



OPEN ENROLLMENT GUIDE 2021

Premium and Benefit Changes

Open Enrollment: October 1 - November 15, 2020

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September 1, 2020

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 Checklist

This guide can answer most, if not all, of your questions about your 2021 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.

3. Do I want to change health care plans?
Check the back of the letter that lists your 2021 premiums to determine if other plans are available to you based on the county where you live.

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

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 2021 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.

REMINDER: Do you need to return anything to SERS?

NO: If you answered “NO” to all questions, you do not need to return anything; your current coverage will automatically be renewed.

Open Enrollment Webinars

In-person meetings will not be held this year due to the COVID-19 pandemic. As much as we would like to see you in person, we want to be mindful of the infection risk presented by the virus and its impact on older adults.

Instead, this year, SERS will offer webinar meetings with a call-in option.

Two webinars also are scheduled for PrimeTime enrollees, who will be moving to the Aetna Medicare plan.

Meeting dates and times are listed below. When participating in a webinar you can:

- Listen using a telephone. Dial the number below on the webinar date and follow the prompts on your telephone's keypad. You cannot ask questions using this option.
- View the webinar on a computer or tablet. You can type in your questions for the presenters. Registration is required for this option.

Open Enrollment Webinars

Thursday, October 8, 2020, 10 a.m.



Phone option:

- Dial: 1-631-992-3221
- Access Code: 347-229-877



Computer option: Online registration is required. To register, visit www.ohsers.org, click on "Education Center" in the top menu, and then click on the "Events" box.

Tuesday, October 20, 2020, 2 p.m.



Phone option:

- Dial: 1-914-614-3221
- Access Code: 830-723-304



Computer option: Online registration is required. To register, visit www.ohsers.org, click on "Education Center" in the top menu, and then click on the "Events" box.

Thursday, November 5, 2020, 10 a.m.



Phone option:

- Dial: 1-914-614-3221
- Access Code: 368-543-692



Computer option: Online registration is required. To register, visit www.ohsers.org, click on “Education Center” in the top menu, and then click on the “Events” box.

PrimeTime to Aetna Webinars

Tuesday, October 6, 2020, 10 a.m.



Phone option:

- Dial: 1-562-247-8422
- Access Code: 716-160-986



Computer option: Online registration is required. To register, visit www.ohsers.org, click on “Education Center” in the top menu, and then click on the “Events” box.

Thursday, October 29, 2020, 2 p.m.



Phone option:

- Dial: 1-562-247-8321
- Access Code: 729-964-481



Computer option: Online registration is required. To register, visit www.ohsers.org, click on “Education Center” in the top menu, and then click on the “Events” box.

Can't Make a Webinar?

Open enrollment videos are available online at www.ohsers.org. Click the “Video Center” in the top menu.

Other Ways to Connect:

- Send your question by email to healthcare@ohsers.org
- Call SERS toll-free at 800-878-5853

Remember, your SERS coverage automatically renews each year unless you tell us otherwise.

What's New for Medicare Enrollees 2021

Premiums

Aetna Medicare Plan (PPO) premiums will remain the same.

Aetna Traditional Choice premiums will decrease.

Your open enrollment letter lists your premiums for 2021.

Benefits

There are no new benefit changes for 2021. A few prescription drugs may change to non-preferred, but you will be contacted in advance.

PrimeTime / AultCare Part B-only Enrollees Moving to Aetna Medicare Plan (PPO)

The PrimeTime plan is being discontinued in 2021.

PrimeTime enrollees will be moving to the Aetna Medicare Plan (PPO) due to increasing costs that affect both enrollees and the SERS Health Care Fund.

AultCare enrollees with Medicare Part B also will be moving into the Aetna Medicare plan.

Express Scripts will remain the mail order and retail pharmacy manager but with a new plan ID. Aetna and Express Scripts will mail new ID cards in December.

Those moving into the Aetna plan will pay lower monthly premiums.

Aetna also has a comprehensive provider network in Ohio, which includes all hospitals in Ohio.

SERS has determined that 98-99% of the providers visited by PrimeTime and AultCare Part B plan enrollees are in the Aetna provider network.

For PrimeTime enrollees, some services will have higher or lower co-pays under the Aetna Medicare plan.

SERS' staff will host two PrimeTime to Aetna webinars to discuss the transition to the Aetna Medicare Plan (PPO). See page 4 for details on how to participate.

Dental and Vision Coverage

Dental and vision premiums will remain the same as in 2020.

Benefits also will remain the same.

If you are currently enrolled, no action is needed. Your coverage automatically renews.

To add OR cancel coverage for 2021, you must complete and submit the change form in this packet to SERS by November 15, 2020. Once the new plan year starts, enrollment cannot be cancelled mid-year.

Non-Medicare changes are listed on pages 11-12.

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	\$166		

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	\$166	

Aetna Traditional Choice

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	\$408	Not Eligible	Not Eligible	\$408
10 to 14.999	\$166	\$781	\$781	\$281
15 to 19.999	\$166	\$408	\$781	\$281
20 to 24.999	\$166	\$222	\$408	\$281
25 to 29.999	\$166	\$166	\$259	\$166
30 to 34.999	\$166	\$166	\$184	\$166

*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	\$781	Spouse premium is based on the service retiree, disability recipient, or member's service credit.	Child(ren) premium
25 to 29.999	\$706		\$557
30 or more	\$632		

Medicare Prescription Drug Co-Pays

Express Scripts for Aetna MedicareSM 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	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 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

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

2021 Medicare Plan Coverage

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

What's New for Non-Medicare Enrollees 2021

Premiums

Aetna Choice POS II premiums will increase for the 2021 plan year while AultCare PPO premiums will decrease.

Your open enrollment letter lists your premiums for 2021.

Benefits

There are no new benefit changes for 2021. A few prescription drugs may change to non-preferred, but you will be contacted in advance.

Dental and Vision Coverage

Dental and vision premiums will remain the same as in 2020.

Benefits also will remain the same.

If you are currently enrolled, no action is needed. Your coverage automatically renews.

To add OR cancel coverage for 2021, you must complete and submit the change form in this packet to SERS by November 15.

Once the new plan year starts, enrollments cannot be cancelled mid-year.

SERS Health Care Coverage and Medicaid Eligibility

Effective January 1, 2021, benefit recipients who are eligible for Medicaid will lose eligibility for SERS' non-Medicare health care coverage.

Medicaid provides a no-cost health care plan to low-income individuals and families.

Non-Medicare plan enrollees who may be eligible for Medicaid will receive a letter telling them to contact HealthSCOPE Benefits.

HealthSCOPE Benefits will evaluate benefit recipients' Medicaid eligibility using [healthcare.gov](https://www.healthcare.gov), and if applicable, will contact Medicaid.

For benefit recipients who are not Medicaid eligible, SERS' health care coverage will continue.

Eligibility for SERS' dental and vision coverage will remain unchanged.

Benefit recipients regain eligibility for SERS' health care coverage within 90 days of becoming eligible for Medicare OR within 31 days of becoming ineligible for Medicaid.

Turning 65 Soon?

Several months before turning 65, you will receive an "Approaching 65" packet in the mail. It will include information on Medicare enrollment and the Aetna Medicare Plan (PPO).

SERS' Medicare coverage has lower premiums, helps pay some of the costs not covered by Medicare, and includes a Part D prescription drug plan. Enrollees are also eligible to receive the SERS Medicare Part B Reimbursement of \$45.50 per month.

With proof of Medicare Part B enrollment, SERS will automatically enroll you into the Aetna Medicare Plan unless you waive SERS' coverage.

Medicare changes are listed on pages 5-6.

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	\$734	Not Eligible	Not Eligible	\$734
10 to 14.999	\$280	\$1,433	\$1,433	\$496
15 to 19.999	\$280	\$734	\$1,433	\$496
20 to 24.999	\$280	\$385	\$734	\$496
25 to 29.999	\$280	\$280	\$454	\$280
30 to 34.999	\$280	\$280	\$315	\$280
*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	\$1,153	Spouse premium is based on the service retiree, disability recipient, or member's service credit.		\$280
25 to 29.999	\$1,041			
30 or more	\$929			

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.



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

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	\$560	Not Eligible	Not Eligible	\$560
10 to 14.999	\$219	\$1,086	\$1,086	\$382
15 to 19.999	\$219	\$560	\$1,086	\$382
20 to 24.999	\$219	\$298	\$560	\$382
25 to 29.999	\$219	\$219	\$350	\$219
30 to 34.999	\$219	\$219	\$245	\$219
*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	\$874	Spouse premium is based on the service retiree, disability recipient, or member's service credit.		\$165
25 to 29.999	\$790			
30 or more	\$706			

SERS Wraparound HRA

The Marketplace Open Enrollment for 2021 runs from November 1, 2020, to December 15, 2020.

If you are currently enrolled in the SERS Wraparound Health Reimbursement Arrangement (HRA), you will receive 2021 premium and plan information directly from your Marketplace plan. You must contact HealthSCOPE Benefits toll-free at 888-236-2377 to confirm your 2021 Marketplace plan enrollment.

- To select a different Marketplace plan, contact HealthSCOPE Benefits toll-free at 888-236-2377 for assistance.
- To select a SERS group plan, contact SERS toll-free at 800-878-5853. Complete and return the Health Care Enrollment Change Form to SERS by December 15, 2020. You also need to contact your Marketplace plan to cancel 2021 coverage.

How the SERS Wraparound Plan Works

The SERS Wraparound HRA works in combination with the Health Insurance Marketplace. You first select a Marketplace plan with the help of a counselor from our plan administrator, 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 you pay your Marketplace plan premiums.

After you have enrolled in your Marketplace plan, the SERS Wraparound HRA provides reimbursements for eligible medical expenses, such as deductibles, co-pays, and other costs. Reimbursement is limited to \$1,800 per family, per calendar year, in accordance with federal limits.

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

Important Facts

- You are responsible for paying the monthly premium directly to the Marketplace plan. SERS cannot deduct Marketplace premiums from your pension payment.
- Federal subsidies offered in the Marketplace are based on household size and whole-household income.
- There is no additional premium for the SERS Wraparound HRA.
- Wraparound participants can return to a group SERS plan within 31 days of cancelling Marketplace coverage.

SERS Wraparound HRA Benefits

Benefit	Maximum Reimbursement
Deductible up to \$1,800	Reimbursements are limited to \$1,800 per family, per calendar year in accordance with federal limits.*
Covered prescription drugs (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*	
*All benefit category costs in the aggregate are subject to the overall total Maximum Amount under this Plan. Such costs can be used in various combinations but shall not, in the aggregate, exceed the Maximum Amount. 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 SERS Wraparound HRA eligible expenses noted above only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.	

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)	25% of cost (min. \$15, max. \$67 per 30-day supply)
	Only certain specialty medications allowed at retail.	Different co-pay amounts apply for medications eligible for SaveonSP co-pay assistance program.
Non-preferred brand name	No coverage	No coverage
INSULIN ONLY		
Preferred brand name	\$25 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

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 17.

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.

2021 Non-Medicare Plan Coverage

	Aetna Choice POS II	
	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.	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 *For joint replacements, spine surgery, and transplants, see page 22.	90% coinsurance after \$290 co-pay
Outpatient Surgery / Procedures	20% coinsurance	90% coinsurance
Skilled Nursing Facility (100-day max.)	20% coinsurance	90% coinsurance
Home Health Care	20% coinsurance	90% coinsurance
Hospice Care	100% coverage	100% coverage
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. In the event of a conflict between this information and the plan documents, the plan documents prevail.

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

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 \$250 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

Notice of Privacy Practices

You may request the SERS Notice of Privacy Practices at any time.

It covers:

- How SERS may use and disclose protected health information, including SERS' duties to protect health information privacy
- Your privacy rights, including the right to complain to the U.S. Department of Health and Human Services, and to SERS, if you think your privacy rights have been violated

To receive a copy of the notice:

- Contact SERS Health Care Services at 800-878-5853, or
- Submit a request in writing to: School Employees Retirement System, Health Care Services, 300 E. Broad St., Suite 100, Columbus, OH 43215, or
- Email your request to healthcare@ohsers.org

In addition, the notice is available online at www.ohsers.org. Click the Retirees icon, and then go to "Forms and Publications." The *Notice of Privacy Practices – HIPAA* is located under "Retiree Forms."

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 2021 Premiums	
Benefit recipient	\$28.53
Benefit recipient and one dependent*	\$57.06
Benefit recipient, and two or more dependents*	\$85.54

* 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 25 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, 2021	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%
Prosthetic 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 2021 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 Providers

To locate a VSP provider:

- Call customer service at 800-877-7195
- Visit www.vsp.com and click “Find a Doctor”

If you see a non-network (Open Access) provider, you may be responsible for paying the bill and submitting a reimbursement request to VSP. If a non-network provider charges more than VSP allows for payment, the provider can bill you the difference.

Access to Savings on Hearing Aids

TruHearing

You and your extended family members also have the opportunity to save on hearing aids through TruHearing®.

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

VISION COVERAGE HIGHLIGHTS**Coverage with VSP Doctors and Affiliate Providers*** Coverage Effective 01/01/2021

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
Frames	<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.

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 HRA

Toll-free: 888-236-2377

SERS@healthscopebenefits.com

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