

Non-Medicare
Health Care Plan
and Premiums
2025

TABLE OF CONTENTS

Premium and Plan Changes	1
To Change Plans in 2025	2
SERS Marketplace Wraparound HRA.....	3
Aetna Choice POS II	4
AultCare PPO.....	9
Turning 65 Soon?.....	12
Notice of Privacy Practices	13
Important Contacts.....	14

August 1, 2024

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.

PREMIUM AND PLAN CHANGES

Premium Changes

Your cover letter lists your current coverage and 2025 premiums.

- Aetna Choice POS II premiums are increasing by 7%.
- AultCare PPO premiums are increasing by 3%.

Marketplace Wraparound HRA participants receive 2025 premium and plan updates from their Marketplace insurer.

Benefit Changes

- Aetna Choice POS II and AultCare PPO ambulance benefit is changing to a \$150 co-pay from 20% coinsurance.
- There are no pharmacy co-pay changes. If a prescription drug you have taken changes to non-preferred, your pharmacy plan or Know Your Rx will contact you in advance.

The SERS Marketplace Wraparound HRA limit for reimbursements is increasing to \$2,150 from \$2,100 per family per calendar year.

Dental and Vision

Delta Dental and VSP Vision enrollees cannot make changes to their dental and vision coverage this year.

Enrollment changes will be accepted next year during the biennial Dental and Vision Open Enrollment period. When enrolled, you must pay the monthly premiums through December 31, 2025, even if you obtain other coverage.

TO CHANGE PLANS IN 2025

There is nothing to do to remain enrolled in your current plan. You do not need to call SERS. Your SERS' coverage automatically renews for 2025.

If you want to change plans, your other plan option(s) are listed on the back of your cover letter.

If you want to change to the SERS Marketplace Wraparound HRA:

1. Call plan administrator UMR at 888-236-2377 for an appointment to discuss your Marketplace plan options.
2. Enroll in the Marketplace plan of your choice with UMR's guidance. UMR will confirm your plan enrollment.
3. Complete and return the enclosed Health Care Change Form to SERS by December 15, 2024.
4. Be sure to pay your monthly plan premium in full to your Marketplace plan insurer by the due date.

If you want to change to Aetna Choice POS II or, if applicable, AultCare PPO:

1. Complete and return the Health Care Change Form to SERS by November 15, 2024.
2. Marketplace enrollees need to call the number on their plan's ID card in mid-December to cancel coverage effective December 31, 2024.
3. SERS will mail you an enrollment letter confirming your new plan coverage effective January 1, 2025.
4. Your plan ID cards will be mailed at the end of December.

SERS MARKETPLACE WRAPAROUND HRA

The Marketplace Open Enrollment Period runs from November 1, 2024, to January 15, 2025.

If you are currently enrolled in the SERS Marketplace Wraparound Health Reimbursement Arrangement (HRA), you will receive 2025 premium and plan information directly from your Marketplace plan.

- To select a different Marketplace plan, call UMR toll-free at 888-236-2377 for assistance.
- To report changes in your income or household, call UMR toll-free at 888-236-2377.

How the SERS Marketplace Wraparound HRA Works

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

Next, the counselor will help you review the best Marketplace plan for you and assist with enrollment. The counselor also will tell you whether you are eligible for a federal subsidy, which is based on household size and household income.

After you have enrolled in your Marketplace plan, the SERS Marketplace Wraparound HRA provides reimbursements for eligible medical expenses, such as deductibles, co-pays, and other costs. Reimbursement is limited to \$2,150 per family per calendar year in accordance with federal limits.

You are responsible for paying the monthly premium directly to the Marketplace plan. SERS cannot deduct Marketplace premiums from your pension payment.

There is no additional premium for the SERS Marketplace Wraparound HRA.

UMR can be reached toll-free at 888-236-2377

Maximum Reimbursement



**\$2,150 per family,
per calendar year
in accordance with
federal limits**



Eligible Expenses*

Out-of-pocket expenses for Marketplace plan covered services are eligible for the HRA reimbursement.

Examples include deductibles, co-pays, and coinsurance.

AETNA CHOICE POS II

Aetna Choice POS II is a Preferred Provider Organization (PPO) plan with prescription drug coverage by Express Scripts.

The plan is available throughout the United States. The use of out-of-network providers will increase your out-of-pocket costs.



Aetna Choice POS II		
Service Years	Benefit effective date Aug. 1, 1989, through July 1, 2008	Benefit effective date on or after Aug. 1, 2008*
5 to 9.999	Service: Not Eligible Disability: \$1,630	Service: Not Eligible Disability: \$1,630
10 to 14.999	\$1,630	\$1,630
15 to 19.999	\$833	\$1,630
20 to 24.999	\$434	\$833
25 to 29.999	\$314	\$514
30 to 34.999	\$314	\$354
*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	\$1,470	
25 to 29.999	\$1,327	
30 or more	\$1,183	
Spouse premium is based on the service retiree, disability recipient, or member's service credit.		

Aetna Choice POS II Benefit Highlights

	In Network	Out of Network
Out-of-Pocket Maximum <ul style="list-style-type: none"> 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. 	\$7,350 per person \$14,700 per family	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	\$10 co-pay	90% coinsurance
Specialist Office Visit	\$25 co-pay	90% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	90% coinsurance
Retail Walk-In Clinic	\$10 co-pay	90% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	\$150 co-pay	\$150 co-pay
Ambulance	\$150 co-pay	\$150 co-pay
Inpatient Hospital*	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
*For joint replacements, spine surgery, and transplants, see next page.		
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
Short-Term Rehabilitation Services	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.

Aetna Institutes of Quality (Orthopedics)

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

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

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

Aetna Institutes of Excellence (Transplants)

Aetna Institutes of Excellence serves 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 and click on “Find a Doctor.”
- Call the toll-free number on the back of your Aetna ID card.

Express Scripts Prescription Drug Co-pays (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% of cost (max. \$25)	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.

Maintenance Refills

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

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.

Specialty Co-Pay Assistance

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.

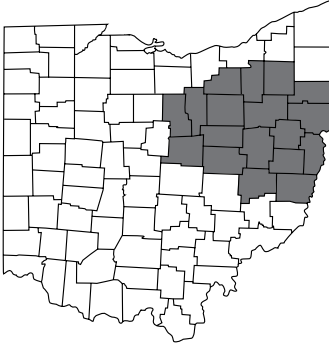
The specialty medications in this program are considered non-essential health benefits under the plan, and your co-pay expenses will not be applied toward satisfying the out-of-pocket maximum.

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.

AULTCARE PPO

AultCare PPO is a Preferred Provider Organization (PPO) plan with prescription drug coverage.

To change your enrollment to this plan, you must live in one of the Ohio counties listed on the map. The use of out-of-network providers increases 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	Benefit effective date Aug. 1, 1989, through July 1, 2008	Benefit effective date on or after Aug. 1, 2008*
5 to 9.999	Service: Not Eligible Disability: \$1,183	Service: Not Eligible Disability: \$1,183
10 to 14.999	\$1,183	\$1,183
15 to 19.999	\$609	\$1,183
20 to 24.999	\$322	\$609
25 to 29.999	\$236	\$379
30 to 34.999	\$236	\$265
*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	\$952	
25 to 29.999	\$860	
30 or more	\$768	\$177
Spouse premium is based on the service retiree, disability recipient, or member's service credit.		

AultCare PPO Benefit Highlights

	In Network	Out of Network
Out-of-Pocket Maximum <ul style="list-style-type: none"> 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. 	\$7,350 per person \$14,700 per family	\$14,700 per person \$29,400 per family
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	35% coinsurance
Specialist Office Visit	\$40 co-pay	35% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	35% coinsurance
Retail Walk-In Clinic	\$20 co-pay	35% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	\$150 co-pay	\$150 co-pay
Ambulance	\$150 co-pay	\$150 co-pay
Inpatient Hospital*	20% coinsurance after \$250 co-pay	35% coinsurance after \$290 co-pay
*For joint replacements, spine surgery, and transplants, see next page.		
Outpatient Surgery / Procedures	20% coinsurance	35% coinsurance
Skilled Nursing Facility (100-day max.)	20% coinsurance	35% coinsurance
Home Health Care	Inpatient: 100% coverage Outpatient: 20% coinsurance	20% coinsurance
Hospice Care	20% coverage	35% coinsurance
Short-Term Rehabilitation Services	20% coinsurance	35% coinsurance
Chiropractic	20% coinsurance	35% coinsurance
Durable Medical Equipment	20% coinsurance	35% 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.

Prescription Drug Co-pays for AultCare 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

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.

TURNING 65 SOON?

Several months before turning 65, you will receive an Approaching 65 packet. It will have 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. In addition, most enrollees are eligible to receive the SERS Medicare Part B Reimbursement of \$45.50 monthly.

SERS will automatically enroll you into the Aetna Medicare Plan (PPO) when you provide timely proof of your Medicare Part B enrollment unless you waive SERS' coverage.

SERS requires enrollees eligible for Medicare Part B to enroll through Medicare and maintain Medicare Part B enrollment.

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."

IMPORTANT CONTACTS

Aetna Choice POS II

aetnaresource.com/p/new_SERS-Commercial-Plan-Microsite

Toll-free: 800-826-6259

TDD: 711

Express Scripts (Aetna Choice POS II)

www.express-scripts.com

Toll-free: 866-685-2791

TDD: 800-759-1089

AultCare PPO

www.aultcare.com

Local: 330-363-6360

Toll-free: 800-344-8858

TDD: 866-633-4752

UMR, Marketplace Wraparound HRA Administrator

Toll-free: 888-236-2377

Email: SERSCS@umr.com

School Employees Retirement System of Ohio

www.ohsers.org

Toll-free: 800-878-5853

Fax: 614-340-1820

Email: Healthcare@ohsers.org