



2023 Member Health Care Guide



School Employees Retirement System of Ohio
Serving the People Who Serve Our Schools®
800-878-5853 | www.ohsers.org

Table of Contents

General Information	Introduction	2
	Eligibility	2
	Dependent Coverage	3
	Reemployment	3
	Enrollment	4
	Coverage Through Another Ohio Retirement System	5
	Waiver and Cancellation	5
	Dental/Vision Enrollment	5
Non-Medicare Coverage	Premiums	8
	Premium Subsidy	8
	Medicaid Eligibility Rule	8
	2023 Non-Medicare Premiums and Plan Availability	9
	An Affordable Non-Medicare Coverage Option	10
	Non-Medicare Plan Coverage	12
Medicare Coverage	Medicare Basics	16
	Medicare Part B Eligibility Rule	16
	Medicare Initial Enrollment Period	17
	Medicare Coverage Choices	19
	Premiums	20
	Premium Subsidy	20
	Premium Discount Program	20
	2023 Medicare Premiums and Plan Availability	21
Medicare Plan Coverage	22	
Prescription Drug Coverage	Prescriptions Not Covered	24
	Coverage Rules	24
	Non-Medicare Co-pays	25
	Maintenance Refills (Aetna Choice POS II, AultCare PPO)	26
	Specialty Medications (Aetna Choice POS II only)	26
	Specialty Co-pay Assistance (Aetna Choice POS II only)	26
	Medicare Co-pays	27
	Medicare and Prescription Coverage	27
	Express Scripts Broad Performance Medicare Network	27
	Medicare Coverage Gap (Donut Hole)	27

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Dental and Vision Coverage	Dental Plan	30
	Vision Plan.	31
<hr/>		
Contact Information	Address and Directions to SERS.	34
	Important Websites and Phone Numbers	35



General Information

Introduction

Eligibility

Dependent Coverage

Reemployment

Enrollment

Coverage Through Another Ohio Retirement System

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 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.

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 more details, email us at healthcare@ohsers.org or call us toll-free at 800-878-5853.

This information is effective January 1, 2023.

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 (STRS), Ohio Public Employees Retirement System (OPERS), Ohio Police & Fire Pension Fund (OP&F), Ohio Highway Patrol Retirement System (HPRS), and the Cincinnati Retirement System (CRS), if it was not earned at the same time as SERS' service credit
- Workers' Compensation 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
- 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 disability benefit recipient enrolling in health care coverage is required to file an application with Social Security for Social Security Disability Insurance (SSDI). This determination establishes your eligibility for Medicare based on a disability when you are under age 65.

SERS will assist you with filing the SSDI application.

To be eligible for health care coverage under a conversion retirement, you must have at least 10 years of qualified service credit, which includes the years you received a disability allowance.

Dependent Coverage



When you enroll in SERS' coverage, you may cover your spouse and children 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, regardless of age, who is permanently and totally disabled, if 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 at least 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 custody papers, if applicable, for each child.

If you are enrolling a disabled child, contact SERS' Health Care Department toll-free at 800-878-5853 for additional forms that may need to be completed.

Service retirees must select a Joint Survivor payment plan A, C, D, or F to provide continuing 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 may temporarily 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.

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

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

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 the involuntary termination of health care coverage under another plan. Proof of involuntary termination is required.
 - 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 when you enroll, you can enroll them under the following circumstances:

- Within 31 days of marriage
- Within 31 days of the birth, adoption, or custody of a child
- Within 90 days of the dependent becoming eligible for Medicare
- Within 31 days of the involuntary termination of health care coverage under another plan. Proof of involuntary termination is required.
 - Failing to pay the premium or ending coverage because of plan changes does not count as involuntary termination.

Q. *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?*

A. Yes. Once your spouse's employment or coverage ends, you and your spouse have 31 days to enroll in SERS' health care coverage.

Coverage Through Another Ohio Retirement System

If your spouse is retired from another Ohio public retirement system, you cannot waive (decline) SERS' health care coverage to be covered under your spouse's plan. Likewise, if your spouse is eligible for health care coverage at another Ohio retirement system, your spouse cannot be on your SERS coverage.

Eligible coverage includes instances where an Ohio retirement system provides a payment, stipend, or reimbursement to obtain medical or prescription coverage.

Waiver and Cancellation

You can waive health care 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 the involuntary termination of health care coverage under another plan. Proof of involuntary termination is required.
 - Failing to pay premiums 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

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

To sign up for dental and/or vision coverage, you have to be eligible for, but you do not have to be enrolled in, SERS' health care coverage.

You must enroll in dental/vision coverage in order to enroll your spouse and/or children.

If you do not enroll when you retire or begin receiving a disability benefit, you can only enroll:

- During the annual open enrollment period
- Within 31 days of an involuntary termination of another dental or vision plan
- At the time you enroll in SERS' medical and prescription drug coverage due to an involuntary termination of health care coverage under another plan

You cannot cancel dental/vision coverage mid-year unless you are also canceling your medical and prescription coverage.

See pages 30-31 for monthly premiums and benefits.

Q. *When will I get my identification cards?*

A. Your plan identification cards will typically arrive in the mail approximately five to seven days before your plan takes effect. VSP does not issue ID cards. If your vision provider accepts VSP, it will file any claims for you. If it does not, you will need to submit a VSP manual claims form.



Non-Medicare Coverage

Premiums

Premium Subsidy

Medicaid Eligibility Rule

2023 Non-Medicare Premiums and Plan Availability

An Affordable Non-Medicare Coverage Option

Non-Medicare Plan Coverage

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 pension.

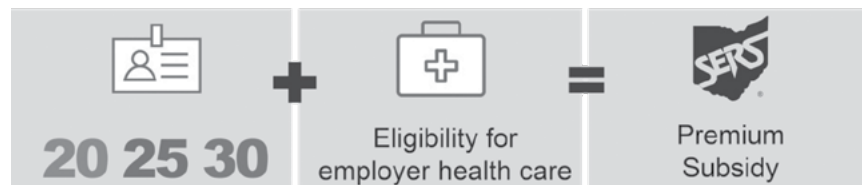
If your pension is not enough to cover your premiums, you will be responsible for the remaining balance. SERS mails you a bill each month, which can be paid by check or money order, or automatically deducted from your bank account.

If 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 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 or disability recipient.

Medicaid Eligibility Rule

Benefit recipients who are eligible for Medicaid cannot enroll in SERS' medical and prescription coverage. The rule does not apply to dental and vision eligibility. Medicaid provides no-cost health care plans to low-income individuals and families.

2023 Non-Medicare Premiums and Plan Availability

Service Retirees		
YEARS OF QUALIFIED SERVICE CREDIT	Aetna Choice POS II	AultCare PPO
10-19.999 years*	\$1,524	\$1,106
20-24.999 years	\$780	\$571
25-29.999 years	\$482	\$356
30-34.999 years	\$333	\$249
35-35.999 years	\$258	\$196
* 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.		
Disability Benefit Recipients		
YEARS OF QUALIFIED SERVICE CREDIT	Aetna Choice POS II	AultCare PPO
Full premium without a premium subsidy**	\$1,524	\$1,106
5-9.999 years	\$780	\$571
10-24.999 years	\$526	\$389
25 years and over	\$296	\$222
** 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.		
Spouse / Children		
Spouse premium based on the service retiree, disability, or member's qualified service credit	Aetna Choice POS II	AultCare PPO
Spouse		
up to 24.999 years	\$1,227	\$891
25-29.999 years	\$1,108	\$805
30 years and over	\$989	\$720
Child(ren)		
	\$296	\$167

Non-Medicare Plan Availability

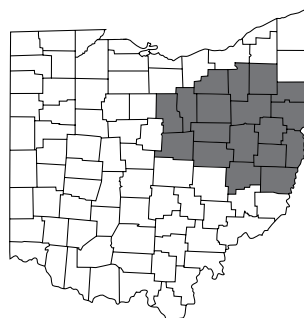
Aetna Choice POS II

is available throughout the United States.



AultCare PPO

is available in the following Ohio counties:



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

An Affordable Non-Medicare Coverage Option

SERS offers a Health Reimbursement Arrangement (HRA) that works in combination with the Health Insurance Marketplace. A counselor from our plan administrator, HealthSCOPE Benefits, will help you review the Marketplace plans that are best for you, and assist you in signing up for a plan. The counselor also will tell you whether you are eligible for a federal subsidy to help you pay your Marketplace plan premium.

After you have enrolled in your Marketplace plan, the SERS Wraparound HRA provides reimbursements for eligible medical expenses such as deductibles, co-pays, and other costs. Reimbursement is limited to \$1,950 per family, per calendar year in accordance with federal limits.

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

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

Important Facts:

- To participate in the SERS Wraparound HRA, you **MUST** complete the Health Insurance Marketplace enrollment process through HealthSCOPE Benefits.
- You are responsible for paying premiums directly to the Marketplace plan that you selected. SERS cannot deduct Marketplace premiums from your benefit. There is no premium for the SERS Wraparound HRA portion.
- You can sign up for a Marketplace plan during the annual open enrollment period, which begins November 1, or when you experience a life change, such as losing employer coverage.
- Federal subsidies offered in the Marketplace are based on household size and whole-household income.

Eligibility:

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

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

To Learn More:

If you are retiring soon and want to learn more about Marketplace coverage and the SERS Wraparound HRA, contact 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 expenses:

Benefit	Maximum Reimbursement
Deductible	Reimbursements are limited to \$1,950 per family, per calendar year in accordance with federal limits.*
Covered prescription drugs	
Physician office visit co-pay	
Inpatient hospital admission co-pay or coinsurance	
Imaging (X-rays, CT/PET Scans, MRI) co-pay or coinsurance	
<p>*All benefit category costs in the aggregate are subject to the overall total Maximum Amount under this Plan. Such costs can be used in various combinations but shall not, in the aggregate, exceed the Maximum Amount. Reimbursement is limited to cost sharing after the Participant's Marketplace plan has adjudicated any claim(s). Actual reimbursement may vary according to the Participant's Marketplace plan's terms, but will in no event exceed the Participant's actual out-of-pocket expenses under the applicable Marketplace plan.</p>	
<p>The SERS Wraparound HRA eligible expenses noted above only apply to covered services under your Marketplace plan. Claims for non-covered services are not eligible for reimbursement.</p>	

Questions and Answers:

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 HRA reimbursement for eligible medical expenses.

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 reimbursement, am I still eligible for a federal premium subsidy?*

A. Yes. If you are eligible for a federal premium subsidy, the Wraparound reimbursement will not affect your subsidy. Combining the federal premium subsidy and the Wraparound reimbursement makes the SERS Wraparound HRA an affordable option, particularly for lower-income households.

Q. *Can I enroll in a Marketplace plan outside the annual 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, you have 31 days to enroll in a SERS health care plan. Before making any changes, you should contact SERS' Health Care Services at 800-878-5853 to discuss your group plan option and 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

2023 Non-Medicare Plan Coverage		
	Aetna Choice POS II Available Throughout the U.S.	
	In Network	Out of Network
Deductible Coinsurance applies after the deductible is met.	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
Primary Care Office Visit	\$20 co-pay	90% coinsurance
Specialist Office Visit	\$40 co-pay	90% coinsurance
Outpatient Diagnostic X-ray and Lab	20% coinsurance	90% coinsurance
Retail Walk-In Clinic	\$20 co-pay	90% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room	\$150 co-pay	\$150 co-pay
Ambulance	20% coinsurance	20% coinsurance
Inpatient Hospital	20% coinsurance after \$250 co-pay	90% coinsurance after \$290 co-pay
Outpatient Surgery / Procedures	20% coinsurance	90% coinsurance
Skilled Nursing Facility (100-day max.)	20% coinsurance	90% coinsurance
Home Health Care	20% coinsurance	90% coinsurance
Hospice Care	100% coverage	100% coverage
Short-Term Rehabilitation Services (PT, OT, Speech, Cardiac, Pulmonary)	20% coinsurance	90% coinsurance
Chiropractic	20% coinsurance	90% coinsurance
Durable Medical Equipment	20% coinsurance	90% coinsurance
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: \$7,350 Per Family: \$14,700	Not Limited

Use of out-of-network providers will increase your out-of-pocket costs. In the event of a conflict between this information and the plan documents, the plan documents prevail.

Prescription drug co-pays are listed on page 25.

Q. *How do I know if my doctor and hospital are in network?*

A. For a handout on searching for a plan's network providers, go to www.ohsers.org/members/ready-to-retire/hc-coverage. Scroll down to "Things to Consider When Choosing Health Insurance."

AultCare PPO	
<i>Available in Select Northeastern Ohio Counties (See page 9)</i>	
In Network	Out of Network
\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family
\$20 co-pay	35% coinsurance
\$40 co-pay	35% coinsurance
20% coinsurance	35% coinsurance
\$20 co-pay	35% coinsurance
\$40 co-pay	\$40 co-pay
\$150 co-pay	\$150 co-pay
20% coinsurance	20% coinsurance
20% coinsurance after \$250 co-pay	35% coinsurance after \$290 co-pay
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
Inpatient: 100% coverage Outpatient: 20% coinsurance	20% coinsurance
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
20% coinsurance	35% coinsurance
Per Person: \$7,350 Per Family: \$14,700	Per Person: \$14,700 Per Family: \$29,400

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

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



Early Detection Health Screenings

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.



Medicare Coverage

- Medicare Basics
- Medicare Part B Eligibility Rule
- Medicare Initial Enrollment Period
- Medicare Coverage Choices
- Premiums
- Premium Subsidy
- Premium Discount Program
- 2023 Medicare Premiums and Plan Availability
- Medicare Plan Coverage

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

Parts A, B, C, and D

Medicare Part A (hospital insurance) helps cover:

- Inpatient care in hospitals
- Skilled nursing facility care, not 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 a spouse's or former 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 Part B premium. The 2023 premium for most enrollees is \$164.90 per month.

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
- Offered by private insurance companies
- Purchased separately unless you enroll in a Medicare Advantage plan that includes Part D

Medicare Part B Eligibility Rule

Eligibility for SERS' health care coverage ends if you do not enroll in Medicare Part B during your Medicare Initial Enrollment Period at age 65 or Special Enrollment Period following the loss of employer coverage.

Failure to maintain Medicare Part B enrollment also will result in the loss of eligibility.

Medicare Initial Enrollment Period

If you are receiving a Social Security check:

- Social Security automatically enrolls you in Medicare Parts A and B, and
- Social Security mails you a Medicare card.

If you are not receiving a Social Security check:

- You will need to sign up for Medicare in person at a Social Security office or online at www.ssa.gov/medicare.

Medicare charges a lifetime penalty of 10% for each 12-month period you are eligible for Medicare Part B but do not sign up for it. The penalty does not apply if you are enrolled in an employer health plan. See “Working Past Age 65” on page 18.

To have your Medicare coverage effective the month you turn 65, sign up as soon as you are eligible. When you enroll during the last four months of your Initial Enrollment Period, your Medicare coverage is delayed.

See the chart below for more details.

Medicare Initial Enrollment Period

3 months prior	2 months prior	1 month prior	Your 65th Birthday Month	1 month after	2 months after	3 months after
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Signing up for Medicare

Medicare Part A – Enroll in premium-free Part A if you are eligible. Eligibility is based on your work record, or a spouse’s or former spouse’s work record. If Social Security says you are not eligible to receive Part A for free, and you are enrolling in SERS’ Medicare coverage, do not sign up for Medicare Part A. Your SERS Medicare Advantage plan covers your Part A services.

Medicare Part B – Everyone must enroll in Part B, and everyone pays a monthly premium. Your Part B premium is deducted from a Social Security check, or you pay it directly to Medicare. The 2023 premium for most enrollees is \$164.90 per month.

Q. *I did not pay into Social Security. Will I be eligible for Medicare?*

A. Yes. Occasionally, a Social Security representative incorrectly tells a SERS member that they are not eligible for Medicare because they did not pay into Social Security. If you need assistance, contact SERS and we can help you correct the issue with Social Security.

Working Past Age 65



If you are covered by an employer health plan, either from your own or your spouse's current employment, you can delay enrolling in Medicare Parts A and B. When you decide to stop working, you have a one-time Special Enrollment Period of up to eight months after your employer coverage ends to enroll in Medicare.

Call your local Social Security office in advance to schedule an appointment to file your application. It is advisable to request a date-stamped copy of the application for your records.

Enrollment when you have Medicare Part A

You will need to enroll in Medicare Part B. You will need to submit to Social Security:

- Application for Enrollment in Medicare Part B (CMS-40B)
- Request for Employment Information (CMS-L564)

Ask your employer to complete the Request for Employment Information form and return it to you. This form is proof that you delayed your Medicare Part B enrollment because you had employer coverage, and you will not be subject to a late enrollment penalty.

If you have Part A only or receive a Social Security check, you generally cannot file your Medicare application any earlier than 30 days before the month you want your coverage to begin.

Contact your local Social Security office for these forms or download them at www.SSA.gov.

Enrollment when you have no Medicare

You will need to enroll in Medicare Part A and Medicare Part B. You will need to submit to Social Security the Request for Employment Information (CMS-L564) form.

Ask your employer to complete the Request for Employment Information form and return it to you. This form is proof that you delayed your Medicare Part B enrollment because you had employer coverage, and you will not be subject to a late enrollment penalty.

If you have not started receiving Social Security benefits, you can file your application up to three months before you want coverage to begin.

Contact your local Social Security office for this form or download it at www.SSA.gov.

Working only a few months past your 65th birthday:

If you stop working and enroll in Medicare within three months after you reach age 65, your Medicare Part B coverage will be delayed. This is because Medicare considers you to be in your Initial Enrollment Period and filing after your birthday month causes a delay in coverage.

Q. *I am 65 years old, still employed, and have health care coverage through my employer. Do I need to sign up for Medicare? Will I be penalized for not signing up?*

A. No. Only sign up for Part B if your employer requires it. As long as you were covered by your employer's health care plan, or your spouse's employer plan, there will be no penalty.

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.

This is 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
- Better prescription drug coverage than most Medicare Part D plans
- 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' Medicare Advantage Plan includes medical and prescription drug coverage. Premiums are based on:

- Years of qualified service credit
- Eligibility for a premium subsidy

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.

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

Q. *Do I still have to pay the Part B premium to Medicare when I have SERS' Medicare Advantage coverage?*

A. Yes. You must pay a Part B premium directly to Medicare AND pay a premium for SERS' Medicare Advantage Plan.

Medicare only pays for a portion of your medical costs and does not include prescription drug coverage. Most people choose to enroll in a Medicare Advantage Plan or Medicare Supplemental Plan to help with out-of-pocket costs not covered by Medicare.

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, 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 or disability recipient.

Premium Discount Program

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

A 25% reduction in your monthly SERS health care premium 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 or vision premiums.

To apply, complete a Health Care Premium Discount Application, and return it to SERS within 90 days of your retirement or disability benefit.

2023 Medicare Premiums and Plan Availability

Premium if you have Medicare Part A and Part B.
Contact SERS for premium if you are eligible for Medicare Part B only.

Service Retirees	
YEARS OF QUALIFIED SERVICE CREDIT	Aetna Medicare Plan (PPO)
10-19.999 years*	\$198
20-24.999 years	\$117
25-29.999 years	\$84
30-34.999 years	\$68
35-35.999 years	\$60
* 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.	
Disability Benefit Recipients	
YEARS OF QUALIFIED SERVICE CREDIT	Aetna Medicare Plan (PPO)
Full premium without a premium subsidy**	\$198
5-9.999 years	\$117
10-24.999 years	\$89
25 years and over	\$64
** 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.	
Spouse / Children	
Spouse premium based on the service retiree, disability, or member's qualified service credit	Aetna Medicare Plan (PPO)
Spouse	
up to 24.999 years	\$198
25-29.999 years	\$182
30 years and over	\$166
Child(ren)	
	\$149

Plan Availability

Aetna MedicareSM Plan (PPO)
is available throughout the United States.



Medicare Plan Coverage

2023 Medicare Plan Coverage		
Aetna Medicare Plan (PPO)		
	In Network	Out of Network
Deductible	None	None
Primary Care Office Visit	\$10 co-pay	20% coinsurance
Specialist Office Visit	\$30 co-pay	20% coinsurance
Outpatient Diagnostic X-ray	\$25 co-pay	20% coinsurance
Outpatient Diagnostic Lab	\$0 co-pay	20% coinsurance
Urgent Care	\$40 co-pay	\$40 co-pay
Emergency Room (co-pay waived if admitted)	\$100 co-pay	\$100 co-pay
Ambulance	\$80 co-pay	\$80 co-pay
Inpatient Hospital	\$150 co-pay per day 1-5, then 100% coverage	20% coinsurance
Outpatient Surgery/ Procedures	15% coinsurance up to \$200 maximum	20% coinsurance
Skilled Nursing Facility (100-day max.)	Co-pay: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100	
Home Health Care	\$0 co-pay	\$0 co-pay
Hospice	Covered by Medicare	Covered by Medicare
Outpatient Rehabilitation Therapies (speech, physical, and occupational therapy)	\$15 co-pay	20% coinsurance
Cardiac Rehabilitation Services	\$15 co-pay	20% coinsurance
Chiropractic (limited to Medicare-covered services)	\$20 co-pay	20% coinsurance
Durable Medical Equipment	20% coinsurance	20% coinsurance
Diabetic Supplies (includes supplies to monitor blood glucose)	\$0 co-pay	20% coinsurance
Routine Hearing Exam	\$0 co-pay; one exam every 12 months	\$0 co-pay; one exam every 12 months
Routine Eye Exam	\$0 co-pay; one exam every 12 months	\$0 co-pay; one exam every 12 months
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

Use of out-of-network providers will increase your out-of-pocket costs. In the event of a conflict between this information and the plan documents, the plan documents prevail.

Prescription drug co-pays are listed on page 27.

Q. *How do I know if my doctor and hospital are in network?*

A. For a handout on searching for a plan's network providers, go to www.ohsers.org/members/ready-to-retain/hc-coverage. Scroll down to "Things to Consider When Choosing Health Insurance."



Prescription Drug Coverage

Prescriptions Not Covered

Coverage Rules

Non-Medicare Co-pays

Maintenance Refills (Aetna Choice POS II, AultCare PPO)

Specialty Medications (Aetna Choice POS II only)

Specialty Co-pay Assistance (Aetna Choice POS II only)

Medicare Co-pays

Medicare and Prescription Coverage

Express Scripts Broad Performance Medicare Network

Medicare Coverage Gap (Donut Hole)

PRESCRIPTION DRUG COVERAGE



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

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.

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

A. If you are enrolled in a SERS Medicare plan, you can refill your maintenance medications at a retail pharmacy in the Express Scripts Broad Performance Medicare Network or through Express Scripts' mail order. However, if you are enrolled in a non-Medicare plan, maintenance medication refills must be obtained through your prescription plan's mail order.

Non-Medicare Co-pays

Express Scripts for Aetna Choice POS II Plan

	Retail (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay max.	\$15 co-pay max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100) Only certain specialty medications allowed at retail.	25% of cost (min. \$15, max. \$67 per 30-day supply) Different co-pay amounts apply for medications eligible for SaveonSP, co-pay assistance program.
Non-preferred brand name	No coverage	No coverage
Insulin Only		
Preferred brand name	\$25 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$45)	25% of cost (max. \$115)

AultCare PPO Plan

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

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

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.

Maintenance Medications:

Medications used to treat chronic or long-term conditions, including high blood pressure, heart disease, asthma, and diabetes.

Maintenance Refills (Aetna Choice POS II, AultCare PPO)

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

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

Specialty Medications (Aetna Choice POS II only)

Specialty medications for the Aetna Choice POS II plan must be filled by mail order through Accredo, Express Scripts' specialty pharmacy. Accredo sends deliveries overnight. The only retail pharmacy exceptions are specialty medications that must be taken within 24 hours of a hospital discharge.

Specialty medications typically require special handling, administration, or monitoring. These drugs treat complex and chronic conditions like cancer, multiple sclerosis, and rheumatoid arthritis.

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

Specialty Co-pay Assistance (Aetna Choice POS II only)

SERS participates in a co-pay assistance program with SaveonSP, which takes advantage of funds available from drug manufacturers to lower your cost and the amount that SERS pays.

Accredo determines whether your specialty medication is eligible for co-pay assistance. If it is, you will be contacted by SaveonSP to enroll and lower your cost to \$0. SaveonSP only contacts you if your specialty medication is eligible for this assistance. If you choose not to participate, you will pay a significant co-pay.

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

If you take a specialty drug that is not included in the co-pay assistance program with SaveonSP, your prescription is subject to the specialty medication co-pays listed in the chart on page 25.

Medicare Co-pays

Express Scripts for Aetna Medicare Plan (PPO)

	Retail Network (34-day supply)	Home Delivery (90-day supply)
Generic	\$7.50 co-pay max.	\$15 co-pay max.
Preferred brand name	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$45, max. \$200)
Specialty medications	25% of cost (min. \$25, max. \$100)	25% of cost (min. \$15, max. \$67 per 30-day supply)
Non-preferred brand name	No coverage	No coverage
Insulin Only		
Preferred brand name	\$25 co-pay	25% of cost (min. \$45, max. \$60)
Non-preferred brand name	25% of cost (max. \$35)	25% of cost (max. \$90)

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.

Express Scripts Broad Performance Medicare Network

The Express Scripts Broad Performance Network is a coverage requirement for Medicare enrollees. Enrollees must use retail pharmacies within the network or Express Scripts mail order for coverage.

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

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

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

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.

Q. *I take several brand-name drugs. Will they be covered? If so, how much should I expect to pay?*

A. For information on how to estimate drug costs, go to www.ohsers.org/members/ready-to-retire/hc-coverage. Scroll down to “Things to Consider When Choosing Health Insurance.”



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. Delta Dental has the largest network of dentists nationwide.

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 whether 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.

2023 Monthly Premiums:	
Benefit recipient	\$28.25
Benefit recipient and one dependent*	\$56.50
Benefit recipient, and two or more dependents*	\$84.98

* A dependent can be a spouse or a child

Maximum Coverage

\$1,500 per person per calendar year.

Provider Payment

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

DENTAL COVERAGE HIGHLIGHTS			
Coverage effective January 1, 2023 Final plan documentation prevails	PPO Dentist	Premier Dentist	Nonparticipating Dentist*
DIAGNOSTIC AND PREVENTIVE (no deductible)			
Exams, cleanings, fluoride, emergency pain relief, sealants, brush biopsy, bitewing, and full-mouth X-rays	100%	80%	80%
BASIC SERVICES (\$50 deductible applies)			
Minor restorative services, including fillings, periodontic, and endodontic services, other basic services, other X-rays	80%	60%	60%
MAJOR SERVICES (\$50 deductible applies)			
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 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 whether 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.

2023 Monthly Premiums:	
Benefit recipient	\$6.17
Benefit recipient and one dependent*	\$12.35
Benefit recipient, and two or more dependents*	\$14.49

* A dependent can be a spouse or a child

Providers

- VSP Preferred Providers:
Get the most out of your benefits and greater savings with a VSP network doctor.
- Non-Network (Open Access) Providers:

When 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 a VSP Provider Effective January 1, 2023			
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	• \$200 frame allowance • \$220 featured frame brands allowance • 20% savings on the amount over your allowance • \$200 Walmart/Sam's Club frame allowance • \$100 Costco frame allowance	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 savings of 30% off other lens options	\$0 \$0 \$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 chain may be different or not apply. Once your coverage is effective, visit www.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.



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
- Sending an email to healthcare@ohsers.org

Address and Directions to SERS

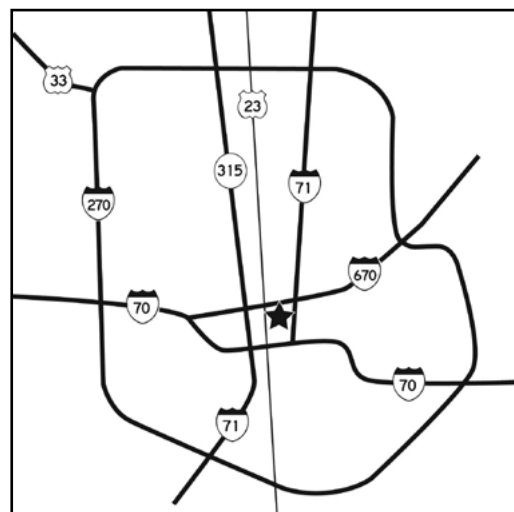
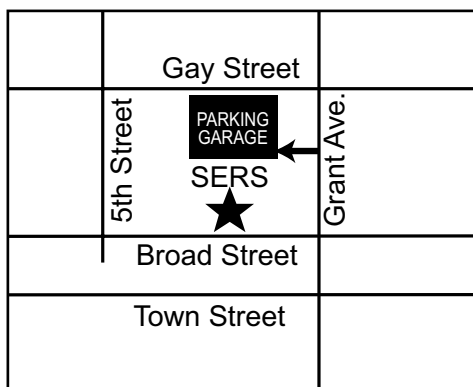
SERS is located at 300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746. Free parking is available in SERS' parking garage. The parking garage entrance is located on Grant Avenue, north of Broad Street.

From the north: Take I-71 South to exit 109B toward Downtown / Spring Street. Turn right onto Spring Street (one-way street). Turn left onto Grant Avenue. Turn right at the 300 E. Broad parking garage entrance. You will arrive at the SERS entrance before reaching Broad Street.

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 I-670 East. Take exit 4C for OH-3 / Cleveland Avenue. Turn right onto Spring Street (one-way street). Turn left onto Grant Avenue. Turn right at the 300 E. Broad parking garage entrance. You will arrive at the SERS entrance before reaching Broad Street.

From the east: Take I-70 West to exit 101B toward Hospital / Downtown / Mound Street. Continue on East Mound Street. Turn right onto Grant Avenue. Cross Broad Street. The SERS parking garage entrance is half a block up Grant Avenue on the left. Take I-70 West to exit 101B toward Hospital / Downtown / Mound Street. Continue on East Mound Street. Turn right onto Grant Avenue. Cross Broad Street. The SERS parking garage entrance is half a block up Grant Avenue on the left.



Important Websites and Phone Numbers

Aetna Choice POS II

aetnaresource.com/p/new_SERS-Commercial-Plan-Microsite
Toll-free: 800-826-6259
TDD: 711

Aetna MedicareSM Plan (PPO)

SERS.AetnaMedicare.com
Toll-free: 866-282-0631
TDD: 711

AultCare PPO

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

Delta Dental

www.deltadentaloh.com/sersohio
Toll-free: 800-524-0149
TDD: 711

Express Scripts (Medicare)

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

Express Scripts (Non-Medicare)

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

HealthSCOPE Benefits – for SERS Wraparound HRA

Toll-free: 888-236-2377
SERS@healthscopebenefits.com

Medicare

www.medicare.gov
Toll-free: 800-633-4227
TDD: 877-486-2048

Social Security Administration

www.ssa.gov/medicare
Toll-free: 800-772-1213
TDD: 800-325-0778

VSP Vision Care

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

Ohio Senior Health Insurance Information Program (OSHIIP)

www.insurance.ohio.gov
Toll-free: 800-686-1578

