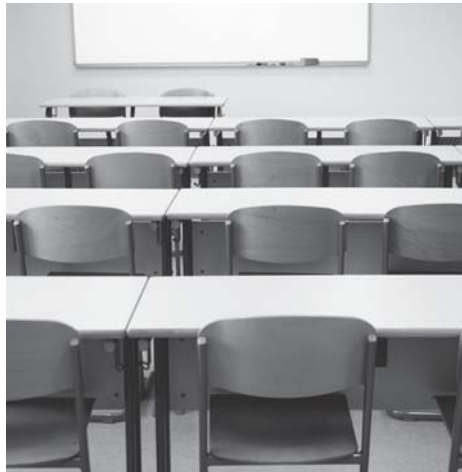
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# General Information

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Reemployment  
Health Care Coverage Enrollment  
Coverage Under More Than One Ohio Retirement System  
Health Care Waiver and Cancellation  
Dental/Vision Enrollment  
Premium Discount Program

# General Information

## ■ 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.

Coverage can be waived at any time. You can re-enroll only if you have a qualifying event. Please see page 5 for more information.

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](mailto:healthcare@ohsers.org) or call us toll-free at 800-878-5853. We are available Monday through Friday, 8 a.m. to 4:30 p.m.

This information is effective January 1, 2019.

## ■ 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, Ohio Public Employees Retirement System, Ohio Police & Fire Retirement System, Ohio Highway Patrol System, and the Cincinnati Retirement System, if it was not earned at the same time as SERS' service credit
- Workers' Compensation credit
- Service credit earned as a student

**You are eligible if you have at least 10 years of qualified service 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 credit
- 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 new 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. Your qualified service credit includes the years you received a disability allowance.

## ■ Dependent Coverage

When you enroll in SERS' coverage, you may cover your spouse, and children up to age 26, 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 who is permanently and totally disabled, provided 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 not less than 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 guardianship papers, if applicable, for each child.

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

## ■ 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.

Individuals affected are those:

- Under age 65 not yet eligible for Medicare
- Eligible for Medicare but not enrolled in Part B

Individuals not affected are those:

- Enrolled in Medicare Part A and B
- Enrolled in Medicare Part B only

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 in order 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 takes a new job, 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 takes a job, 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 toll-free at 800-878-5853.



## ■ Health Care Coverage 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 involuntary termination of other health care coverage or termination of Medicaid
  - 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 during the initial enrollment period, you can enroll them under the following circumstances:

- Within 31 days of marriage
- Within 31 days of the birth or adoption of a child
- Within 90 days of your spouse becoming eligible for Medicare
- Within 31 days of involuntary termination of other coverage or termination of Medicaid
  - Failing to pay the premium or ending coverage because of plan changes does not count as involuntary termination.

## ■ Coverage Under More Than One Ohio Retirement System

When you retire from SERS, you cannot waive SERS' health care coverage in order to enroll in coverage through another Ohio public retirement system. Your primary coverage must be through the retirement system from which you retire. This also applies to spouses and dependents.

## ■ Health Care Waiver and Cancellation

You can waive 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 involuntary termination of other health care coverage or termination of Medicaid
  - Failing to pay the premium 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

To sign up for dental coverage, you have to be eligible for, but you do not have to be enrolled in, SERS' health care coverage.

You must enroll in dental coverage in order to enroll your spouse and/or children.

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

You can enroll in dental and vision coverage at the following times:

- when you retire or begin receiving a disability benefit
- during the annual open enrollment period

See pages 36 - 38 for monthly premiums and benefits.

## ■ Premium Discount Program

**To apply for the discount program, at least one family member must be enrolled in a SERS Medicare 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 receive a discount, your total household income must be at or below the following levels:

Household Size	2019 Qualifying Income
1	\$15,175
2	\$20,575
3	\$25,975
4	\$31,375
5	\$36,775
6	\$42,175
7	\$49,575
8	\$52,975

To apply, complete and sign a Health Care Premium Discount Application, and return it to SERS. New retirees can submit an application within 90 days of their retirement.

**A 25% reduction in your monthly SERS health care premium for medical and prescription drugs is available if your total household income falls at or below qualifying income levels.**



## Non-Medicare Coverage

Premiums  
Premium Subsidy  
2019 Non-Medicare Premiums  
Non-Medicare Plan Availability  
Other Non-Medicare Coverage Options  
Non-Medicare Plan Coverage  
Early Detection Health Screenings

# Non-Medicare Coverage

The following information is for those under age 65 and not eligible for Medicare coverage.

## ■ Premiums

The 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 monthly payment.

**SERS automatically deducts the premiums for you and any dependents from your monthly payment.**

If your payment is not enough to cover your premiums, you will be responsible for the remaining balance. SERS mails you a bill each month, which can be paid by check or money order, or automatically deducted from your bank account.

If you are interested in having your premiums automatically deducted, visit our website at [www.ohsers.org](http://www.ohsers.org) or call our office toll-free at 800-878-5853 for a Health Care Automatic Payment Authorization Agreement. If monthly premiums are not paid, SERS' health care coverage will be cancelled.

## ■ 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, disability, 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 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, disability recipient, or member.

The chart on page 9 lists the non-Medicare premiums for 2019.

## ■ 2019 Non-Medicare Premiums

<b>SERVICE RETIREES</b>		
<b>YEARS OF QUALIFIED SERVICE CREDIT</b>	<b>Aetna Choice POS II</b>	<b>AultCare PPO</b>
<b>10-19.999 years*</b>	<b>\$1,282</b>	<b>\$1,042</b>
20-24.999 years	\$659	\$539
25-29.999 years	\$409	\$337
30-34.999 years	\$284	\$236
35-35.999 years	\$222	\$186
* This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see page 8), 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.		
<b>DISABILITY BENEFIT RECIPIENTS</b>		
<b>YEARS OF QUALIFIED SERVICE CREDIT</b>	<b>Aetna Choice POS II</b>	<b>AultCare PPO</b>
<b>Full premium without a premium subsidy**</b>	<b>\$1,282</b>	<b>\$1,042</b>
5-9.99 years	\$659	\$539
10-24.99 years	\$447	\$367
25 years and over	\$253	\$211
** This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see page 8), you pay this amount regardless of your qualified years of service.		
<b>SPOUSE / CHILDREN</b>		
<b>Spouse premium based on the service retiree, disability, or member's qualified service credit</b>	<b>Aetna Choice POS II</b>	<b>AultCare PPO</b>
<u>Spouse</u>		
<b>up to 24.999 years</b>	<b>\$1,032</b>	<b>\$839</b>
25-29.999 years	\$932	\$759
30 years and over	\$833	\$678
<u>Child(ren)</u>	\$253	\$159

## ■ Non-Medicare Plan Availability

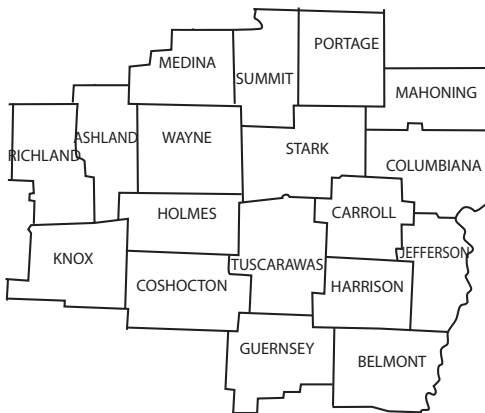
### Aetna Choice POS II

Available throughout the United States.



### AultCare PPO

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



## ■ Other Non-Medicare Coverage Options

### Sign up for a Marketplace Plan to get the SERS Wraparound Plan:

The SERS Wraparound Marketplace works in combination with the Health Insurance Marketplace.

You first select a Marketplace plan with the help of a counselor from our plan administrator, HealthSCOPE Benefits.

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

After you have selected your Marketplace plan, the SERS Wraparound Plan will provide additional benefits to help you pay deductibles, co-pays, and other costs. There is no additional premium for the SERS Wraparound Plan.

See page 12 for more details.

#### Wraparound Benefit Example

You sign up for a Marketplace plan that has a \$4,000 deductible for covered services.

Your out-of-pocket expenses that apply to the deductible add up to \$2,200.

With the SERS Wraparound Plan, you can be reimbursed for \$2,000 of what you paid toward your deductible.

### Important Facts:

- To receive the SERS Wraparound Plan benefits, you MUST complete the Marketplace enrollment process through HealthSCOPE Benefits.
- You can sign up for a Marketplace plan outside the annual November 1 – December 15 open enrollment period when you experience a life change, such as losing employer coverage.
- 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 benefit.
- Federal subsidies offered in the Marketplace are based on household size and whole-household income.

### Who is Eligible:

You are eligible for the SERS Wraparound Plan if you are eligible for SERS health care coverage. However, this option is NOT available when you:

- Waive SERS coverage;
- Are eligible for Medicare;
- Are enrolled in Medicaid; or
- Will have a family member enrolled in a SERS Medicare Advantage plan.

### To Learn More:

**If you are retiring soon and want to learn more about Marketplace coverage and the SERS Wraparound Plan, call HealthSCOPE Benefits toll-free at 888-236-2377.**

Be sure to tell the representative that you are a member of the School Employees Retirement System of Ohio.

## SERS' Wraparound Plan Benefits

The SERS Wraparound Plan provides reimbursement for the following cost-sharing and hearing aid expenses:

Benefit	2019 Maximum Reimbursement
Deductible	Up to \$2,000*
Covered prescription drugs co-payment/coinsurance	50% of the Marketplace plan's prescription drug co-payment/coinsurance (up to \$200 per prescription)*
Physician Office Visit co-payment	Up to \$50 per visit*
Inpatient Hospital Admission co-payment/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**

\*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 will in no event exceed the participant's actual out-of-pocket expenses under the applicable Marketplace plan.

\*\*The Wraparound Plan will reimburse each participant on a first dollar basis up to this limit.

The SERS Wraparound Plan benefits noted above only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement, except for hearing aids.

### Wraparound Benefit Example

Your physician office co-pay is \$35 under your Marketplace plan. If you pay this amount out of pocket, the SERS Wraparound Plan will reimburse you \$35.

## Completing the SERS Health Care Application

Check the "Wraparound Plan" box on SERS' Health Care application.

### 2. Plan Selection

Choose only one of the following health care plans:

- Aetna Medicare<sup>SM</sup> Plan (PPO)   
  Paramount Elite (Medicare)   
  PrimeTime (Medicare)  
 Aetna Choice POS II   
  AultCare PPO   
  Wraparound Plan

If you have not done so already, call HealthSCOPE Benefits toll-free at 888-236-2377 to enroll in the Marketplace plan of your choice.

You must pay premiums directly to your Marketplace plan.



## Health Insurance Marketplace and SERS' Marketplace Wraparound Plan Questions and Answers:

**Q: Can I enroll in a Marketplace plan on my own, and still receive the additional benefits from the SERS Wraparound Plan?**

**A.** No. In order to receive the SERS Wraparound Plan benefits, you must sign up for a Marketplace plan through HealthSCOPE Benefits.

**Q: What plans can I select on the Marketplace?**

**A.** The Marketplace offers a variety of plans at different prices and benefit levels. You may choose any plan offered through the Marketplace and receive SERS' Wraparound benefits.

**Q: How much does Marketplace coverage cost?**

**A.** The cost can be different for each person depending upon his or her household income, age, location, and selected coverage.

**Q: If I receive SERS' Wraparound benefits, am I still eligible for a federal premium subsidy?**

**A.** Yes, if you are eligible for a federal premium subsidy, the Wraparound benefits will not affect your subsidy. Combining the federal premium subsidy and the Wraparound benefits make the SERS Wraparound Plan an affordable option, particularly for lower-income households.

**Q: Can I enroll in a Marketplace plan outside the annual November 1 – December 15 Marketplace Open Enrollment Period?**

**A.** Yes. If you experience a life change — such as getting married, getting divorced or legally separated, or losing employer health coverage — you would qualify for a Special Marketplace Enrollment Period.

**Q: What if I decide to cancel my Marketplace plan? Could I enroll in another SERS health care plan?**

**A.** Yes. If you cancel your Marketplace plan, along with the SERS Wraparound Plan, you have 31 days to enroll in another SERS non-Medicare health care plan. Before making any changes, you should contact SERS' Health Care Services at 800-878-5853 to discuss your premium costs.

**Q: What happens when I become eligible for Medicare?**

**A.** SERS will contact you three months before you turn 65, or become eligible for Medicare, to offer you the opportunity to enroll in SERS' Medicare Advantage coverage. You should terminate your Marketplace plan when your Medicare Advantage coverage becomes effective.

## ■ Non-Medicare Plan Coverage

2019 Non-Medicare Plan Coverage		
	Aetna Choice POS II	
	In Network	Out of Network
<b>Annual Out-of-Pocket Maximum</b> • 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
<b>Deductible</b> Coinsurance applies after the deductible is met.	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
<b>Primary Care Office Visit</b>	\$20 co-pay	90% coinsurance
<b>Specialist Office Visit</b>	\$40 co-pay	90% coinsurance
<b>Outpatient Diagnostic X-ray and Lab</b>	20% coinsurance	90% coinsurance
<b>Retail Walk-In Clinic</b>	\$20 co-pay	90% coinsurance
<b>Urgent Care</b>	\$40 co-pay	\$40 co-pay
<b>Emergency Room</b>	\$150 co-pay	\$150 co-pay
<b>Ambulance</b>	20% coinsurance	20% coinsurance
<b>Inpatient Hospital*</b>	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
<b>Outpatient Surgery / Procedures</b>	20% coinsurance	90% coinsurance
<b>Skilled Nursing Facility (100-day max.)</b>	20% coinsurance	90% coinsurance
<b>Home Health Care</b>	20% coinsurance	90% coinsurance
<b>Hospice Care</b>	100% coverage	100% coverage
<b>Outpatient Short-Term Rehabilitation (PT, OT, Speech, Cardiac)</b>	20% coinsurance	90% coinsurance
<b>Chiropractic</b>	20% coinsurance	90% coinsurance
<b>Durable Medical Equipment</b>	20% coinsurance	90% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs.  
**Prescription drug co-pays are listed on page 31.**

AultCare PPO	
In Network	Out of Network
Per Person: \$7,350 Per Family: \$14,700	Per Person: \$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

**SERS Wraparound Plan**  
 You must enroll in a Health Insurance Marketplace plan with the assistance of HealthSCOPE Benefits to receive the benefits of the SERS Wraparound Plan. For more information, see page 11.

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.

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 all screenings. The following are the most common screenings:

NON-MEDICARE HEALTH SCREENINGS			
WOMEN'S HEALTH		MEN'S HEALTH	
<b>Routine Physical Exam</b>	Covered in full annually	<b>Routine Physical Exam</b>	Covered in full annually
<b>PAP Test</b>	Covered in full annually	<b>Prostate Specific Antigen (PSA)</b>	Covered in full annually
<b>Mammogram</b>	Covered in full annually	<b>Digital Rectal Exam (DRE)</b>	Covered in full annually
IMMUNIZATIONS			
<b>Influenza (Flu) Vaccine</b>	Covered in full annually		
<b>Pneumonia Vaccine</b>	Covered in full annually		
<b>Shingles Vaccine</b>	Covered in full for adults age 50 and older		
COLORECTAL			
<b>Fecal Occult Blood Test</b>	Covered in full annually		
<b>Sigmoidoscopy</b>	Contact your individual plan to learn how frequently this service is covered in full before scheduling the procedure.		
<b>Colonoscopy</b>	Contact your individual plan to learn how frequently this service is covered in full before scheduling the procedure.		
DIABETES			
<b>Fasting Glucose (sugar) Blood Test</b>	Covered in full annually		
OTHER			
<b>Lipid Cholesterol Blood Test</b>	Covered in full annually		
<b>EKG</b>	Covered in full annually		
<b>Complete Blood Count</b>	Covered in full annually		
<b>Bone Mineral Density Test</b>	Covered in full annually		
There are situations where these tests are prescribed by your doctor for medical reasons rather than for screening. In those situations, the test would be covered under Diagnostic/X-ray/Lab/Surgery plan coverage, and would be subject to your plan's deductible and/or coinsurance. Always confirm benefits with your health plan.			



# Medicare Coverage

- Medicare Basics
- Medicare Initial Enrollment Period
- Medicare Coverage Choices
- Premiums
- Premium Subsidy
- 2019 Medicare Premiums
- Medicare Plan Coverage
- Medicare Plan Availability
- Early Detection Health Screenings

# 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 requiring dialysis or a kidney transplant

### Parts A, B, C, and D

**Medicare Part A (hospital insurance)** helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care, not custodial or 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 their 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. In 2018, the premium for most new enrollees is \$134.00 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

Watch the  
Medicare Basics  
video series  
available on our  
website at  
[www.ohsers.org](http://www.ohsers.org).

## ■ Medicare Initial Enrollment Period

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 receiving a Social Security check:

- You will need to sign up for Medicare in person at a Social Security office or online at [www.ssa.gov/medicare](http://www.ssa.gov/medicare).

Medicare charges a lifetime penalty of 10% for each 12-month period you are eligible for Medicare Part B but do not sign up for it.

**The penalty does not apply when you are enrolled in an employer health plan. See “Working Past Age 65” on page 20.**

To have your Medicare coverage effective the month you turn 65, sign up as soon as you are eligible. When you enroll during the last four months of your Initial Enrollment Period, your Medicare coverage is delayed.

See the charts below for more details.

Medicare Initial Enrollment Period						
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:	Then, your Part B Medicare coverage starts:
<b>One to three months prior to your 65th birthday month</b>	<b>The month of your 65th birthday</b>
The month in which you reach age 65	One month after your 65th birthday month
One month after you reach age 65	Three months after your 65th birthday month
Two months after you reach age 65	Five months after your 65th birthday month
Three months after you reach age 65	Six months after your 65th birthday month

### 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 the 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 2018 premium for most new enrollees is \$134.00 per month.

## 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. When you decide to stop working, you have a one-time Special Enrollment Period of up to eight months after your employer coverage ends to enroll in Medicare.

To enroll, fill out an Application for Enrollment in Medicare Part B (CMS-40B) and the Request for Employment Information (CMS-L564) forms. 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.

Contact your local Social Security office for these forms or download them at [www.SSA.gov](http://www.SSA.gov).

If you have Medicare Part A only or receive a Social Security check, you cannot file your Medicare Part B application any earlier than 30 days before the month you want your coverage to begin. If you do not have Medicare Part A and have not started receiving Social Security benefits, you can file your application up to three months before you want coverage to begin.

Call your local Social Security office to schedule an appointment to file your application. It is advisable to request a date-stamped copy of the application for your records.

### **Working only a few months past your 65th birthday:**

If you stop working and enroll in Medicare within three months after you reach age 65, your Medicare Part B coverage will be delayed. This is because Medicare considers you to be in your Initial Enrollment Period and filing after your birthday month causes a delay in coverage. For more details, see the charts on page 19. Remember, a delay in benefits means you may have a gap in coverage, depending on when your employer coverage ends. To avoid a coverage gap, sign up for Medicare during the three months prior to your 65th birth month, or enroll in your employer's COBRA coverage.



## ■ 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

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.

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



##### 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 for Aetna and Paramount plans. Silver&Fit for PrimeTime
- Better prescription drug coverage through the donut hole
- Lower out-of-pocket costs than Original Medicare

Each month, you pay your Part B premium to Medicare and a premium to SERS for your Medicare Advantage plan. SERS adds \$45.50 to your monthly pension when you take SERS' coverage to help you pay your Part B premium.

## ■ Premiums

The 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, additional premiums are charged.

**SERS automatically deducts your premiums and the premiums for your dependents from your monthly payment.**

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, you will be responsible for the remaining balance.

SERS mails you a bill each month, which can be paid by check or money order, or automatically deducted from your bank account.

If you are interested in having your premiums automatically deducted from your monthly payment, visit our website at [www.ohsers.org](http://www.ohsers.org) or call our office toll-free at 800-878-5853 for a Health Care Automatic Payment Authorization Agreement.

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

## ■ 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, disability, 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, disability recipient, or member.

The chart on page 23 lists the Medicare premiums for 2019.

## ■ 2019 Medicare Premiums

Premium if you have Medicare Part A and Part B.  
Contact SERS for premium if you are eligible for Medicare Part B only.

### SERVICE RETIREES

YEARS OF QUALIFIED SERVICE CREDIT	Aetna Medicare Plan (PPO)	Paramount Elite Medicare Advantage	PrimeTime Health Plan
<b>10-19.999 years*</b>	<b>\$198</b>	<b>\$243</b>	<b>\$260</b>
20-24.999 years	\$117	\$139	\$148
25-29.999 years	\$ 84	\$ 97	\$103
30-34.999 years	\$ 68	\$ 77	\$ 80
35-35.999 years	\$ 60	\$ 66	\$ 69

\* This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see page 22), 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.

### DISABILITY BENEFIT RECIPIENTS

YEARS OF QUALIFIED SERVICE CREDIT	Aetna Medicare Plan (PPO)	Paramount Elite Medicare Advantage	PrimeTime Health Plan
<b>Full premium without a premium subsidy**</b>	<b>\$198</b>	<b>\$243</b>	<b>\$260</b>
5-9.99 years	\$117	\$139	\$148
10-24.99 years	\$ 89	\$104	\$109
25 years and over	\$ 64	\$ 71	\$ 74

\*\* This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see page 22), you pay this amount regardless of your qualified years of service.

### SPOUSE / CHILDREN

Spouse premium based on the service retiree, disability, or member's qualified service credit	Aetna Medicare Plan (PPO)	Paramount Elite Medicare Advantage	PrimeTime Health Plan
<u>Spouse</u>			
up to 24.999 years	\$198	\$243	\$260
25-29.999 years	\$182	\$222	\$238
30 years and over	\$166	\$201	\$215
<u>Child(ren)</u>	\$149	\$181	\$193

## ■ Medicare Plan Coverage

2019 Medicare Plan Coverage		
	<b>Aetna Medicare Plan (PPO)</b>	
	<b>In Network</b>	<b>Out of Network</b>
<b>Annual Out-of-Pocket Maximum</b> 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
<b>Deductible</b>	None	None
<b>Primary Care Office Visit</b>	\$20 co-pay	20% coinsurance
<b>Specialist Office Visit</b>	\$30 co-pay	20% coinsurance
<b>Outpatient Diagnostic X-ray</b>	\$25 co-pay	20% coinsurance
<b>Outpatient Diagnostic Lab</b>	100% coverage	20% coinsurance
<b>Urgent Care</b>	\$40 co-pay	\$40 co-pay
<b>Emergency Room</b> (co-pay waived if admitted)	\$100 co-pay	\$100 co-pay
<b>Ambulance</b>	\$80 co-pay	\$80 co-pay
<b>Inpatient Hospital</b>	\$150 co-pay per day 1-5, then 100% coverage	20% coinsurance
<b>Outpatient Surgery/ Procedures</b>	15% coinsurance up to \$200 maximum	20% coinsurance
<b>Skilled Nursing Facility</b> (100-day max.)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100	
<b>Home Health Care</b>	100% coverage	100% coverage
<b>Hospice</b>	Covered by Medicare	Covered by Medicare
<b>Outpatient Short-Term Rehabilitation</b>	\$20 co-pay	20% coinsurance
<b>Chiropractic</b>	\$20 co-pay limited to Medicare-covered services	20% coinsurance limited to Medicare-covered services
<b>Durable Medical Equipment</b>	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 33.**

<b>Paramount Elite Medicare Advantage</b>	<b>PrimeTime Health Plan</b>
\$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.

## ■ Medicare Plan Availability

### Aetna Medicare<sup>SM</sup> Plan (PPO)

Available throughout the United States

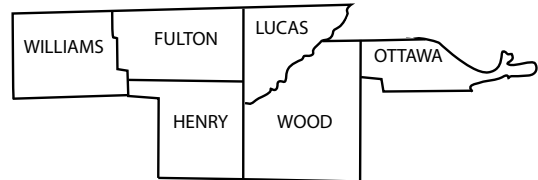


### Paramount Elite Medicare Advantage

Available in the following Ohio counties:

Fulton	Ottawa
Henry	Williams
Lucas	Wood

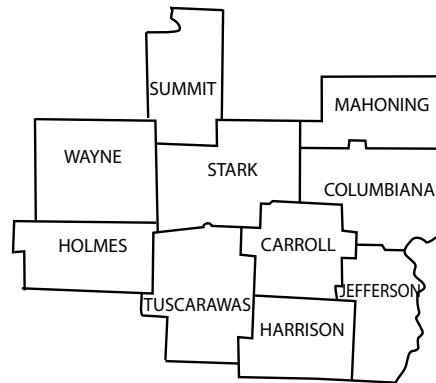
Also in *Michigan*: Monroe, Lenawee counties



### PrimeTime Health Plan

Available in the following Ohio counties:

Carroll	Mahoning
Columbiana	Stark
Harrison	Summit
Holmes	Tuscarawas
Jefferson	Wayne



## ■ Early Detection Health Screenings

Many early detection screenings are 100% covered by the SERS health care plans. The Summary of Coverage provided by your health plan includes detailed information on all screenings. The following are the most common screenings:

Many early detection screenings are 100% covered by SERS health care plans.

MEDICARE HEALTH SCREENINGS			
WOMEN'S HEALTH		MEN'S HEALTH	
<b>Routine Physical Exam</b>	Covered in full annually	<b>Routine Physical Exam</b>	Covered in full annually
<b>PAP Test</b>	Covered in full annually by most plans; covered in full every 24 months by Aetna	<b>Prostate Specific Antigen (PSA)</b>	Covered in full annually
<b>Mammogram</b>	Covered in full annually	<b>Digital Rectal Exam (DRE)</b>	Covered in full annually
IMMUNIZATIONS			
<b>Influenza (Flu) Vaccine</b>	Covered in full annually		
<b>Pneumonia Vaccine</b>	Covered in full annually		
<b>Shingles Vaccine</b>	Covered in full under your prescription drug plan (Part D)		
COLORECTAL			
<b>Fecal Occult Blood Test</b>	Covered in full annually		
<b>Sigmoidoscopy</b>	Contact your individual plan to learn how frequently this service is covered in full before scheduling the procedure.		
<b>Colonoscopy</b>	Contact your individual plan to learn how frequently this service is covered in full before scheduling the procedure.		
DIABETES			
<b>Fasting Glucose (sugar) Blood Test</b>	Covered in full annually		
OTHER			
<b>Lipid Cholesterol Blood Test</b>	Covered in full annually by most plans. Paramount covers in full every 5 years.		
<b>EKG</b>	Covered in full annually		
<b>Complete Blood Count</b>	Covered in full annually		
<b>Bone Mineral Density Test</b>	Covered in full annually by PrimeTime; covered in full every 24 months by Aetna and Paramount.		
There are situations where these tests are prescribed by your doctor for medical reasons rather than for screening. In those situations, the test would be covered under Diagnostic/X-ray/Lab/Surgery plan coverage, and would be subject to your plan's deductible and/or coinsurance. Always confirm benefits with your health plan.			



Carrie Martin, Franklin Heights High School





# Prescription Drug Coverage

Prescriptions Not Covered  
Coverage Rules  
Non-Medicare Co-pays  
Medicare Co-pays  
Medicare and Prescription Coverage  
Medicare Coverage Gap

# Prescription Drug Coverage

Prescription drug coverage is included in SERS health care coverage 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.

## ■ 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

With the exception of insulin, Express Scripts does not cover non-preferred medications. You pay the full amount for non-preferred medications, and your costs do not count toward any out-of-pocket maximum or the Medicare coverage gap.

## ■ 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.

## ■ Non-Medicare Co-pays

### Express Scripts for Aetna Choice POS II Plan

	Retail (30-day supply)	Home Delivery (90-day supply)
<b>Generic</b>	\$7.50 co-pay max.	\$15 co-pay max.
<b>Preferred brand name</b>	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
<b>Specialty medications</b>	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.
<b>Non-preferred brand name</b>	No coverage	No coverage
<b>Insulin Only</b>		
<b>Preferred brand name</b>	25% of cost (min. \$25, max. \$30)	25% of cost (min. \$45, max. \$60)
<b>Non-preferred brand name</b>	25% of cost (max. \$45)	25% of cost (max. \$115)

### AultCare PPO Plan

	Retail (30-day supply)	Home Delivery (90-day supply)
<b>Generic</b>	\$7.50 co-pay, max.	\$15 co-pay, max.
<b>Preferred brand name</b>	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
<b>Specialty medications</b>	\$100 co-pay	\$100 co-pay, 30-day supply only
<b>Non-preferred brand name</b>	100% of cost	100% of cost
<b>Insulin Only</b>		
<b>Preferred brand name</b>	\$30 co-pay	\$60 co-pay
<b>Non-preferred brand name</b>	\$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 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 31.

## ■ Medicare Co-pays

### Express Scripts for Aetna and Paramount Elite Plans

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

### PrimeTime Plan

	Retail (30-day supply)	Home Delivery (90-day supply)
<b>Generic</b>	\$7.50 co-pay, max.	\$15 co-pay, max.
<b>Preferred brand name</b>	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
<b>Specialty medications</b>	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$25, max. \$100), 30-day supply only
<b>Non-preferred brand name</b>	50% of cost	50% of cost
<b>Insulin Only</b>		
<b>Preferred brand name</b>	\$30 co-pay	\$60 co-pay
<b>Non-preferred brand name</b>	\$45 co-pay	\$115 co-pay

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

## ■ Medicare and Prescription Coverage

You have Medicare Part D prescription coverage through your SERS Medicare coverage. You do not need to buy additional coverage. If you enroll in another Part D plan, SERS is required to cancel your health care coverage.

Some medications and supplies are covered by Medicare Part B, which is part of your 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 prescriptions.

## ■ Medicare Coverage Gap (Donut Hole)

If you reach the Coverage Gap, also known as the “donut hole,” your prescription drug co-pays will not change. SERS continues to help pay for generic and preferred brand name drugs. For more information, call Health Care Services toll-free at 800-878-5853.



## Dental and Vision Coverage

Dental Plan  
Vision Plan

# Dental and Vision Coverage

## ■ 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. In Ohio, more than 5,800 general dentists participate in these networks.

### Eligibility

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

You decide each year during open enrollment to keep, enroll in, or cancel dental coverage.

### Premiums

Premiums are deducted from your monthly payment. If your monthly payment is not enough to cover your monthly premium, SERS will bill you each month.

2019 Monthly 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

### Maximum Coverage

\$1,500 per person per calendar year.

### Provider Payment

Network dentists have agreed to accept Delta's negotiated prices for various services. The chart on page 37 shows how much the plan pays. When a service is not covered at 100%, you pay the remaining portion.

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



<b>DENTAL COVERAGE HIGHLIGHTS</b>			
Coverage effective January 1, 2019 Final plan documentation prevails	PPO Dentist	Premier Dentist	Nonparticipating Dentist*
<b>DIAGNOSTIC AND PREVENTIVE (no deductible)</b>			
Exams, cleanings, fluoride, emergency pain relief, sealants, brush biopsy, bitewing and full-mouth X-rays	100%	80%	80%
<b>BASIC SERVICES (\$50 deductible applies)</b>			
Minor restorative services, including fillings, periodontic, and endodontic services, other basic services, other X-rays	80%	60%	60%
<b>MAJOR SERVICES (\$50 deductible applies)</b>			
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

**TruHearing  
is included  
with VSP.**

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 also provides savings on hearing aids through the TruHearing program.

### Eligibility

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

You decide each year during open enrollment to keep, enroll in, or cancel vision coverage.

### Premiums

Premiums are deducted from your monthly payment. If your monthly payment is not enough to cover your monthly premium, SERS will bill you each month.

<b>2019 Monthly Premiums:</b>	
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

## Provider Choices

- **VSP Preferred Providers**  
If you see a VSP preferred provider, your costs will be lower.
- **Non-Network Providers**  
You can choose any provider, national retailer, or local retail chain. However, if 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 VSP Doctors and Affiliate Providers*			
Coverage Effective January 1, 2019			
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	• \$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	• 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 20-25% 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. Once your coverage is effective, visit [www.vsp.com](http://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.



# Questions and Answers

Medicare  
General

# Questions and Answers

## ■ Medicare

- 1. I retired at age 60 from my school employer and started receiving my Social Security when I turned 62. I turn 65 this year. Do I have to sign up for Medicare Part A and Part B?**

No. Since you are already collecting a Social Security benefit, Social Security will automatically send you a Medicare enrollment package.

- 2. I am 65 years old, still employed, and have health care coverage through my employer. Do I need to sign up for Medicare?**

No. Only sign up for Part B if your employer requires it.

- 3. I started working in my school district before 1986 and have never paid Medicare taxes. Do I qualify for Medicare Part A (hospital)?**

You would not be eligible for Medicare Part A under your own work record. If you are married, you may qualify under your spouse's work record. SERS has a plan that covers Medicare Part A benefits.

- 4. What happens when I am enrolled in SERS' health care coverage and I turn 65?**

You will receive an "Approaching 65" information packet from SERS. It will tell you that when you are within three months of turning 65, you should enroll in Medicare. Once you enroll in Medicare, SERS will transfer you from your non-Medicare plan into a SERS Medicare Advantage plan. With Medicare coverage, your premium with SERS will be reduced. You also will receive \$45.50 per month from SERS to help you pay your Medicare Part B premium. If you cancel SERS' coverage in the future, the Medicare Part B reimbursement ends.

- 5. I just received my Medicare card. Does SERS need to have a copy of my card?**

Yes, if you plan to enroll in SERS' health care coverage. Be sure to include your SERS member ID or the last four digits of your Social Security number on the copy.

- 6. I am 68 years old and plan to retire at the end of this school year. Will I be penalized for not signing up for Medicare when I turned 65?**

No. As long as you were covered by your employer's health care plan, or your spouse's employer plan, there will be no penalty when you sign up for Medicare. Please see page 20 for more information.

## ■ General

**1. If I waive SERS' health care coverage when I retire, can I pick it up later?**

Yes, but only within 90 days of becoming eligible for Medicare, or within 31 days of an involuntary termination of other coverage in which you were enrolled.

**2. If I get a job that offers me health care coverage, and I drop my SERS health care coverage, can I ever get back into SERS' health care?**

Yes. There are two times you can sign up for SERS' coverage: within 90 days of becoming eligible for Medicare, or within 31 days of an involuntary termination of other coverage.

**3. Can I still have SERS' health care coverage if I move out of Ohio?**

Yes. The plans that will cover you wherever you live in the United States are Aetna Choice POS II for non-Medicare participants and Aetna Medicare PPO for Medicare participants.

**4. Once I retire, can I ever change my SERS health care plan?**

Yes. During open enrollment each year, you can change your current plan selection if other SERS plans are available in your area.

**5. I am 62 years old, and I have selected Aetna Choice POS II. Does the \$20 office visit co-pay count toward my deductible?**

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

**6. My husband and I are both members of SERS. My husband has 10 years, and I have 30 years of service. What premium will we pay?**

Because your husband doesn't qualify for a subsidy under his own service record, it may be to your financial advantage to have him listed as your spouse for health plan enrollment purposes. We suggest that you contact SERS' Health Care Services to discuss which option is most beneficial.

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

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

**8. 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?**

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

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

If you are enrolled in a SERS Medicare plan, you can refill your maintenance medications at a retail pharmacy or through mail order. However, if you are enrolled in a non-Medicare plan, all maintenance medication refills must be obtained through mail order.

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

**10. When will I get my identification cards?**

Your plan identification cards arrive in the mail approximately 7 to 10 days before your plan takes effect. VSP does not issue ID cards. If your vision provider accepts VSP, it will file any claims for you. If it does not, you will need to submit a VSP manual claims form.

**11. I do not want SERS' health care coverage. Can I just enroll in the dental or vision plans?**

As long as you are eligible for SERS' health care coverage, you can enroll in the dental and/or vision coverage even without enrolling in health care coverage.

**12. I am 62 years old and plan to retire this year. I have heard about the Health Insurance Marketplace. How can I find out more about it?**

For information on the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

Additionally, SERS currently offers a coverage option for non-Medicare participants called the SERS Wraparound Plan. For more information, see page 11.

**13. I plan to return to work after I retire. Can I still enroll in SERS' health care coverage?**

Your eligibility for SERS' health care coverage may change if you return to work after you retire. The reemployment rule applies to individuals who are under age 65 and not yet eligible for Medicare, or individuals eligible for Medicare but not enrolled in Part B. For more information, see page 4. You also can call SERS' Health Care Services toll-free at 800-878-5853 or email [healthcare@ohsers.org](mailto:healthcare@ohsers.org).



# Glossary of Terms

Terms

# Glossary of Terms

## ■ Terms

### **Coinsurance**

Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Your health care coverage or plan pays the rest of the allowed amount.

### **Co-payment / Co-pay**

A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service you receive.

### **Deductible**

The amount you owe for covered health care services before your plan begins to pay. The deductible may not apply to all services.

### **Durable Medical Equipment (DME)**

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

### **Health Maintenance Organization (HMO)**

A health plan that covers only care rendered by in-network doctors and other health care providers that agree to treat patients in accordance with the HMO's guidelines and restrictions. Any care rendered by out-of-network providers is not covered except in a medical emergency.

### **In-Network Providers**

Physicians, hospitals, and other medical professionals who have agreed to treat patients in accordance with a health plan's guidelines, restrictions, and payment schedules.

### **Maintenance Medications**

Medications used to treat chronic or long-term conditions, including high blood pressure, heart disease, asthma, and diabetes.

### **Medicare**

Federally-sponsored health care coverage program that covers persons 65 and older and eligible persons under 65 with qualifying medical conditions.

### **Non-Medicare**

Refers to those persons not yet eligible for Medicare.

### **Out-of-Network Providers**

Physicians, hospitals, and other medical professionals who have not agreed to treat patients in accordance with a health plan's guidelines, restrictions, and payment schedules. Services from out-of-network providers are subject to higher co-payments and deductibles under PPO plans, and are not covered under HMO plans except in a medical emergency.



## **Out-of-Pocket Maximum**

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, co-pays, and coinsurance, your health plan pays 100% of the costs of covered benefits.

## **Preferred Provider Organization (PPO)**

A network of physicians, hospitals, and other health care providers that have contracted with a health plan to provide health care to plan participants. Use of out-of-network providers may increase your costs.

## **Premium**

The monthly amount you pay for your health care coverage or plan.

## **Premium Discount Program**

A 25% reduction in monthly premiums for medical and prescription drugs plans that is available to benefit recipients whose total household income falls at or below qualifying income levels.

## **Premium Subsidy**

The part of your premium SERS pays, which is based on your qualified years of service credit and eligibility for health care coverage through your school employer.

## **Prescription Drugs**

### **Formulary Drugs/Preferred**

Generic and brand-name drugs included on a health plan's list of safe and cost-effective prescription medications.

### **Non-Formulary Drugs/Non-Preferred**

Brand-name drugs not on a health plan's list that require you to pay a higher percentage of the cost.

## **SERS' Open Enrollment**

The period when SERS' health care enrollees can change health plans, and add or drop dental and/or vision coverage. SERS' open enrollment is usually held in the fall.

## **Skilled Nursing Facility**

In-patient facility that provides skilled care services such as physical, occupational, and other rehabilitative therapy following surgery or an illness. It is intended for short-term care. This does not include custodial care, which includes long-term assistance with activities of daily living.

## **Specialty Medications**

Specialty medications typically require special handling, administration, or monitoring. They treat complex and chronic conditions, including cancer, multiple sclerosis, and rheumatoid arthritis.



Terri Jones, Gahanna Schools Transportation, Gahanna, Ohio



# 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 toll-free at 800-878-5853 to schedule an appointment. You may obtain more information by:

- Calling SERS locally at 614-222-5853 or toll-free at 800-878-5853
- Visiting the SERS website at [www.ohsers.org](http://www.ohsers.org)
- Sending an email to [healthcare@ohsers.org](mailto:healthcare@ohsers.org)

## ■ Address and Directions to SERS

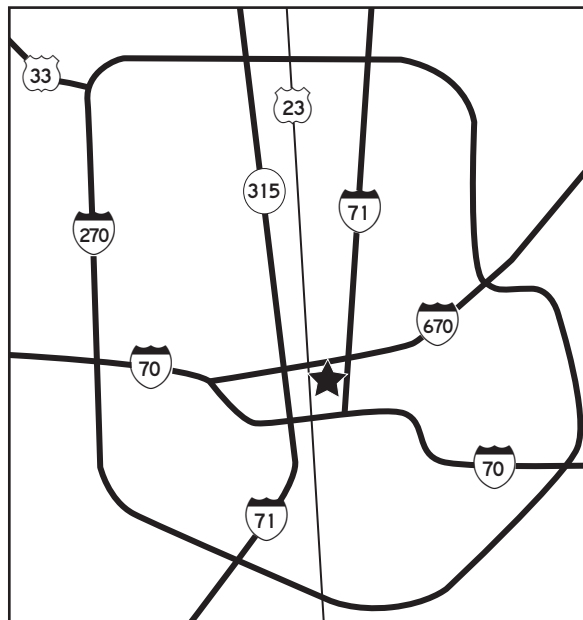
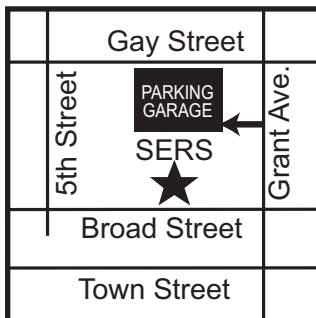
SERS is located at 300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746. Free parking is available in SERS' parking garage. The parking garage entrance is located on Grant Avenue, north of Broad Street.

**From the north:** Take I-71 South to the Broad Street exit #108B and turn right on Broad Street. Turn right on Grant Avenue, and left at the 300 E. Broad parking garage entrance.

**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 the Fourth Street /Livingston Avenue exit #100B. Turn left 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 east:** Take I-70 West to I-71 North. Take the Broad Street exit #108B and turn left on Broad Street. Turn right on Grant Avenue, and then left into the 300 E. Broad parking garage.



## ■ Important Websites and Phone Numbers

### **Aetna Choice POS II**

[www.aetna.com](http://www.aetna.com)  
Toll-free: 800-826-6259  
TDD: 711

### **Aetna Medicare<sup>SM</sup> Plan (PPO)**

[www.aetna.com](http://www.aetna.com)  
Toll-free: 866-282-0631  
TDD: 711

### **AultCare PPO**

[www.aultcare.com](http://www.aultcare.com)  
Local: 330-363-6360  
Toll-free: 800-344-8858  
TDD: 866-633-4752

### **Delta Dental**

[www.deltadentaloh.com/sersohio](http://www.deltadentaloh.com/sersohio)  
Toll-free: 800-524-0149  
TDD: 711

### **Express Scripts (Medicare)**

[www.express-scripts.com](http://www.express-scripts.com)  
Toll-free: 866-258-5819  
TDD: 800-716-3231

### **Express Scripts (Non-Medicare)**

[www.express-scripts.com](http://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](mailto:SERS@healthscopebenefits.com)

### **Medicare**

[www.medicare.gov](http://www.medicare.gov)  
Toll-free: 800-633-4227  
TDD: 877-486-2048

### **Paramount Elite Medicare Advantage**

[www.paramounthealthcare.com](http://www.paramounthealthcare.com)  
Toll-free: 800-462-3589  
TDD: 888-740-5670

### **PrimeTime Health Plan**

[www.PTHP.com](http://www.PTHP.com)  
Local: 330-363-7407  
Local TDD: 330-363-7460  
Toll-free: 800-577-5084  
TDD: 800-617-7746

### **Social Security Administration**

[www.ssa.gov/medicare](http://www.ssa.gov/medicare)  
Toll-free: 800-772-1213  
TDD: 800-325-0778

### **VSP Vision Care**

[www.vsp.com](http://www.vsp.com)  
Toll-free: 800-877-7195  
TDD: 800-428-4833

***SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO***

300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746  
614-222-5853 • Toll-free 800-878-5853 • [www.ohsers.org](http://www.ohsers.org)