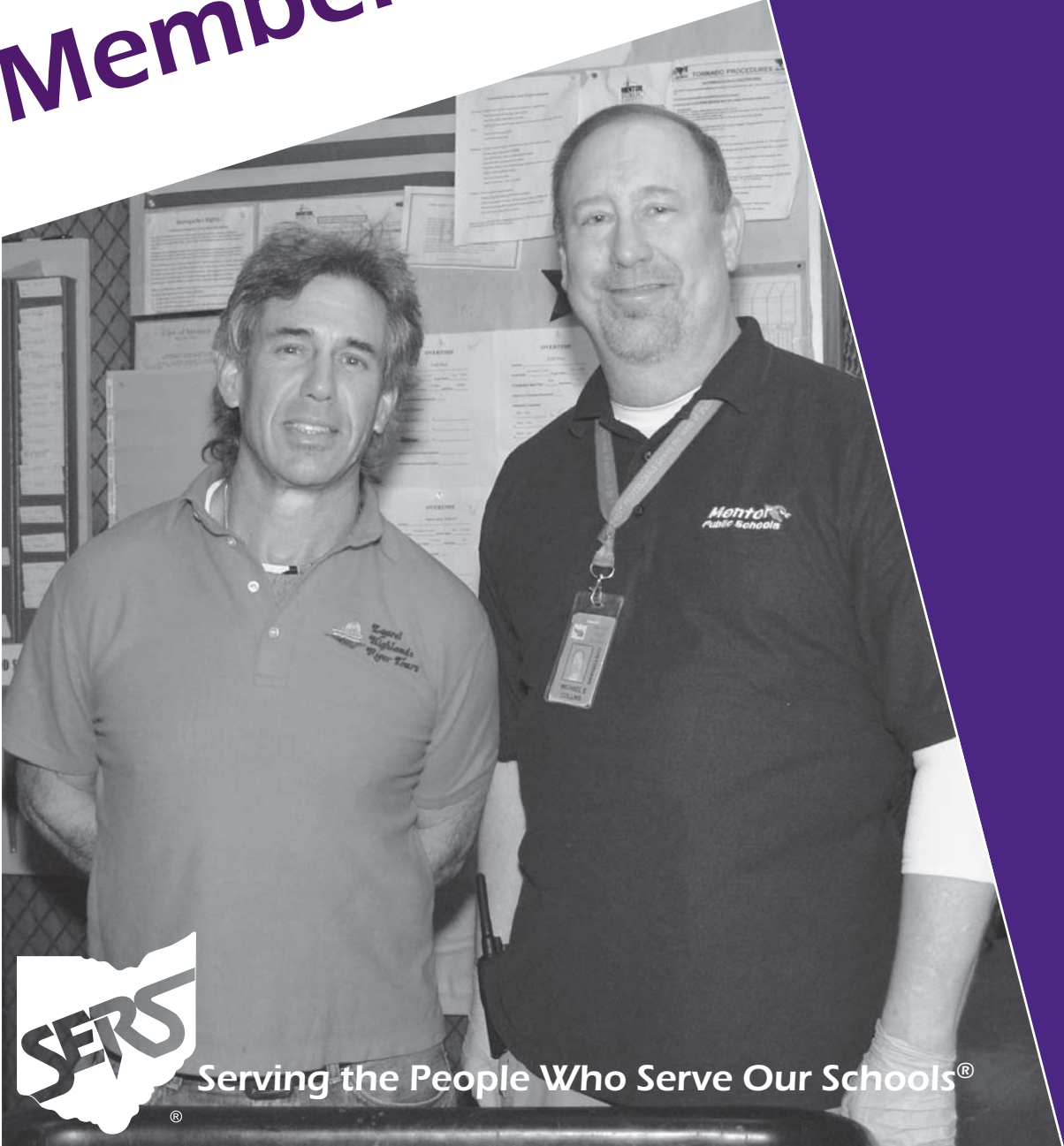


2018

# Member Health Care Guide



Serving the People Who Serve Our Schools®



# Table of Contents

## General Information

Introduction	2
Eligibility	2
Dependent Coverage	3
Reemployment	4
Health Care Coverage Enrollment	5
Coverage Under More Than One Ohio Retirement System	5
Health Care Waiver and Cancellation	5
Dental/Vision Enrollment	6

## Non-Medicare Coverage

Premiums	8
Premium Subsidy	8
2018 Non-Medicare Premiums	9
Non-Medicare Plan Availability	10
Other Non-Medicare Coverage Options	11
Non-Medicare Plan Coverage	14
Early Detection Health Screenings	16

## Medicare Coverage

Medicare Basics	18
Medicare Coverage Choices	19
Premiums	20
Premium Subsidy	20
Premium Discount Program	21
2018 Medicare Premiums	22
Medicare Plan Availability	23
Medicare Plan Coverage	24
Early Detection Health Screenings	26



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

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

614-222-5853 • TOLL-FREE 866-280-7377 • [www.ohsers.org](http://www.ohsers.org) • email: [healthcare@ohsers.org](mailto:healthcare@ohsers.org)

Rev. 8/2017

## **Prescription Drug Coverage**

Prescriptions Not Covered .....	.28
Coverage Rules .....	.28
Non-Medicare Co-pays .....	.29
Medicare Co-pays .....	.31
Medicare and Prescription Coverage .....	.32
Medicare Coverage Gap (Donut Hole) .....	.32

## **Dental and Vision Coverage**

Dental Plan .....	.34
Vision Plan .....	.35

## **Questions and Answers**

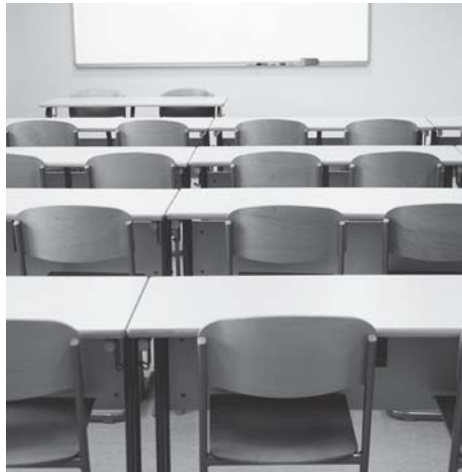
Medicare .....	.38
General .....	.39

## **Glossary of Terms**

Terms .....	.42
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## **Contact Information**

Address and Directions to SERS .....	.46
Important Websites and Phone Numbers .....	.47



# General Information

Introduction  
Eligibility  
Dependent Coverage  
Reemployment  
Health Care Coverage Enrollment  
Coverage Under More Than One Ohio Retirement System  
Health Care Waiver and Cancellation  
Dental/Vision Enrollment

# General Information

## ■ Introduction

This guide is for future retirees and benefit recipients of the School Employees Retirement System of Ohio (SERS) who may be eligible for SERS' health care coverage. It provides information about current health care coverage and addresses a range of topics.

The information in this guide is only an overview of the health care plans that are available to you and does not provide a complete description of each plan's coverage. When you enroll in SERS' health care coverage, you will receive a summary of benefits.

Coverage can be waived at any time. You can re-enroll only if you have a qualifying event.

To the extent that resources permit, SERS intends to continue offering access to health care coverage. However, SERS reserves the right to change or discontinue any plan or program at any time.

If you have questions or need additional information, please email us at [healthcare@ohsers.org](mailto:healthcare@ohsers.org) or call us toll-free at 800-878-5853. We are available Monday through Friday, 8 a.m. to 4:30 p.m.

This information is effective January 1, 2018.

## ■ Eligibility

### Service Retiree

You are eligible for coverage if you have at least 10 years of qualified service credit at retirement.

Qualified service credit includes:

- Earned or restored service credit
- Contributing service credit from State Teachers Retirement System of Ohio, Ohio Public Employees Retirement System, Ohio Police & Fire Retirement System, Ohio Highway Patrol System, and the Cincinnati Retirement System, if it was not earned at the same time as SERS' service credit
- Workers' Compensation credit
- Service credit earned as a student

**You are eligible if you have at least 10 years of qualified service credit.**

Qualified service credit does not include:

- Military (other than free or interrupted military service credit)
- Federal government, private school, or out-of-state service credit
- Exempted service credit
- Service credit purchased by a school employer under an Early Retirement Incentive Plan (ERI)

## Disability Benefit Recipient

If you receive a disability benefit, you are eligible for health care coverage. The effective date of coverage is the later of the following dates:

- the effective date of the disability benefit
- the first day of the month following approval of the disability benefit

A new disability benefit recipient enrolling in health care coverage is required to file an application with Social Security for Social Security Disability Insurance. This determination establishes your eligibility for Medicare based on a disability when you are under age 65.

If you receive benefits under the new disability plan and convert to a service retirement at the end of the disability benefits, you must have 10 years of qualified service credit to remain eligible for health care coverage. The years you receive disability benefits are included as qualifying service credit.

## ■ Dependent Coverage

When you enroll in SERS' coverage, you may cover your spouse, and children up to age 26, as dependents.

A child includes:

- A biological, or legally adopted, child, stepchild, or child for whom you have legal custody, up to age 26.
- A child who is permanently and totally disabled, provided the disability existed prior to the child reaching age 26.
  - “Permanently and totally disabled” means the child is unable to engage in any substantial gainful activity due to physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.

If you want to enroll your spouse, you must provide your spouse's Social Security number, and copies of his or her birth certificate, and your marriage certificate. To enroll dependent children, you must provide the Social Security number, and a copy of the birth certificate or legal guardianship papers, if applicable, for each child.

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

## ■ Reemployment

If you retire and then take a new job or go back to work for a public or private employer, you temporarily may lose eligibility for SERS' health care coverage while you are reemployed. Once reemployment ends, your eligibility will be restored.

Individuals affected are those:

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

Individuals not affected are those:

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

SERS' health care eligibility is lost when:

- You are eligible for medical and prescription coverage through your new employer, or
- You are not eligible for medical and prescription coverage through your new employer but other employees in comparable positions are eligible for coverage. The coverage available to employees in comparable positions must be at the same cost as full-time employees.

You will not lose your eligibility for SERS' coverage if you do not have access to the employer coverage or it costs employees in comparable positions more than full-time employees pay.

### Termination of Eligibility

If you are affected by this rule, you will be notified of the date your SERS health care coverage is terminated. Because you must be enrolled in SERS' coverage in order to enroll your spouse and dependents, termination of your eligibility may affect their coverage.

### Regaining Eligibility

Your eligibility for SERS' health care coverage will be restored after you stop working. You will have 31 days after you lose employer coverage to enroll in SERS coverage.

### Dependent Coverage

This rule also applies to your spouse. If your spouse has SERS' health care coverage and takes a new job, your spouse will lose eligibility for SERS' coverage. Your eligibility will not be affected by your spouse's loss of coverage.

If your child has SERS' coverage and takes a job, that child will not lose SERS' coverage. Federal law provides that coverage may continue to age 26, regardless of the child's employment or eligibility for employer coverage.

Please notify SERS if you or your spouse become employed.

### Questions

If you have questions on whether this rule affects you, please call SERS toll-free at 800-878-5853.



## ■ Health Care Coverage Enrollment

There are three times when you can enroll in SERS' coverage:

- When you retire or begin receiving a disability benefit
- Within 90 days of becoming eligible for Medicare
- Within 31 days of involuntary termination of other health care coverage or termination of Medicaid
  - Failing to pay the premium or ending coverage because of plan changes does not count as involuntary termination.

If you do not enroll your spouse or children during the initial enrollment period, you can enroll them under the following circumstances:

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

## ■ Coverage Under More Than One Ohio Retirement System

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

## ■ Health Care Waiver and Cancellation

You can waive coverage at any time. If you choose to waive coverage, dependent coverage for your spouse and children will automatically end.

If you waive coverage, you can re-enroll under the following qualifying events:

- Within 90 days of becoming eligible for Medicare
- Within 31 days of involuntary termination of other health care coverage or termination of Medicaid
  - Failing to pay the premium or ending coverage because of plan changes does not count as involuntary termination.

### Cancellation of Spouse/Dependent Coverage

To cancel coverage for one or more dependents, you must send a written request to SERS. Both you and your spouse must sign the cancellation request if the cancellation is for your spouse.

## ■ Dental/Vision Enrollment

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

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

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

- at retirement
- during the annual open enrollment period

See pages 34 through 36 for monthly premiums and benefits.



# Non-Medicare Coverage

Premiums  
Premium Subsidy  
2018 Non-Medicare Premiums  
Non-Medicare Plan Availability  
Other Non-Medicare Coverage Options  
Non-Medicare Plan Coverage  
Early Detection Health Screenings

# Non-Medicare Coverage

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

## ■ Premiums

The premium you pay for SERS' health care coverage includes medical and prescription drug coverage.

Premiums are based on:

- Years of qualified service credit
- Eligibility for a premium subsidy
- Health care plan selected

If you enroll in dental and/or vision coverage, you will be charged additional premiums.

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

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

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

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

## ■ Premium Subsidy

SERS helps reduce health care premiums by providing a subsidy to those who qualify.

To receive a premium subsidy, you must have at least 20 years of qualified service credit, or be receiving a disability benefit. In addition, at the time of retirement, disability, or separation from service, you must:

- Be eligible to participate in the health care plan of your last school employer, **or**
- Have been eligible to participate in the health care plan of your school employer at least three of the last five years of service

If you are eligible for your employer's health care coverage but are a few years short of 20 years, it may be beneficial to work until you have 20 qualified years of service.

Spouse premium is based on the qualified service credit of the service retiree, disability recipient, or member.

The chart on page 9 lists the non-Medicare premiums for 2018.

## ■ 2018 Non-Medicare Premiums

<b>2018 NON-MEDICARE PREMIUMS</b>		
<b>SERVICE RETIREES</b>		
<b>YEARS OF QUALIFIED SERVICE CREDIT</b>	<b>Aetna Choice POS II</b>	<b>AultCare PPO</b>
<b>10-19.999 years*</b>	<b>\$1,321</b>	<b>\$965</b>
20-24.999 years	\$678	\$500
25-29.999 years	\$421	\$314
30-34.999 years	\$292	\$221
35-35.999 years	\$228	\$174
<p>* This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see page 8), you pay this amount regardless of your qualified years of service. There is a 1% premium reduction for each year over 35 years of service.</p>		
<b>DISABILITY BENEFIT RECIPIENTS</b>		
<b>YEARS OF QUALIFIED SERVICE CREDIT</b>	<b>Aetna Choice POS II</b>	<b>AultCare PPO</b>
<b>Full premium without a premium subsidy**</b>	<b>\$1,321</b>	<b>\$965</b>
5-9.99 years	\$678	\$500
10-24.99 years	\$459	\$342
25 years and over	\$260	\$198
<p>** This is the full premium without a premium subsidy. To qualify for a premium subsidy, disability recipients must be eligible to participate in the health care plan of their last school employer; or be eligible to participate in the health care plan of their school employer at least three of the last five years of service.</p>		
<b>SPOUSE / CHILDREN</b>		
<b>Spouse premium based on the service retiree, disability, or member's qualified service credit</b>	<b>Aetna Choice POS II</b>	<b>AultCare PPO</b>
<u>Spouse</u>		
<b>up to 24.999 years</b>	<b>\$1,192</b>	<b>\$778</b>
25-29.999 years	\$1,076	\$703
30 years and over	\$961	\$629
<u>Child(ren)</u>	\$305	\$150

## ■ Non-Medicare Plan Availability

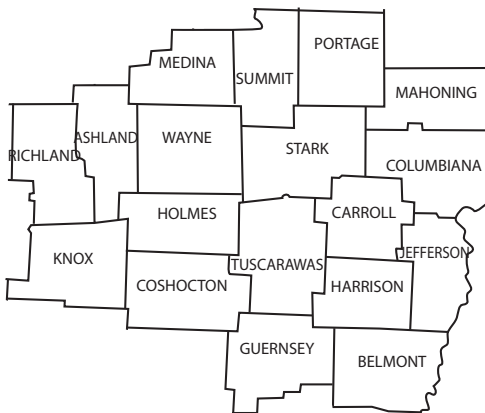
### Aetna Choice POS II

Available throughout the United States.



### AultCare PPO

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



## ■ Other Non-Medicare Coverage Options

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

SERS began offering the SERS Wraparound Plan in 2017.

It 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.

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

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

#### Wraparound Benefit Example

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

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

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

#### Important Facts:

- To receive the SERS Wraparound Plan benefits, you **MUST** complete the Marketplace enrollment process through HealthSCOPE Benefits.
- You can sign up for a Marketplace plan outside the annual November 1 – December 15 open enrollment period when you experience a life change, such as losing employer coverage.
- When you enroll in a Marketplace plan, you are responsible for paying the monthly premium directly to the Marketplace plan. SERS cannot deduct Marketplace premiums from your benefit.
- Federal subsidies offered in the Marketplace are based on household size and whole-household income.

#### Who is Eligible

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

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

#### To Learn More

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

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

## SERS Wraparound Plan Benefits

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

Benefit	2018 Maximum Reimbursement
Deductible	Up to \$2,000*
Covered prescription drugs co-payment/coinsurance	50% of the Marketplace plan's prescription drug co-payment/coinsurance (up to \$200 per prescription)*
Physician Office Visit co-payment	Up to \$50 per visit*
Inpatient Hospital Admission co-payment/coinsurance	Up to \$300 per admission*
Imaging (X-rays, CT/PET Scans, MRI) co-payment or coinsurance	Up to \$100 per service*
Hearing Aid	One hearing aid per year; up to \$1,500**

\*This is the maximum amount that the Wraparound Plan will reimburse each participant for each benefit category. Reimbursement is limited to cost-sharing after the participant's Marketplace plan has adjudicated any claim(s). Actual reimbursement may vary according to the participant's Marketplace plan's terms, but will in no event exceed the participant's actual out-of-pocket expenses under the applicable Marketplace plan.

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

The 2018 SERS Wraparound Plan benefits noted above only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement, except for hearing aids.

### Wraparound Benefit Example

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

## Completing the SERS Health Care Application

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

### 2. Plan Selection

Choose only one of the following health care plans:

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

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

You must pay premiums directly to your Marketplace plan.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## ■ Non-Medicare Plan Coverage

2018 Non-Medicare Plan Coverage		
	Aetna Choice POS II	
	In Network	Out of Network
<b>Annual Out-of-Pocket Maximum</b> • These amounts are the most you will pay in a calendar year. Once you reach the maximum, your medical and prescription plans pay 100%. • Your maximum includes what you pay toward the deductible, co-pays, and coinsurance for covered services.	Per Person: \$7,350 Per Family: \$14,700	Not Limited
<b>Deductible</b> Coinsurance applies after the deductible is met	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
<b>Primary Care Office Visit</b>	\$20 co-pay	90% coinsurance
<b>Specialist Office Visit</b>	\$40 co-pay	90% coinsurance
<b>Outpatient Diagnostic X-ray and Lab</b>	20% coinsurance	90% coinsurance
<b>Retail Walk-In Clinic</b>	\$20 co-pay	90% coinsurance
<b>Urgent Care</b>	\$40 co-pay	\$40 co-pay
<b>Emergency Room</b>	20% coinsurance	20% coinsurance
<b>Ambulance</b>	20% coinsurance	20% coinsurance
<b>Inpatient Hospital</b>	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
<b>Outpatient Surgery / Procedures</b>	20% coinsurance	90% coinsurance
<b>Skilled Nursing Facility</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.

**Prescription drug co-pays are listed on page 29.**

<b>AultCare PPO</b>	
Per Person: \$7,350	
Per Family: \$14,700	
\$2,000 per person \$4,000 per family	
\$20 co-pay	
\$40 co-pay	
20% coinsurance	
Not covered	
\$40 co-pay	
20% coinsurance	
20% coinsurance	
20% coinsurance after \$250 co-pay	
20% coinsurance	
20% coinsurance	
20% coinsurance	
Inpatient: 100% coverage (30-day lifetime limit) Outpatient: 20% coinsurance	
20% coinsurance	
20% coinsurance	
20% coinsurance	

**SERS Wraparound Plan**

You must enroll in a Health Insurance Marketplace plan with the assistance of HealthSCOPE Benefits to receive the benefits of the SERS Wraparound Plan.

For more information, see page 11.

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

## ■ Early Detection Health Screenings

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

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

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



# Medicare Coverage

Medicare Basics  
Medicare Coverage Choices  
Premiums  
Premium Subsidy  
Premium Discount Program  
2018 Medicare Premiums  
Medicare Plan Availability  
Medicare Plan Coverage  
Early Detection Health Screenings

# Medicare Coverage

## ■ Medicare Basics

Medicare is health insurance for people who are:

- 65 or older
- Under 65 with certain disabilities or end-stage renal disease requiring dialysis or a kidney transplant

### Enrolling in Medicare

**Sign up for Medicare when you first become eligible.**

Medicare's seven-month Initial Enrollment Period begins three months before the month you turn 65 and ends three months after your birth month. You should sign up for Medicare when you first become eligible so that your Medicare coverage will not be delayed and will start the month you turn 65. If you enroll in Medicare during your birth month or the three months after your birth month, your coverage will be delayed. If you do not sign up during the Initial Enrollment Period, Medicare charges a lifetime penalty for each 12-month period you could have had Part B coverage. The penalty does not apply if you are covered by your employer's health care plan or your spouse's employer plan. Once that coverage ends, contact Social Security within eight months to sign up for Medicare. For more information, visit [www.medicare.gov](http://www.medicare.gov) or [www.socialsecurity.gov](http://www.socialsecurity.gov).

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

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

- Inpatient care in hospitals
- Skilled nursing facility care (not custodial or long-term care)
- Hospice care
- Some home health care

Part A is premium-free for most people, based upon either their own work history or their spouse's work history in Social Security.

**Medicare Part B (medical insurance)** helps cover:

- Services from doctors and other health care providers
- Outpatient care
- Some home health care
- Durable medical equipment
- Some preventive services

Everyone is eligible for Part B, and pays a monthly Part B premium. In 2017, the premium for new enrollees is \$134.00.

**Medicare Part C (Medicare Advantage Plans):**

- Includes Part A and Part B benefits
- Offered by Medicare-approved private insurance companies that have contracts with Medicare
- Usually includes prescription drug coverage (Part D)
- Can include extra benefits, such as fitness memberships

**Medicare Part D (prescription drug coverage):**

- Helps cover prescription drug costs
- Run by private insurance companies

Purchased separately unless you enroll in a Medicare Advantage plan that includes Part D.

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

## ■ Medicare Coverage Choices

When you become eligible for Medicare, you have a choice to make on how to receive your coverage:

**Choose either Original Medicare or a Medicare Advantage Plan**



### Original Medicare

#### Sign up for Original Medicare.

- Medicare Part A (hospital)
- Medicare Part B (medical) - requires a monthly premium

Medicare pays your providers directly for your services. Original Medicare only covers approximately 80% of costs.



Do you need supplemental coverage to pay for costs Original Medicare does not cover?

#### Select a Medicare Supplement Insurance policy.

Also known as Medigap, and offered by private companies to cover gaps in Medicare coverage. You will pay a separate monthly premium.



Do you need prescription drug coverage?

#### Select a Medicare Prescription Drug Plan (Part D).

Original Medicare does not include prescription drug coverage. Part D plans are offered by private companies approved by Medicare. You will pay a separate monthly premium.



### Medicare Advantage Plan

#### Sign up for Original Medicare.

- Medicare Part A (hospital)
- Medicare Part B (medical) - requires a monthly premium



#### Select a Medicare Advantage Plan, also known as Part C.

Private companies provide both Part A and Part B coverage. Most plans cover prescription drugs (Part D) as well. The private companies pay your providers directly for your services.

**SERS offers Medicare Advantage plans with prescription drug coverage**



#### SERS' coverage includes:

- Part A, Part B, and Part D
- \$0 deductible
- SilverSneakers for Aetna and Paramount plans. Silver&Fit for PrimeTime
- Better prescription drug coverage through the donut hole
- Lower out-of-pocket costs than Original Medicare

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

## ■ Premiums

The premium you pay for SERS' health care coverage includes medical and prescription drug coverage. Premiums are based on:

- Years of qualified service credit
- Eligibility for a premium subsidy
- Health care plan selected

If you enroll in dental and/or vision coverage, additional premiums are charged.

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

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

If your payment is not enough to cover your premiums, you will be responsible for the remaining balance.

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

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

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

## ■ Premium Subsidy

SERS helps reduce health care premiums by providing a subsidy for those who qualify.

To receive a premium subsidy, you must have at least 20 years of qualified service credit, or be receiving a disability benefit. In addition, at the time of retirement, disability, or separation from service, you must:

- Be eligible to participate in the health care plan of your last school employer, or
- Have been eligible to participate in the health care plan of your last school employer at least three of the last five years of service

If you are eligible for your employer's health care coverage but are a few years short of 20 years, it may be beneficial to work until you have 20 qualified years of service.

Spouse premium is based on the qualified service credit of the service retiree, disability recipient, or member.

The chart on page 22 lists the Medicare premiums for 2018.



## ■ Premium Discount Program

To apply for the discount program, at least one family member must be enrolled in a SERS Medicare plan and you must qualify based on your household size and income.

A 25% reduction in your monthly SERS health care premiums for medical and prescription drug coverage is available if your total household income falls at or below qualifying income levels. The discount does not apply to dental and vision premiums.

To receive a discount, your total household income must be at or below the following levels:

Household Size	2018 Qualifying Income
1	\$15,075
2	\$20,300
3	\$25,525
4	\$30,750
5	\$35,975
6	\$41,200
7	\$46,425
8	\$51,650

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

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

## ■ 2018 Medicare Premiums

<b>2018 MEDICARE PREMIUMS</b>			
Premiums listed are when you are enrolled in Medicare Part A and Part B. Contact SERS for premiums if you are eligible for Medicare Part B only.			
<b>SERVICE RETIREES</b>			
<b>YEARS OF QUALIFIED SERVICE CREDIT</b>	<b>Aetna Medicare Plan (PPO)</b>	<b>Paramount Elite Medicare Advantage</b>	<b>PrimeTime Health Plan</b>
<b>10-19.999 years*</b>	<b>\$253</b>	<b>\$298</b>	<b>\$280</b>
20-24.999 years	\$144	\$167	\$157
25-29.999 years	\$100	\$114	\$108
30-34.999 years	\$ 79	\$ 88	\$ 84
35-35.999 years	\$ 68	\$ 74	\$ 72
* This is the full premium without a premium subsidy. If you do not qualify for a subsidy (see page 20), you pay this amount regardless of your qualified years of service. There is a 1% premium reduction for each year over 35 years of service.			
<b>DISABILITY BENEFIT RECIPIENTS</b>			
<b>YEARS OF QUALIFIED SERVICE CREDIT</b>	<b>Aetna Medicare Plan (PPO)</b>	<b>Paramount Elite Medicare Advantage</b>	<b>PrimeTime Health Plan</b>
<b>Full premium without a premium subsidy**</b>	<b>\$253</b>	<b>\$298</b>	<b>\$280</b>
5-9.99 years	\$144	\$167	\$157
10-24.99 years	\$107	\$122	\$116
25 years and over	\$ 73	\$ 81	\$ 78
** This is the full premium without a premium subsidy. To qualify for a premium subsidy, disability recipients must be eligible to participate in the health care plan of their last school employer, or be eligible to participate in the health care plan of their school employer at least three of the last five years of service.			
<b>SPOUSE / CHILDREN</b>			
<b>Spouse premium based on the service retiree, disability, or member's qualified service credit</b>	<b>Aetna Medicare Plan (PPO)</b>	<b>Paramount Elite Medicare Advantage</b>	<b>PrimeTime Health Plan</b>
<u>Spouse</u>			
up to 24.999 years	\$253	\$298	\$280
25-29.999 years	\$231	\$272	\$255
30 years and over	\$209	\$245	\$231
<u>Child(ren)</u>	\$187	\$219	\$206

## ■ Medicare Plan Availability

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

Available throughout the United States

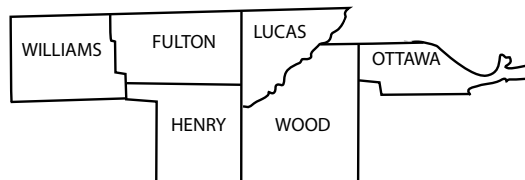


### Paramount Elite Medicare Advantage

Available in the following Ohio counties:

Henry	Ottawa
Lucas	Williams
Fulton	Wood

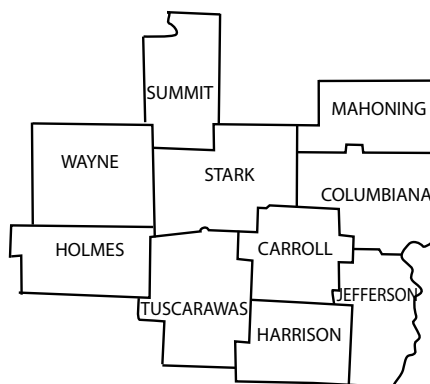
Also in *Michigan*: Monroe, Lenawee counties



### PrimeTime Health Plan

Available in the following Ohio counties:

Carroll	Mahoning
Columbiana	Stark
Harrison	Summit
Holmes	Tuscarawas
Jefferson	Wayne



## ■ Medicare Plan Coverage

2018 Medicare Plan Coverage		
	Aetna Medicare 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>	\$40 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>	20% coinsurance	20% coinsurance
<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 max.	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>	\$15 co-pay limited to Medicare-covered services	20% coinsurance limited to Medicare-covered services
<b>Durable Medical Equipment</b>	20% coinsurance	20% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs.

**Prescription drug co-pays are listed on page 31.**

<b>PrimeTime Health Plan</b>	<b>Paramount Elite Medicare Advantage</b>
\$3,000 per person	\$3,000 per person
None	None
\$20 co-pay	\$20 co-pay
\$40 co-pay	\$40 co-pay
100% coverage	100% coverage
100% coverage	100% coverage
\$40 co-pay	\$40 co-pay
\$100 co-pay	\$100 co-pay
\$75 co-pay	100% coverage
\$150 co-pay per day 1-5, then 100% coverage	\$150 co-pay per day 1-5, then 100% coverage
\$200 co-pay	15% coinsurance, up to \$200 max.
\$0 per day 1-15, \$20 per day 16-30, \$0 per day 31-100	Co-pay: \$0 per day 1-20, \$95 per day 21-100
100% coverage	100% coverage
Covered by Medicare	Covered by Medicare
\$5 co-pay (Cardiac rehab covered at 100%)	\$20 co-pay (\$10 co-pay for cardiac/pulmonary rehab)
\$15 co-pay limited to Medicare-covered services	\$20 co-pay limited to Medicare-covered services
20% coinsurance	20% coinsurance

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

## ■ Early Detection Health Screenings

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

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

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



# Prescription Drug Coverage

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

# Prescription Drug Coverage

Prescription drug coverage is included in SERS health care coverage and does not require a separate premium.

Express Scripts provides the prescription drug coverage for Aetna and Paramount. PrimeTime and AultCare provide their own prescription coverage.

All prescription plans have a formulary of covered medications. These are referred to as preferred medications. Medications not on the formulary are referred to as non-preferred. The amount you are responsible for paying, known as the co-pay, is based on the medication's preferred status. You pay the least for generic medications. You pay the most for brand-name medications that are not preferred.

You save money by having prescriptions for maintenance medications mailed to your home. Maintenance medication is taken on an ongoing, long-term basis, such as medicine for high blood pressure.

## ■ Prescriptions Not Covered

The following is a partial list of situations or types of medications that are not covered. If you are unsure if a medication is covered, you can call your prescription plan's customer service.

- Prescriptions or medications dispensed in a hospital
  - These are typically covered under your medical plan
- Prescriptions covered by Workers' Compensation
- Prescriptions for fertility, erectile dysfunction, or cosmetic drugs
- Over-the-counter drugs and herbal preparations, including homeopathic preparations

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

## ■ Coverage Rules

All prescription plans include these common coverage rules:

- Prior Authorization - For some medications, your doctor must contact the drug plan before certain prescriptions can be filled. The prescription is only covered if your doctor is able to confirm that the medication is necessary.
- Quantity Limits - Limits how much of a specific medication you can get at a time.
- Step Therapy - A process where certain medications that have proven to be safe and effective are tried as the first choice rather than starting with a more expensive prescribed medication.

If you or your doctor believes that one of these coverage rules should not be applied to your situation, you can ask for an exception. Contact your prescription plan for more information.



## ■ Non-Medicare Co-pays

### Express Scripts for Aetna Choice POS II

	Retail (30-day supply)	Home Delivery (90-day supply)
<b>Generic</b>	\$7.50 co-pay max.	\$15 co-pay max.
<b>Preferred brand name</b>	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
<b>Specialty medications</b>	25% of cost (min. \$25, max. \$100)  Only certain specialty medications allowed at retail. See next page.	25% of cost (min. \$15, max. \$67 per 30-day supply) Co-pay may be reduced if co-pay assistance available. See next page.
<b>Non-preferred brand name</b>	No coverage	No coverage
<b>Insulin Only</b>		
<b>Preferred brand name</b>	25% of cost (min. \$25, max. \$30)	25% of cost (min. \$45, max. \$60)
<b>Non-preferred brand name</b>	25% of cost (max. \$45)	25% of cost (max. \$115)

### AultCare PPO

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

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

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

Beginning January 1, 2018, 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 time at retail, 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)**

Beginning January 1, 2018, all specialty medications for the Aetna Choice POS II plan **must** be filled by mail order through Accredo, Express Scripts' specialty pharmacy. Accredo will send 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.

### **Co-Pay Assistance (Aetna Choice POS II only)**

SERS has entered into a co-pay assistance program with SaveonSP. SaveonSP takes advantage of funds available from drug manufacturers to lower your co-pay and the amount that SERS pays. When Accredo receives your order, they will determine if the specialty medication is eligible for co-pay assistance. If it is, you will be contacted by SaveonSP to enroll and lower your co-pay to as little as \$0.

SaveonSP will **only** contact you if the specialty medication you are prescribed is eligible for this assistance.

## ■ Medicare Co-pays

### Express Scripts for Aetna Medicare and Paramount Elite

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

### PrimeTime

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

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

## ■ Medicare and Prescription Coverage

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

Some medications and supplies are covered by Medicare Part B, which is part of your medical plan rather than your prescription drug plan. These include but are not limited to:

- Diabetic test strips
- Nebulizer medication
- Transplant-related medications

You will use your medical plan ID card, not your prescription card, to obtain these prescriptions.

## ■ Medicare Coverage Gap (Donut Hole)

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



# Dental and Vision Coverage

Dental Plan  
Vision Plan

# Dental and Vision Coverage

## ■ Dental Plan

Delta Dental of Ohio is the dental plan provider. Delta gives you access to two large networks of participating dentists, Delta Dental PPO and Delta Dental Premier. In Ohio, more than 5,800 general dentists participate in these networks.

### Eligibility

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

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

### Premiums

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

2018 Monthly Premiums:	
Benefit recipient	\$27.81
Benefit recipient and one dependent*	\$55.62
Benefit recipient, and two or more dependents*	\$83.70

\* A dependent can be a spouse or a child

### Maximum Coverage

\$1,500 per person per calendar year.

### Provider Payment

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

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

<b>DENTAL COVERAGE HIGHLIGHTS</b>			
Coverage effective Jan. 1, 2018 Final plan documentation prevails	PPO Dentist	Premier Dentist	Nonparticipating Dentist*
<b>DIAGNOSTIC AND PREVENTIVE (no deductible)</b>			
Exams, cleanings, fluoride, emergency pain relief, sealants, brush biopsy, bitewing and full-mouth X-rays	100%	80%	80%
<b>BASIC SERVICES (\$50 deductible applies)</b>			
Minor restorative services, including fillings, periodontic, and endodontic services, other basic services, other X-rays	80%	60%	60%
<b>MAJOR SERVICES (\$50 deductible applies)</b>			
Repair to individual crowns, root canals, oral surgery services, crowns and veneers; relines and repairs to bridges, dentures, and implants; prosthodontic services for bridges, implants, and dentures	50%	40%	40%

\* When you receive services from a nonparticipating dentist, the percentages listed indicate the portion of Delta Dental's nonparticipating dentist fee that will be paid for those services. The nonparticipating dentist fee paid by Delta may be less than what your dentist charges, and you are responsible for the difference.

## ■ Vision Plan

The vision coverage is offered through VSP Vision Care, which serves more than 57 million people as the nation's largest eye care plan provider.

The VSP plan also provides savings on hearing aids through the TruHearing MemberPlus program.

### Eligibility

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

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

### Premiums

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

<b>2018 Monthly Premiums:</b>	
Benefit recipient	\$ 7.11
Benefit recipient and one dependent*	\$14.22
Benefit recipient, and two or more dependents*	\$16.70

\* A dependent can be a spouse or a child

## Provider Choices

- **VSP Preferred Providers**

If you see a VSP preferred provider, your costs will be lower.

- **Non-Network Providers**

You can choose any provider, national retailer, or local retail chain. However, if you see a non-network provider, your costs will be higher. If a non-network provider charges more than VSP allows, the provider can bill you the difference.

VISION COVERAGE HIGHLIGHTS			
Coverage with VSP Doctors and Affiliate Providers*			
Coverage Effective Jan. 1, 2018			
Services	Description	Co-pay	Frequency
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	• \$180 allowance for a wide selection of frames • \$200 allowance for featured frame brands • 20% savings on the amount over your allowance • \$100 allowance for frames at Costco and Walmart Affiliate Providers*	Included in prescription glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses	Included in prescription glasses	Every calendar year
Lens Options	• Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% off other lens options	\$ 0 \$50 \$50 \$50	Every calendar year
Contacts (instead of glasses)	• \$150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year

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

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.





# Questions and Answers

Medicare  
General

# Questions and Answers

## ■ Medicare

- 1. I am 65 years old, still employed, and have health care coverage through my employer. Do I need to sign up for Medicare?**  
No. Only sign up for Part B if your employer requires it.
- 2. I started working in my school district before 1986 and have never paid Medicare taxes. Do I still qualify for Medicare Part A (hospital)?**  
You would not be eligible for Medicare Part A under your own work record. If you are married you may qualify under your spouse's work record. However, SERS has a plan that covers Medicare Part A benefits.
- 3. I retired at age 60 from my school employer and started receiving my Social Security when I turned 62. I turn 65 this year. Do I have to sign up for Medicare Part A and Part B?**  
No. Since you are already collecting a Social Security benefit, Social Security will automatically send you a Medicare enrollment package.
- 4. I am 68 years old and plan to retire at the end of this school year. Will I be penalized for not signing up for Medicare when I turned 65?**  
No. As long as you were covered by your employer's health care plan (or your spouse's employer plan), there will be no penalty when you sign up for Medicare. Contact Social Security for more information. Please see page 47 for Social Security contact information.
- 5. I just received my Medicare card, and I have both Medicare Part A and Part B. Does SERS need to have a copy of my card?**  
Yes. If you are enrolled in SERS' health care coverage, you receive \$45.50 per month for Medicare Part B reimbursement. Proof of Medicare Part B, such as a copy of your card, is required for the reimbursement to begin. If you cancel SERS' coverage in the future, the Medicare Part B reimbursement ends.
- 6. What happens when I am enrolled in SERS' health care coverage and I turn 65?**  
You will receive an "Approaching 65" information packet from SERS. It will tell you that when you are within three months of turning 65, you should enroll in Medicare. Once you enroll in Medicare, SERS will transfer you from your non-Medicare plan into a SERS Medicare Advantage plan. With Medicare coverage, your premium with SERS will be reduced. You also will receive \$45.50 per month from SERS to help you pay your Medicare Part B premium.

## ■ General

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**8. I will be eligible for SERS' health care coverage, but I plan to enroll in my spouse's employer plan until my spouse retires. Will I be able to enroll in SERS' coverage later?**

Yes. Once your spouse's employment or coverage ends, you and your spouse can enroll in SERS' health care coverage.

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

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

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

**10. How do I get my prescription identification card?**

Your prescription identification card will arrive in the mail after you are enrolled.

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

Yes. As long as you are eligible for SERS' health care coverage, you can enroll in the dental and/or vision coverage.

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

In 2017, SERS began offering a new coverage option for non-Medicare participants called the SERS Wraparound Plan. For more information, see page 11.

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

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



# Glossary of Terms

Terms

# Glossary of Terms

## ■ Terms

### **Coinsurance**

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

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

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

### **Deductible**

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

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

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

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

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

### **In-Network Providers**

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

### **Medicare**

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

### **Non-Medicare**

Refers to those persons not yet eligible for Medicare.

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

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

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

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

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

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

## **Premium**

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

## **Prescription Drugs**

### **Formulary Drugs/Preferred**

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

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

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

## **SERS' Open Enrollment**

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

## **SERS' Premium Discount Program**

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

## **SERS' Premium Subsidy**

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

## **Skilled Nursing Facility**

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



Terri Jones, Gahanna Schools Transportation, Gahanna, Ohio





# Contact Information

Address and Directions to SERS  
Important Websites and Phone Numbers

# Contact Information

Most questions can be answered by correspondence or telephone calls. If you would like to visit with a counselor at the SERS office, you can schedule an appointment Monday through Friday. Call SERS toll-free at 800-878-5853 to schedule an appointment. You may obtain more information by:

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

## ■ Address and Directions to SERS

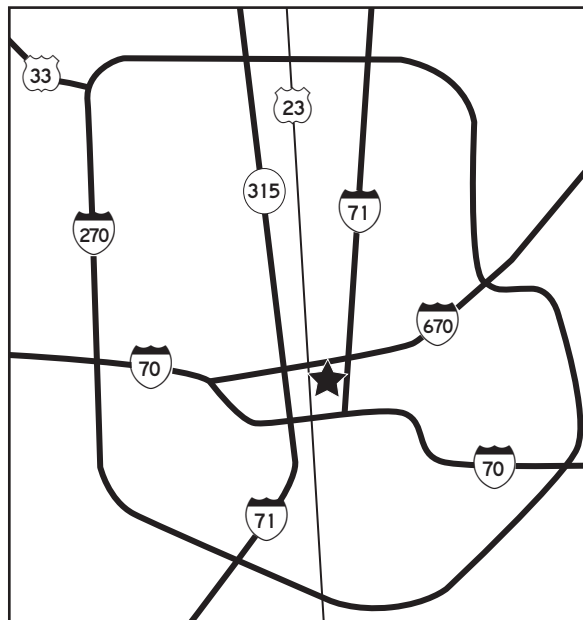
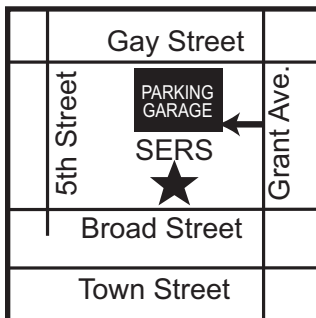
SERS is located at 300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746. Free parking is available in SERS' parking garage. The parking garage entrance is located on Grant Avenue, north of Broad Street.

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

**From the south:** Take I-71 North to I-70 East to the Fourth Street /Livingston Avenue exit #100B onto Fourth Street. Turn right on Town Street, then left on Grant Avenue. Cross Broad Street. The SERS parking garage entrance is half a block up Grant Avenue on the left.

**From the west:** Take I-70 East to the Fourth Street /Livingston Avenue exit #100B. Turn left onto Fourth Street. Turn right on Town Street, then left on Grant Avenue. Cross Broad Street. The SERS parking garage entrance is half a block up Grant Avenue on the left.

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



## ■ Important Websites and Phone Numbers

### **Aetna Choice POS II**

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

### **Aetna Indemnity Plan**

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

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

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

### **AultCare PPO**

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

### **Delta Dental**

[www.deltadentaloh.com](http://www.deltadentaloh.com)  
Toll-free: 800-524-0149  
TDD: 800-855-2880

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

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

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

[www.express-scripts.com](http://www.express-scripts.com)  
Toll-free: 866-685-2791  
TDD: 800-759-1089

### **HealthSCOPE Benefits – for SERS Wraparound Plan**

Toll-free: 888-236-2377  
[SERS@healthscopebenefits.com](mailto:SERS@healthscopebenefits.com)

### **Medicare**

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

### **Paramount Elite Medicare Advantage**

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

### **PrimeTime Health Plan**

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

### **Social Security Administration**

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

### **VSP Vision Care**

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



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

300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746  
614-222-5853 • Toll-free 866-280-7377 • [www.ohsers.org](http://www.ohsers.org)