



# OPEN ENROLLMENT GUIDE 2022

**Premium and Benefit Changes**

Open Enrollment: October 1 - November 15, 2021



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September 1, 2021

To the extent resources permit, SERS intends to continue offering access to health care coverage. However, SERS reserves the right to change or discontinue any plan or program at any time. The following information is not a guarantee of the type of health care coverage, if any, that might be available to you. Please keep in mind that the health care coverage offered through SERS is subject to change, including possible changes in premiums, deductibles, and co-pays, to termination of health care coverage.

# Open Enrollment Checklist

This guide can answer most, if not all, of your questions about your 2022 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 2022 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 2022 Premium Discount enrollment, 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 are not being 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, SERS will offer webinar meetings with a call-in option.

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 7, 2021, 10 a.m.



#### Phone option:

- Dial: 1 (415) 655-0052
- Access Code: 110-399-007



**Computer option:** Online registration is required. To register, visit [www.ohsers.org/retirees](http://www.ohsers.org/retirees), go to "Health Care," then "Open Enrollment."

### Tuesday, October 19, 2021, 2 p.m.



#### Phone option:

- Dial: 1 (415) 655-0052
- Access Code: 122-439-096



**Computer option:** Online registration is required. To register, visit [www.ohsers.org/retirees](http://www.ohsers.org/retirees), go to "Health Care," then "Open Enrollment."

**Thursday, November 4, 2021, 10 a.m.**



**Phone option:**

- Dial: 1 (562) 247-8321
- Access Code: 218-819-561



**Computer option:** Online registration is required. To register, visit [www.ohsers.org/retirees](http://www.ohsers.org/retirees), go to “Health Care,” then “Open Enrollment.”

### Can't Make a Webinar?

Open enrollment videos are available online at [www.ohsers.org/retirees](http://www.ohsers.org/retirees), go to “Health Care,” then “Open Enrollment.”

Other Ways to Connect:

- Send your question by email to [healthcare@ohsers.org](mailto: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 2022

## New Aetna ID Cards Being Issued: Look for the Purple Envelope

Aetna Medicare Plan (PPO) enrollees will receive new ID cards by December 31.

Look for a purple envelope that states: "Your new member ID card is enclosed."

The new cards, which have a new member ID and plan number, are effective January 1, 2022. It is important to share your new card with your providers. If a doctor files a claim under your old member ID and plan number, your claim will be rejected. You must give your providers the new Aetna ID card. Be sure to dispose of your old ID card.

## Premiums

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

Your open enrollment letter lists your individual premiums for 2022.

## Benefits/Pharmacy Network

There are no co-pay or cost-sharing changes.

An Express Scripts Broad Performance Medicare Network will be effective January 1, 2022. A few prescription drugs may change to non-preferred, but you will be contacted in advance by Express Scripts.

Plan enrollees must use retail pharmacies in the Express Scripts Broad Performance Medicare Network or Express Scripts mail order for coverage.

The Express Scripts Broad Performance Medicare Network has a large network of pharmacies nationwide, including CVS, Kroger, Walgreens, Walmart, and many more. The one major pharmacy chain **NOT** in the network is Publix, in the southeastern U.S.

Express Scripts advises that 98% of current enrollees already use pharmacies within this network. Most enrollees can remain with their current pharmacy provider.

If you are one of the 2% of enrollees using a retail pharmacy that is not in the network, you will receive an Express Scripts letter listing local pharmacies available to you. Know Your Rx also will contact SERS enrollees to transfer prescriptions to a network pharmacy.

Enrollees who fill prescriptions at a pharmacy NOT in the network will pay 100% of the cost.

By implementing this network requirement, the Health Care Fund is expected to save \$3.3 million annually. Also, most enrollees already use pharmacies within the network.

The savings will help offset rising drug costs.

### **SERS' Premium Discount Program**

The Premium Discount Program provides a 25% reduction in monthly SERS health care premiums for medical and prescription drug coverage for lower-income households.

For 2022, the qualifying income will increase to 150% of the Federal Poverty Level from 125%.

For a single-person household to qualify, the total household income must be at or below \$19,320. The total household income for a two-person household must be at or below \$26,130.

The SERS Board of Trustees also voted to allow anyone currently receiving the premium discount to qualify to receive it in 2022 automatically. Those who were automatically enrolled were sent a letter in mid-August confirming their participation.

If not auto-enrolled, you can apply by filling out an application included in your Open Enrollment packet. At least one family member must be enrolled in SERS' Aetna Medicare Plan (PPO), and you must qualify based on household size and income.

### **Dental and Vision Coverage**

Delta Dental premiums will decrease slightly for 2022. Plan benefits will remain the same.

VSP vision premiums will decrease slightly for 2022. Plan benefits will include an increased allowance of \$200 for a wide selection of frames.



If you are currently enrolled in the dental and vision plan, your coverage will automatically renew. No action is needed on your part.

To cancel coverage or enroll for the first time, you must complete and submit the change form in this packet to SERS by November 15, 2021. Once the new plan year starts, you cannot cancel an enrollment mid-year.

### **Reminder: If You Leave SERS' Health Care Coverage, You Cannot Return**

Each year, a small number of retirees and spouses respond to television ads or mailings regarding Medicare Advantage or Part D prescription drug plans. Sometimes, retirees think they are simply requesting information through a postcard, but they are signing up for another plan. If you sign up for another plan, you cannot stay in the SERS Medicare plan.

If you sign up for another plan in error, it is important to contact Health Care Services immediately at 1-800-878-5853. There are steps you must take to end the other plan so you can continue with SERS' Medicare coverage.

Only under limited circumstances can you re-enroll in SERS' coverage after leaving for another plan.

If you leave, your SERS Medicare Part B Reimbursement of \$45.50 also will likely end.

**Non-Medicare changes are listed on pages 12-14.**

## Medicare Plans and Premiums

### Aetna Medicare<sup>SM</sup> 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

<b>Aetna Medicare<sup>SM</sup> Plan (PPO)</b>				
<b>PREMIUM IF YOU HAVE MEDICARE PART A AND PART B</b>				
<b>Service Years</b>	<b>Retirement on or before July 1, 1989</b>	<b>Aug. 1, 1989 through July 1, 2008</b>	<b>Retirement on or after Aug. 1, 2008*</b>	<b>Disability Recipients</b>
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.				
<b>Spouse premium</b>			<b>Child(ren) premium</b>	
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 Medicare<sup>SM</sup> 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.	<b>Child(ren) premium</b>
25 to 29.999	\$706		\$557
30 or more	\$632		

## Medicare Prescription Drug Co-Pays

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

	Retail Network (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay, max.	\$15 co-pay, max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$15, max. \$67 per 30-day supply)
Non-preferred brand name	No coverage	No coverage
INSULIN ONLY		
Preferred brand name	\$25 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.

### Express Scripts Broad Performance Medicare Network

The Express Scripts Broad Performance Medicare Network is a coverage requirement for Medicare enrollees.

Enrollees must use retail pharmacies within the network or Express Scripts mail order for coverage.

The Express Scripts Broad Performance Medicare Network has a large network of pharmacies nationwide, including CVS, Kroger, Walgreens, Walmart, and many more.

Enrollees filling prescriptions at a non-network pharmacy will pay 100% of the cost.

For more information on network pharmacies, create an account at [www.express-scripts.com](http://www.express-scripts.com). Once logged in, click on "Prescriptions" and then "Find a Pharmacy." Or you can call Express Scripts' Customer Service toll-free at 1-866-258-5819 (TDD: 1-800-716-3231).

## 2022 Medicare Plan Coverage

	Aetna Medicare <sup>SM</sup> Plan (PPO)	
	In Network	Out of Network
<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. In the event of a conflict between this information and the plan documents, the plan documents prevail.

# What's New for Non-Medicare Enrollees 2022

## New ID Cards Being Issued for All Plans

New ID cards will be mailed in late January to Aetna Choice, Aetna Traditional Choice, and AultCare enrollees due to federal legislative changes.

Aetna enrollees who have registered email addresses with Aetna will receive their ID card by email. Those without email addresses will receive ID cards via the mail.

Please make sure that you share your new ID card with your providers once you receive it. Be sure to dispose of your old ID card.

## Premiums

Aetna Choice POS II premiums will be increasing by 6.4%, while AultCare PPO premiums will decrease by 1%.

Your open enrollment letter lists your premiums for 2022.

## Plan Benefits

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

## SERS Wraparound HRA

The Health Reimbursement Arrangement (HRA) limit remains at \$1,800 per family per calendar year.

However, the benefit categories will no longer have per-service limits on out-of-pocket reimbursements. This will likely provide higher Wraparound HRA reimbursement for you and your family in 2022.

Benefit Categories	Maximum Reimbursement
Deductible	Reimbursements are limited to \$1,800 per family, per calendar year in accordance with federal limits
Physician office co-pay	
Covered prescription drugs	
Inpatient hospital admission co-pay or coinsurance	
Imaging (X-rays, CT/PET Scans, MRI) co-pay or coinsurance	

Wraparound enrollees are no longer required to contact HealthSCOPE Benefits (HSB) if staying with the same Marketplace plan for 2022.

Your Marketplace plan will send you a letter confirming your premium and any benefit changes.

You only need to contact HSB if you want to enroll in a Marketplace plan for the first time, want to explore other Marketplace plans and premiums, or need to update information on your Marketplace application.

## **Dental and Vision Coverage**

Delta Dental premiums will decrease slightly for 2022. Plan benefits will remain the same.

VSP vision premiums will decrease slightly for 2022. Plan benefits will include an increased allowance of \$200 for a wide selection of frames.

If you are currently enrolled in the dental and vision plan, your coverage will automatically renew. No action is needed on your part.

To cancel or enroll in coverage, you must complete and submit the change form in this packet to SERS by November 15, 2021. Once the new plan year starts, you cannot cancel an enrollment mid-year.

## 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 also are eligible to receive the SERS Medicare Part B Reimbursement of \$45.50 per month.

If you are currently in a SERS plan and provide timely proof of Medicare Part B enrollment, SERS will automatically enroll you into the Aetna Medicare Plan unless you waive SERS coverage.

SERS' administrative rules require enrollees who are eligible for Medicare Part B to enroll through Medicare and maintain Medicare Part B enrollment.

**Medicare Plan changes are listed on pages 5-7.**



## 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.

<b>Aetna Choice POS II</b>				
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	\$780	Not Eligible	Not Eligible	\$780
10 to 14.999	\$296	\$1,524	\$1,524	\$526
15 to 19.999	\$296	\$780	\$1,524	\$526
20 to 24.999	\$296	\$407	\$780	\$526
25 to 29.999	\$296	\$296	\$482	\$296
30 to 34.999	\$296	\$296	\$333	\$296
*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	\$1,227	Spouse premium is based on the service retiree, disability recipient, or member's service credit.		\$296
25 to 29.999	\$1,108			
30 or more	\$989			

## 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

<b>AultCare PPO</b>				
<b>NON-MEDICARE</b>				
<b>Service Years</b>	<b>Retirement on or before July 1, 1989</b>	<b>Aug. 1, 1989 through July 1, 2008</b>	<b>Retirement on or after Aug. 1, 2008*</b>	<b>Disability Recipients</b>
5 to 9.999	\$555	Not Eligible	Not Eligible	\$555
10 to 14.999	\$217	\$1,075	\$1,075	\$378
15 to 19.999	\$217	\$555	\$1,075	\$378
20 to 24.999	\$217	\$295	\$555	\$378
25 to 29.999	\$217	\$217	\$347	\$217
30 to 34.999	\$217	\$217	\$243	\$217
*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.				
<b>Spouse premium</b>				<b>Child(ren) premium</b>
24.999 or less	\$866	Spouse premium is based on the service retiree, disability recipient, or member's service credit.		\$163
25 to 29.999	\$783			
30 or more	\$700			

## SERS Wraparound HRA

Unless the federal government extends it, the Marketplace Open Enrollment for 2022 will run from November 1, 2021, to December 15, 2021.

If you are currently enrolled in the SERS Wraparound Health Reimbursement Arrangement (HRA), you will receive 2022 premium and plan information directly from your Marketplace plan.

- 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, 2021. You also need to contact your Marketplace plan to cancel 2022 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.

### SERS Wraparound HRA Benefits

Benefit Categories	Maximum Reimbursement
Deductible	Reimbursements are limited to \$1,800 per family, per calendar year in accordance with federal limits.
Covered prescription drugs	
Physician office visit co-pay	
Inpatient hospital admission co-pay or coinsurance	
Imaging (X-rays, CT/PET Scans, MRI) co-pay or coinsurance	
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 (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay, max.	\$15 co-pay, max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100)  Only certain specialty medications allowed at retail.	25% of cost (min. \$15, max. \$67 per 30-day supply)  Different co-pay amounts apply for medications eligible for SaveonSP co-pay assistance program.
Non-preferred brand name	No coverage	No coverage
INSULIN ONLY		
Preferred brand name	\$25 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.

**AultCare Plan PPO**

	<b>Retail (30-day supply)</b>	<b>Home Delivery (90-day supply)</b>
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
<b>INSULIN ONLY</b>		
Preferred brand name	\$30 co-pay	\$60 co-pay
Non-preferred brand name	\$45 co-pay	\$115 co-pay

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

**Maintenance Refills (Aetna Choice POS II, AultCare PPO)**

Maintenance medications may only be filled through home delivery. New prescriptions may be filled for the first two times at a retail pharmacy, but all refills must be obtained through home delivery.

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

**Specialty Medications (Aetna Choice POS II only)**

Specialty medications for the Aetna Choice POS II plan must be filled by mail order through Accredo, Express Scripts’ specialty pharmacy. Accredo sends deliveries overnight.

The only retail pharmacy exceptions are specialty medications that must be taken within 24 hours of a hospital discharge. Specialty medications typically require special handling, administration, or monitoring. These drugs treat complex and chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

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

- **Specialty Co-Pay Assistance (Aetna Choice POS II only)**  
SERS participates in a co-pay assistance program with SaveonSP, which takes advantage of funds available from drug manufacturers to lower your cost and the amount that SERS pays.

Accredo determines whether your specialty medication is eligible for co-pay assistance.

If it is, you will be contacted by SaveonSP to enroll and lower your cost to \$0. SaveonSP only contacts you if your specialty medication is eligible for this assistance.

If you choose not to participate, you will pay a significant co-pay.

The specialty medications in this program are considered non-essential health benefits under the plan, and your co-pay expenses will not be applied toward satisfying the out-of-pocket maximum.

If you take a specialty drug that is not included in the co-pay assistance program with SaveonSP, your prescription will be subject to the specialty medication co-pays listed in the chart on page 19.

## 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.

**2022 Non-Medicare Plan Coverage**

	<b>Aetna Choice POS II</b>	
	<b>In Network</b>	<b>Out of Network</b>
<b>Annual Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>This amount is the most you will pay in a calendar year. Once you reach the maximum, your medical plan pays 100%.</li> <li>What you pay in co-pays and coinsurance counts toward your out-of-pocket maximum.</li> </ul>	\$7,350 per person \$14,700 per family	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>*For joint replacements, spine surgery, and transplants, see page 24.</b>	
<b>Outpatient Surgery / Procedures</b>	20% coinsurance	90% coinsurance
<b>Skilled Nursing Facility</b> (100-day max.)	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</b> (PT, OT, Speech, Cardiac)	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. In the event of a conflict between this information and the plan documents, the plan documents prevail.



<b>AultCare PPO</b>	
<b>In Network</b>	<b>Out of Network</b>
\$7,350 per person \$14,700 per family	\$14,700 per person \$29,400 per family
\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
\$20 co-pay	35% coinsurance
\$40 co-pay	35% coinsurance
20% coinsurance	35% coinsurance
\$20 co-pay	35% coinsurance
\$40 co-pay	\$40 co-pay
\$150 co-pay	\$150 co-pay
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
<b>15% coinsurance</b> after \$250 co-pay for inpatient hospital stay	<b>20% coinsurance</b> after \$250 co-pay for inpatient hospital stay	<b>90% coinsurance</b> 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
<b>20% coinsurance</b> after \$250 co-pay for inpatient hospital stay	No Coverage

### To Find Institutes of Excellence or Quality:

- Visit [www.aetna.com](http://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](mailto:healthcare@ohsers.org)

In addition, the notice is available online at [www.ohsers.org](http://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.

<b>Monthly 2022 Premiums</b>	
Benefit recipient	\$28.25
Benefit recipient and one dependent*	\$56.50
Benefit recipient, and two or more dependents*	\$84.98

\* A dependent can be a spouse or a child

### Payment

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

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

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

### Network Dentist

To locate a network dentist:

- Call your dentist's office to ask if your dentist is in a Delta network, and if so, ask your provider if your dentist is a PPO or Premier dentist
- Call Delta's customer service at 800-524-0149
- Go to [www.deltadentaloh.com/sersohio](http://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, 2022	PPO <u>Dentist</u> Plan Pays	Premier <u>Dentist</u> Plan Pays	Non- Participating <u>Dentist</u> Plan Pays*
Final plan documentation prevails			
<b>DIAGNOSTIC AND PREVENTIVE</b> (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%
<b>BASIC SERVICES</b> (\$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%
<b>MAJOR SERVICES</b> (\$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 2022 Premiums	
Benefit recipient	\$6.17
Benefit recipient and one dependent*	\$12.35
Benefit recipient, and two or more dependents*	\$14.49

\* 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](http://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](http://www.truhearing.com/vsp).

**VISION COVERAGE HIGHLIGHTS****Coverage with VSP Doctors and Affiliate Providers\*** Coverage Effective 01/01/2022

<b>Services</b>	<b>Description</b>	<b>Co-pay</b>	<b>Frequency</b>
WellVision Exam	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		\$25	See frame and lenses
Frames	<ul style="list-style-type: none"> <li>• \$200 frame allowance</li> <li>• \$220 featured frame brands allowance</li> <li>• 20% savings on the amount over your allowance</li> <li>• \$200 Walmart®/Sam's Club® frame allowance</li> <li>• \$100 Costco® frame allowance</li> </ul>	Included in prescription glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Included in prescription glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> <li>• Polycarbonate lenses</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Custom progressive lenses</li> <li>• Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$0 \$50 \$50	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>• \$150 allowance for contacts; co-pay does not apply</li> <li>• Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> <li>• Retinal screening for members with diabetes</li> <li>• Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration</li> </ul> <p>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</p>	\$0	As needed
		\$20 per exam	
Extra Savings and Discounts	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>• 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>• No more than a \$39 co-pay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price discounts only available from contracted facilities.</li> </ul>		

\*Coverage with a retail chain may be different. Once your coverage is effective, visit [vsp.com](http://vsp.com) for details.

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

# Important Contacts

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

[www.aetna.com](http://www.aetna.com)

Toll-free: 866-282-0631

TDD: 711

## **Aetna Choice POS II**

[www.aetna.com](http://www.aetna.com)

Toll-free: 800-826-6259

TDD: 711

## **Aetna Traditional Plan**

[www.aetna.com](http://www.aetna.com)

Toll-free: 800-826-6259

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

Group #: 1200-0001-0002

## **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 HRA**

Toll-free: 888-236-2377

[SERS@healthscopebenefits.com](mailto:SERS@healthscopebenefits.com)

## **School Employees Retirement System of Ohio (SERS)**

[www.ohsers.org](http://www.ohsers.org)

Toll-free: 800-878-5853

Email: [Healthcare@ohsers.org](mailto:Healthcare@ohsers.org)

Fax: 614-340-1820

## **VSP Vision Care**

[www.vsp.com](http://www.vsp.com)

Toll-free: 800-877-7195

TDD: 800-428-4833

Group #: 30041628