



Open Enrollment Guide

2017

Premium and Benefit Changes

Open Enrollment: Sept. 1, 2016 - Oct. 31, 2016



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August 2016

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

Open Enrollment Meetings

Advance registration is not required. Please note there is only one meeting per location this year.

Southeast Ohio

CHILLICOTHE

Tuesday, Sept. 20, 2016
Afternoon meeting: 1-3 p.m.
Wexford Room at the Christopher
Conference Center
20 North Plaza Blvd.
Chillicothe, Ohio 45601

CAMBRIDGE

Wednesday, Sept. 21, 2016
Afternoon meeting: 1-3 p.m.
Pritchard Laughlin Civic Center
7033 Glenn Hwy.
Cambridge, Ohio 43725

Central Ohio

COLUMBUS - NORTHWEST

Thursday, Sept. 22, 2016
Afternoon meeting: 1-3 p.m.
Crowne Plaza
6500 Doubletree Ave.
Columbus, Ohio 43229

Southwest Ohio

DAYTON / CINCINNATI ★

Tuesday, Sept. 27, 2016
Afternoon meeting: 1-3 p.m.
Hampton Inn & Suites
25 Greenwood Lane
Springboro, Ohio 45066

Northwest Ohio

LIMA

Wednesday, Oct. 5, 2016
Afternoon meeting: 1-3 p.m.
Holiday Inn & Suites
803 S. Leonard Ave.
Lima, Ohio 45804

PERRYSBURG

Thursday, Oct. 6, 2016
Afternoon meeting: 1-3 p.m.
Hampton Inn & Suites
Toledo- Perrysburg
9753 Clark Drive
Rossford, Ohio 43460

Northeast Ohio

INDEPENDENCE

Tuesday, Oct. 11, 2016
Afternoon meeting: 1-3 p.m.
Holiday Inn Independence
6001 Rockside Road
Independence, Ohio 44131

WESTLAKE ★

Wednesday, Oct. 12, 2016
Afternoon meeting: 1-3 p.m.
DoubleTree Suites
1100 Crocker Road
Westlake, Ohio 44145

★ New Location

MANSFIELD / BELLVILLE
Thursday, Oct. 13, 2016
Afternoon meeting: 1-3 p.m.
Der Dutchman Restaurant
720 State Route 97 West
Bellville, Ohio 44813

YOUNGSTOWN / BOARDMAN
Tuesday, Oct. 25, 2016
Afternoon meeting: 1-3 p.m.
Holiday Inn - Boardman
7410 South Ave. (McKay Drive)
Boardman, Ohio 44512

CANTON / AKRON
Wednesday, Oct. 26, 2016
Afternoon meeting: 1-3 p.m.
Holiday Inn Canton
4520 Everhard Road
Canton, Ohio 44718

Webinars



Online registration is required for webinars.

Register at

www.ohsers.org/open-enrollment

- Tuesday, Sept. 13, 2016
Time: 10-11 a.m. EDT
- Tuesday, Oct. 18, 2016
Time: 10-11 a.m. EDT
- Thursday, Oct. 27, 2016
Time: 2-3 p.m. EDT

Can't Make A Meeting?

Open enrollment videos are available online at

www.ohsers.org/open-enrollment.

Open Enrollment Overview

Each year during open enrollment you can review your SERS health care coverage. Important premium and benefit changes for the following year are in this book.

Use these step-by-step instructions to review your open enrollment information. It's important to stay informed and know the coverage your health care plan provides.

- 1 Be sure to read your open enrollment materials. Premiums and benefits can change from year to year.
- 2 **If you are satisfied with your coverage – DO NOTHING. Your coverage will automatically be renewed.**
- 3 Do not return the Health Care Open Enrollment Change Form unless you want to:
 - Enroll in or cancel dental coverage
 - Enroll in or cancel vision coverage
 - Change health care plans
- 4 **Premium Discount Program - To qualify for the Health Care Premium Discount Program in 2017, one family member enrolled in SERS' health care coverage must be eligible for Medicare.** Fill out the pink application form to apply. Premium discounts are based on income and household size. Remember, every year you must apply for the discount.

If you have any questions:

- Call SERS toll-free at 800-878-5853
- Visit www.ohsers.org/open-enrollment
- Email healthcare@ohsers.org.

All plan and premium changes take effect on Jan. 1, 2017.

What's New for 2017

Medicare Plan Changes

Medicare Plan Premiums

Premiums for Aetna plan participants with Medicare Part A and B will remain the same. Premiums for Paramount Elite Medicare Advantage and PrimeTime plan participants will increase in 2017.

Medicare Plan Termination

The HealthSpan Medicare plan will not be offered in 2017 because HealthSpan is ending its insurance operations. HealthSpan Medicare participants will automatically move to the Aetna Medicare Plan (PPO) on January 1. Participants do not need to return the Health Care Change Form.

Prescription Drug Coverage Gap (Donut Hole) Co-Pays

In 2017, prescription drug co-pays for Medicare participants will no longer be reduced in the Medicare donut hole.

Co-pays for generic and preferred-brand prescription drugs (see page 16) will not change until the amount you spend on covered medications reaches Medicare's "catastrophic" level of \$4,950.

Most people do not reach the catastrophic level, but if you do reach it, your generic and brand-name drug co-pays will decrease for many medications.

Non-Medicare Plan Changes

Non-Medicare Plan Premiums

Premiums for the Aetna Choice POS II plan will increase in 2017. Premiums for the AultCare PPO plan will remain the same.

Non-Medicare Plan Terminations

HealthSpan and Paramount HMO plans will not be offered in 2017. HealthSpan participants have already been moved to the Aetna Choice POS II plan. Paramount participants will automatically move to the Aetna Choice POS II plan on January 1. Participants do not need to return the Health Care Change Form.

Deductible

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

The deductible will increase for participants in the Aetna Choice POS II and AultCare PPO plans.

Annual Deductible	2016	2017
Per Person	\$1,500	\$2,000
Per Family	\$3,000	\$4,000

Non-Medicare Plan Changes (continued)

Out-of-Pocket Maximum

The medical and prescription drug out-of-pocket maximums will be combined and will increase under the Aetna Choice POS II and AultCare PPO plans.

Payments you make toward the deductible, co-insurance, and co-pays count toward the out-of-pocket maximum.

The out-of-pocket maximum is a limit on how much you pay for covered expenses every year. Once you've met the out-of-pocket maximum for a calendar year, your medical and prescription plans will pay your covered expenses in full.

Out-of-network providers, non-covered services, and non-preferred brand name medications do not count toward the out-of-pocket maximum.

	2016 Out-of-Pocket Maximum	2017 Out-of-Pocket Maximum
Per Person	\$4,250 Medical / \$2,600 Prescriptions	\$7,150 Combined
Per Family	\$8,500 Medical / \$5,200 Prescriptions	\$14,300 Combined

Proton Pump Inhibitors

Proton Pump Inhibitors taken to control acid reflux, such as Omeprazole (Prilosec) and Esomeprazole (Nexium), will no longer be covered by Express Scripts and AultCare for non-Medicare enrollees.

Most Proton Pump Inhibitors are now available as over-the-counter medications.

Health Care Premium Discount Program

The Health Care Premium Discount Program is being discontinued for non-Medicare participants.

To qualify for the program in 2017, one family member enrolled in SERS health care coverage must be eligible for Medicare.

Non-Medicare participants who are no longer eligible for the premium discount program are eligible for coverage with SERS' Marketplace Wraparound Plan. The Marketplace Wraparound Plan may be a more affordable option for non-Medicare participants. See page 8 for more information.

SERS Marketplace Wraparound Plan: A New Option for Non-Medicare Enrollees

SERS will offer a new coverage option in 2017, the Marketplace Wraparound Plan. This option is **ONLY** available to health care participants who are not eligible for Medicare and who are not enrolled in Medicaid.

Participants will be able to choose insurance from any insurer offering coverage in the federal Marketplace, and if eligible, receive a federal subsidy to lower the premium and cost-sharing amounts. The SERS Marketplace Wraparound Plan will offer additional benefits to help pay for deductibles, co-pays, and other costs.

Marketplace subsidies are based on household size and the whole household income, and help make coverage more affordable.

There is no premium for the additional benefits that the SERS Marketplace Wraparound Plan provides.

Look for More Information in the Mail

If you are eligible, you will receive additional information about the new SERS Marketplace Wraparound Plan in the mail.

You will also be able to talk with a representative to help you decide if the new SERS Marketplace Wraparound Plan is the right choice for you.

Medicare Plans and Premiums

Aetna MedicareSM Plan (PPO)

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage administered by Express Scripts.

Ohio Residents: Aetna has a preferred provider network. Use of out-of-network providers will increase your out-of-pocket costs.

Non-Ohio Residents: You can use any medical provider that accepts Medicare patients and agrees to file claims with Aetna.

This plan is available throughout the United States. To enroll, you must have:

- Medicare Part B
- Medicare Part A, if eligible



Aetna MedicareSM Plan (PPO)

PREMIUM IF YOU HAVE MEDICARE PART A AND PART B

Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$144	Not Eligible	Not Eligible	\$144
10 to 14.999	\$ 73	\$253	\$253	\$107
15 to 19.999	\$ 73	\$144	\$253	\$107
20 to 24.999	\$ 73	\$ 89	\$144	\$107
25 to 29.999	\$ 73	\$ 73	\$100	\$ 73
30 to 34.999	\$ 73	\$ 73	\$ 79	\$ 73

*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	\$253	Spouse premium is based on the service retiree, disability recipient or member's service credit	\$187
25 to 29.999	\$231		
30 or more years	\$209		

Medicare Plans and Premiums continued

Aetna MedicareSM Plan (PPO)				
PREMIUM IF YOU HAVE MEDICARE PART B ONLY				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$297	Not Eligible	Not Eligible	\$297
10 to 14.999	\$127	\$558	\$558	\$208
15 to 19.999	\$127	\$297	\$558	\$208
20 to 24.999	\$127	\$166	\$297	\$208
25 to 29.999	\$ 73	\$ 73	\$100	\$ 73
30 to 34.999	\$ 73	\$ 73	\$ 79	\$ 73
*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	\$231			
30 or more years	\$209			

Aetna Indemnity Plan

This plan is NOT available for optional enrollment. It is only available in special circumstances. SERS determines when enrollment is appropriate. Medicare Part D prescription drug coverage is administered through Express Scripts.

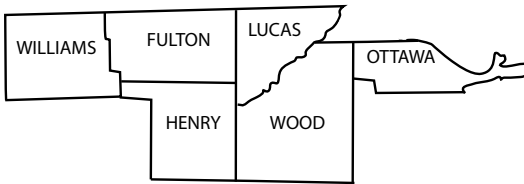
Aetna Indemnity Plan				
SPECIAL CIRCUMSTANCES FOR ENROLLMENT				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$419	Not Eligible	Not Eligible	\$419
10 to 14.999	\$169	\$803	\$803	\$288
15 to 19.999	\$169	\$419	\$803	\$288
20 to 24.999	\$169	\$227	\$419	\$288
25 to 29.999	\$169	\$169	\$265	\$169
30 to 34.999	\$169	\$169	\$189	\$169
*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	\$803	Spouse premium is based on the service retiree, disability recipient or member's service credit		\$573
25 to 29.999	\$726			
30 or more years	\$649			

Paramount Elite Medicare Advantage

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage administered by Express Scripts. You must use Paramount providers or pay the full cost for services.

To enroll in this plan, you must:

- Have Medicare Part B.
- Have Medicare Part A, if eligible.
- Live in one of the Ohio counties listed on the map or live in the Michigan counties of Lenawee or Monroe.
- Complete an enrollment application. Request one by calling 800-462-3589.



Paramount Elite Medicare Advantage				
PREMIUM IF YOU HAVE MEDICARE PART A AND PART B				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$163	Not Eligible	Not Eligible	\$163
10 to 14.999	\$ 80	\$292	\$292	\$120
15 to 19.999	\$ 80	\$163	\$292	\$120
20 to 24.999	\$ 80	\$ 99	\$163	\$120
25 to 29.999	\$ 80	\$ 80	\$112	\$ 80
30 to 34.999	\$ 80	\$ 80	\$ 86	\$ 80
*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	\$292	Spouse premium is based on the service retiree, disability recipient or member's service credit		
25 to 29.999	\$266			\$215
30 or more years	\$240			

Medicare Plans and Premiums continued

Paramount Elite Medicare Advantage

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	\$322	Not Eligible	Not Eligible	\$322
10 to 14.999	\$135	\$609	\$609	\$244
15 to 19.999	\$135	\$322	\$609	\$244
20 to 24.999	\$135	\$178	\$322	\$244
25 to 29.999	\$ 80	\$ 80	\$112	\$ 80
30 to 34.999	\$ 80	\$ 80	\$ 86	\$ 80

*If you retired on or after Aug. 1, 2008, with 35 or more years of service credit, call SERS for your premium.

Spouse premium

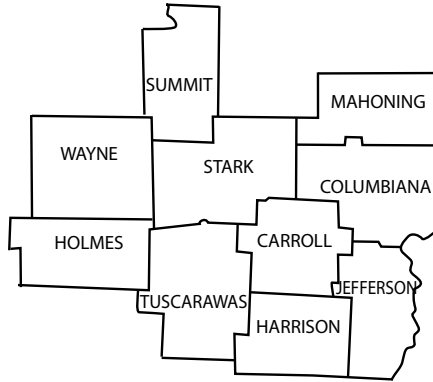
24.999 or less	\$609	Spouse premium is based on the service retiree, disability recipient or member's service credit
25 to 29.999	\$266	
30 or more years	\$240	

PrimeTime Health Plan

This is a Medicare Advantage plan with Medicare Part D prescription drug coverage by PrimeTime. You must use PrimeTime providers or pay the full cost for services.

To enroll in this plan, you must:

- Have Medicare Part A and Part B.
- Live in one of the Ohio counties listed on the map.
- Complete an enrollment application. Request one by calling 800-577-5084.



PrimeTime Health Plan				
PREMIUM IF YOU HAVE MEDICARE PART A AND PART B				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$155	Not Eligible	Not Eligible	\$155
10 to 14.999	\$ 77	\$275	\$275	\$114
15 to 19.999	\$ 77	\$155	\$275	\$114
20 to 24.999	\$ 77	\$ 95	\$155	\$114
25 to 29.999	\$ 77	\$ 77	\$107	\$ 77
30 to 34.999	\$ 77	\$ 77	\$ 83	\$ 77
*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	\$275	Spouse premium is based on the service retiree, disability recipient or member's service credit		\$203
25 to 29.999	\$251			
30 or more years	\$227			

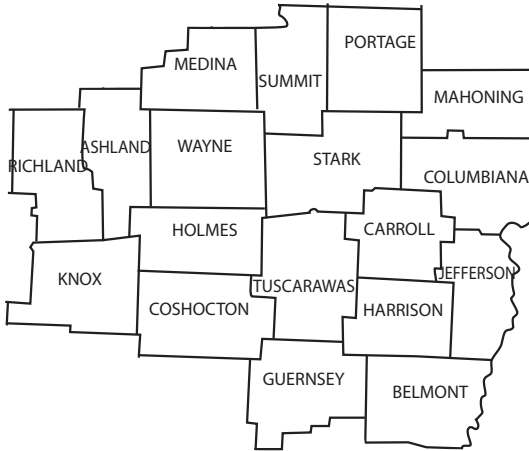
Medicare Plans and Premiums continued

AultCare PPO

This plan is available to individuals who do not have Medicare Part A but have Medicare Part B only. Prescription drug coverage is administered by AultCare.

To enroll in this plan, you must:

- Have Medicare Part B only.
- Live in one of the Ohio counties listed on the map.



AultCare 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	\$495	Not Eligible	Not Eligible	\$495
10 to 14.999	\$196	\$955	\$955	\$338
15 to 19.999	\$196	\$495	\$955	\$338
20 to 24.999	\$196	\$265	\$495	\$338
25 to 29.999	\$ 77	\$ 77	\$107	\$ 77
30 to 34.999	\$ 77	\$ 77	\$ 83	\$ 77

*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	\$769	Spouse premium is based on the service retiree, disability recipient or member's service credit
25 to 29.999	\$251	
30 or more years	\$227	

Medicare Prescription Drug Co-Pays

Express Scripts for Aetna and Paramount Plans

	Retail (30-day supply)	Mail Order (90-day supply)
Generic	\$7.50 co-pay	\$15 co-pay
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
INSULIN ONLY		
Preferred brand name	25% or \$30 max.	25% or \$60 max.
Non-preferred brand name	25% or \$45 max.	25% or \$115 max.

PrimeTime Plan

	Retail (30-day supply)	Mail Order (90-day supply)
Generic	\$7.50 co-pay	\$15 co-pay
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Non-preferred brand name	50% of cost	50% 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.

2017 Medicare Plan Coverage

	Aetna Medicare Plan (PPO)	
	In Network	Out of Network
Annual Out-of-Pocket Maximum This amount is the most you will pay in a calendar year. Once you reach the maximum, your medical plan pays 100%. What you pay in co-pays, and coinsurance counts toward your out-of-pocket maximum.	\$3,000 per person	\$6,700 per person
Deductible	None	None
Primary Care Office Visit	\$20 co-pay	20% coinsurance
Specialist Office Visit	\$40 co-pay	20% coinsurance
Outpatient Diagnostic X-ray	\$25 co-pay	20% coinsurance
Outpatient Diagnostic Lab	100% coverage	20% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room (co-pay waived if admitted)	\$75 co-pay	\$75 co-pay
Ambulance	20% coinsurance	20% coinsurance
Inpatient Hospital	\$150 co-pay per day 1-5, then 100% coverage	20% coinsurance
Outpatient Surgery/ Procedures (facility only)	\$200 co-pay	20% coinsurance
Skilled Nursing Facility (100-day max.)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100	
Home Health Care	100% coverage	100% coverage
Hospice	Covered by Medicare	Covered by Medicare
Outpatient Short-Term Rehabilitation	\$20 co-pay	20% coinsurance
Chiropractic	\$15 co-pay limited to Medicare-covered services	20% coinsurance limited to Medicare-covered services
Durable Medical Equipment	20% coinsurance	20% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs.
Prescription drug co-pays are listed on page 16.

PrimeTime Health Plan	Paramount Elite Medicare Advantage
\$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
\$75 co-pay	\$75 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	\$200 co-pay
\$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.

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 and not eligible for Medicare

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



Aetna Choice POS II				
NON-MEDICARE				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$670	Not Eligible	Not Eligible	\$670
10 to 14.999	\$257	\$1,304	\$1,304	\$454
15 to 19.999	\$257	\$ 670	\$1,304	\$454
20 to 24.999	\$257	\$ 352	\$ 670	\$454
25 to 29.999	\$257	\$ 257	\$ 416	\$257
30 to 34.999	\$257	\$ 257	\$ 289	\$257
*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	\$1,178	Spouse premium is based on the service retiree, disability recipient or member's service credit		\$302
25 to 29.999	\$1,064			
30 or more years	\$ 949			

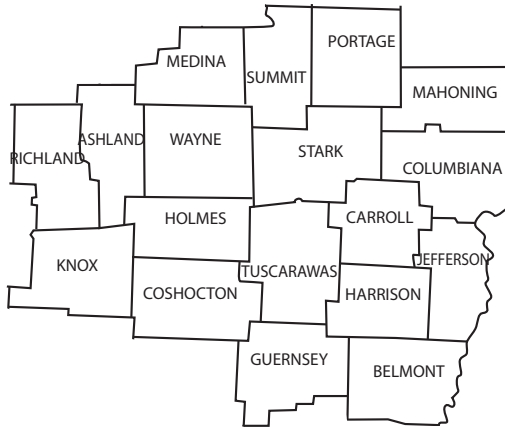
AultCare PPO

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.



AultCare PPO				
NON-MEDICARE				
Service Years	Retirement on or before July 1, 1989	Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	\$500	Not Eligible	Not Eligible	\$500
10 to 14.999	\$198	\$965	\$965	\$342
15 to 19.999	\$198	\$500	\$965	\$342
20 to 24.999	\$198	\$267	\$500	\$342
25 to 29.999	\$198	\$198	\$314	\$198
30 to 34.999	\$198	\$198	\$221	\$198
*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	\$778	Spouse premium is based on the service retiree, disability recipient or member's service credit		\$150
25 to 29.999	\$703			
30 or more years	\$629			

Non-Medicare Prescription Drug Co-Pays

Express Scripts for Aetna Choice POS II

	Retail (30-day supply)	Mail Order (90-day supply)
Generic	\$7.50 co-pay	\$15 co-pay
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
	INSULIN ONLY	
Preferred brand name	25% or \$30 max.	25% or \$60 max.
Non-preferred brand name	25% or \$45 max.	25% or \$115 max.

AultCare Plan

	Retail (30-day supply)	Mail Order (90-day supply)
Generic	\$7.50 co-pay	\$15 co-pay
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
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.

2017 Non-Medicare Plan Coverage

	Aetna Choice POS II	
	In Network	Out of Network
Annual Out-of-Pocket Maximum • This is 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 deductibles, co-pays, and coinsurance for certain covered services.	Per Person: \$7,150 Per Family: \$14,300	Not Limited
Deductible Coinsurance applies after the deductible is met	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
Primary Care Office Visit	\$20 co-pay	90% coinsurance
Specialist Office Visit	\$40 co-pay	90% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	90% coinsurance
Retail Walk-In Clinic	\$20 co-pay	90% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	20% coinsurance	20% coinsurance
Ambulance	20% coinsurance	20% coinsurance
Inpatient Hospital*	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
	*For joint replacements, spine surgery and transplants, see page 25.	
Outpatient Surgery / Procedures	20% coinsurance	90% coinsurance
Skilled Nursing Facility (100-day max.)	20% coinsurance	90% coinsurance
Home Health Care	20% coinsurance	90% coinsurance
Hospice Care	100% coverage	100% coverage
Outpatient Short-Term Rehabilitation (PT, OT, Speech, Cardiac)	20% coinsurance	90% coinsurance
Chiropractic	20% coinsurance	90% coinsurance
Durable Medical Equipment	20% coinsurance	90% coinsurance

Use of out-of-network providers will increase your out-of-pocket costs.
Prescription drug co-pays are listed on page 22.

AultCare PPO	
Per Person: \$7,150	
Per Family: \$14,300	
\$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	

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

Aetna Institutes of Quality (Orthopedics)

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

Your share of the cost is determined by where your surgery is performed.

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 serve transplant patients. To be selected, a health care facility must meet quality criteria that includes number of procedures, success rates, cost-effective care, how often patients return to the hospital, and complication rates.

If you undergo transplant surgery at a facility not in the Institutes of Excellence network, you pay 100% of the cost.

Institutes of Excellence	All Other Facilities
20% coinsurance after \$250 co-pay for inpatient hospital stay	No coverage

To Find Institutes of Excellence or Quality:

- Visit www.aetna.com. Click on "Find a Doctor, Dentist, or Facility."
- Call the toll-free number on the back of your Aetna ID card.

Dental Coverage

Delta Dental of Ohio is the SERS dental plan. Delta gives you access to two large networks of participating dentists. Your benefits will be better if your dentist is in the PPO network.

Monthly 2017 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

Payment:

Network dentists have agreed to accept Delta’s payment schedule for various services. The percentages on the following page 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.

To Locate a Network Dentist:

- Call your dentist’s office to ask if your dentist is in a Delta network.
- Call Delta’s customer service at 800-524-0149.
- Go to www.deltadentaloh.com. Click on “Find a Dentist” at the top of the page.

Plan Details:

- 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.

Maximum Coverage: \$1,500 per person per calendar year.

DENTAL COVERAGE HIGHLIGHTS

Benefit Year – January 1 through December 31, 2017	PPO <u>Dentist</u> Plan Pays	Premier <u>Dentist</u> Plan Pays	Non- Participating <u>Dentist</u> Plan Pays*
Final plan documentation prevails			
DIAGNOSTIC AND PREVENTIVE (no deductible)			
Diagnostic and Preventive Service – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Emergency Palliative Treatment – to temporarily relieve pain	100%	80%	80%
Sealants – to prevent decay of permanent teeth	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Radiographs – bitewing and full-mouth X-rays	100%	80%	80%
BASIC SERVICES (\$50 deductible applies)			
All Other Radiographs – other X-rays	80%	60%	60%
Minor Restorative Services – fillings	80%	60%	60%
Endodontic Services – root canals other than molar teeth	80%	60%	60%
Periodontic Services – to treat gum disease	80%	60%	60%
Simple Extractions – non-surgical removal of teeth	80%	60%	60%
Other Oral Surgery Service – dental surgery	80%	60%	60%
Other Basic Services – misc. services	80%	60%	60%
MAJOR SERVICES (\$50 deductible applies)			
Crown Repair – to individual crowns	50%	40%	40%
Molar Root Canals	50%	40%	40%
Major Restorative Services – crowns and veneers	50%	40%	40%
Osseous Surgery	50%	40%	40%
Occlusal Guards/Adjustments – bite guards and occlusal adjustments	50%	40%	40%
Surgical Extractions – surgical removal of fully or partially bony impacted teeth	50%	40%	40%
Relines and Repairs – to bridges, dentures, and implants	50%	40%	40%
Prosthodontic 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. VSP is the nation's largest eye care plan. Preferred providers are located in retail, neighborhood, medical and professional settings. VSP also contracts with Costco Optical, Walmart, Visionworks, and others.

Monthly 2017 Premiums:	
Benefit recipient	\$ 7.11
Benefit recipient and one dependent*	\$14.22
Benefit recipient, and two or more dependents*	\$16.70

* A dependent can be a spouse or a child

VSP Does Not Mail ID Cards

A VSP ID card **is not needed** to receive your vision benefit.

Tell your provider that you have VSP coverage through SERS when making an appointment.

VSP network providers will confirm your benefits.

If you see a non-network 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.

To Locate a VSP Provider:

- Call customer service at 800-877-7195.
- Visit www.vsp.com. Click on "Find a Doctor."

TruHearing® MemberPlus

As an added bonus, you and your extended family members can enjoy savings on hearing aids through TruHearing®.

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

VISION COVERAGE HIGHLIGHTS

Coverage with VSP Doctors and Affiliate Providers* Coverage Effective 01/01/2017

Services	Description	Co-pay	Frequency
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • \$170 allowance for featured frame brands • 20% savings on the amount over your allowance • \$80 allowance for frames at Costco and Walmart Affiliate Providers* 	Included in prescription glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses 	Included in prescription glasses	Every calendar year
Lens Options	<ul style="list-style-type: none"> • Polycarbonate lenses • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 20-25% savings in other lens enhancements 	\$0 \$50 \$50 \$50	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$150 allowance for contacts; co-pay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease. Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings and Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • Guaranteed pricing on retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price discounts only available from contracted facilities 		

* Coverage with a retail chain affiliate may be different. Once your coverage is effective, visit vsp.com for details.

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

Important Contacts

Aetna MedicareSM Plan (PPO)

www.aetna.com
Toll-free: 866-282-0631
TDD: 711

Aetna Choice POS II

www.aetna.com
Toll-free: 800-826-6259
TDD: 711

Aetna Indemnity Plan

www.aetna.com
Toll-free: 800-826-6259
TDD: 711

AultCare PPO

www.aultcare.com
Local: 330-363-6360
Toll-free: 800-344-8858
TDD: 866-633-4752

PrimeTime Health Plan

www.primetimehealthplan.com
Local: 330-363-7407
Toll-free: 800-577-5084
Local TDD: 330-363-7460
TDD: 800-617-7746

Delta Dental PPO (POS)

www.deltadentaloh.com
Toll-free: 800-524-0149
TDD: 800-855-2880
Group #: 1200-0001-0002

Express Scripts (Medicare)

www.express-scripts.com
Toll-free: 866-258-5819
TDD: 800-716-3231

Express Scripts (Non-Medicare)

www.express-scripts.com
Toll-free: 866-685-2791
TDD: 800-759-1089

Paramount Elite Medicare Advantage

www.paramounthealthcare.com
Toll-free: 800-462-3589
TDD: 888-740-5670

VSP Vision Care

www.vsp.com
Toll-free: 800-877-7195
TDD: 800-428-4833
Group #: 30041628

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