



MEDICARE ADVANTAGE PLAN COMPARISON WORKSHEET

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

	2023 SERS Plan	Plan 2	Plan 3
Plan Name	Aetna MedicareSM Plan (PPO)		
Plan Type	Preferred Provider Organization		
Are my doctors and hospitals in the plan's network?	Ohio residents will pay more if they use providers outside the Aetna Medicare PPO network.	Yes / No	Yes / No
Coverage outside of service area?	Yes	Yes / No	Yes / No
Do I need referrals?	No	Yes / No	Yes / No
Monthly Premium			
Deductible (Annual)	None		
Out-of-Pocket Maximum	\$3,000 per person		
Primary Care Office Visit	\$10 co-pay		
Specialist Office Visit	\$30 co-pay		
Inpatient Hospital	\$150 per day for first five days, then plan covers 100%		
Emergency Room	\$100 co-pay, waived if admitted		
Ambulance	\$80 co-pay		
Urgent Care	\$40 co-pay		
Outpatient Diagnostic X-ray	\$25 co-pay		
Outpatient Diagnostic Lab	100% coverage		
Outpatient Surgery	15% coinsurance up to \$200 max.		
Outpatient Rehabilitation Therapies (speech, physical, occupational)	\$15 co-pay		
Chiropractic	\$20 co-pay limited to Medicare-covered services		
Durable Medical Equipment	20% coinsurance		
Skilled Nursing Facility	Co-pays: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100 (100-day max.)		
Home Health Care	100% coverage		
Preventive Care	100% coverage		
Vision	Annual exam / eyewear discounts		
Hearing	Annual exam / device discounts		
Are wellness programs included?	Yes, SilverSneakers [®]	Yes / No	Yes / No
Is disease management offered?	Yes	Yes / No	Yes / No
Is a prescription drug (Part D) plan included?	Yes - Express Scripts Part D Plan (see other side)	Yes / No	Yes / No
SERS Medicare Part B Reimbursement (\$45.50 per month added to SERS pension payment)	Must have SERS coverage to be eligible for reimbursement. (Spouses and dependents do not qualify).	No	No

PRESCRIPTION DRUG COVERAGE

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

	SERS Plan	Plan 2	Plan 3
Plan Name	Express Scripts Part D Plan		
Is prescription drug coverage included in the monthly health care premium?	Yes. See other side for monthly premium.	Yes / No	Yes / No If no, monthly Rx premium \$_____
Is there a deductible for prescriptions?	No	Yes / No	Yes / No
Is mail order available?	Yes	Yes / No	Yes / No
What does the plan pay in the coverage gap known as the donut hole?	Your co-pays will not change if you enter the donut hole. Your SERS plan will continue to help pay for generic and preferred brand drugs in the donut hole.		
Are there any additional out-of-pocket costs while in the donut hole?	No		
RETAIL (34-day supply)			
Is there a retail network requirement?	Yes	Yes / No	Yes / No
Generic	\$7.50 co-pay max.		
Preferred brand name	25% of cost (min. \$25 / max. \$100)		
Specialty medications	25% of cost (min. \$25 / max. \$100)		
Non-preferred brand name	No coverage		
MAIL ORDER (90-day supply)			
Generic	\$15 co-pay max.		
Preferred brand name	25% of cost (min. \$45 / max. \$200)		
Specialty medications	25% of cost (min. \$15 / max. \$67 for 30-day supply)		
Non-preferred brand name	No coverage		
INSULIN ONLY			
RETAIL			
Preferred brand name	\$25 co-pay max.		
Non-preferred brand name	25% of cost (max. \$35)		
MAIL ORDER			
Preferred brand name	25% of cost (min. \$45 / max. \$60)		
Non-preferred brand name	25% of cost (max. \$90)		