



Health Care Assistance Program NON-MEDICARE 2023 Plan Overview Chart

All STRS Ohio medical plans include hospital, medical and prescription drug coverage. This chart provides an overview of the main coverage features of the plans offered under the STRS Ohio Health Care Assistance Program. Questions about specific coverage features not listed and health care provider information should be directed to the plan administrators. This chart is for individuals without Medicare. Coverage features for individuals eligible for Medicare are listed on the reverse side. *This plan overview chart is not a legal document. A comprehensive description of your coverage is available from your plan after enrollment is confirmed.*

Medical Mutual Health Care Assistance Plan (Indemnity or PPO)	
In-Network and Indemnity ¹	Out-of-Network ¹
Major Hospital/Medical Plan Features	Toll-free: 877-520-6727 www.medmutual.com
Enrollee Eligibility	Available to enrollees without Medicare
Annual Deductible per Enrollee²	\$300
Out-of-Pocket Maximum² <small>(Excludes prescription drug costs. Amounts included are noted.)</small>	\$1,100 per enrollee (includes deductible and coinsurance)
Lifetime Benefits Maximum per Enrollee	Unlimited
Hospital Services (Inpatient and Outpatient)	Enrollee pays 20% after deductible
Emergency Room	Enrollee pays \$150, then 20% after deductible; copayment waived if admitted
Urgent Care	Enrollee pays \$40, then 20% after deductible
Primary Care Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays \$20; no deductible
Specialist Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays 20% after deductible
Preventive Services <small>(Limited designated services, e.g., routine physical, bone density screening, mammogram, colorectal screening, Pap smear and immunizations/inoculations; frequency/age/gender limitations apply based on U.S. Preventive Services Task Force recommendations.)</small>	Enrollee pays 0%; no deductible
Prescription Drug Plan Features	Express Scripts Prescription Drug Plan Toll-free: 866-685-2792 / www.express-scripts.com
Annual Brand-Name Deductible per Enrollee	Not applicable
Standard Network Retail/Nursing Home Pharmacy Copayments per 31-day Supply <small>(If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)</small>	Generic: Enrollee pays \$5 Preferred brand-name: Enrollee pays \$20 Non-preferred brand-name: Enrollee pays \$50
Maximum Day Supply	Retail: 31 days; Home delivery: 90 days
Home Delivery Copayments <small>(If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)</small>	Generic: Enrollee pays \$10 Preferred brand-name: Enrollee pays \$40 Non-preferred brand-name: Enrollee pays \$100
Enrollee's Maximum Annual Expense	If an enrollee pays a total of \$500 out of pocket in copayments for generic and covered brand-name medications, that enrollee pays nothing for covered medications for the remainder of the year.

¹ For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

² Annual deductible must be met before plan begins making payments, unless otherwise indicated. In-network and out-of-network accumulations are separate.

(Medicare enrollees: see reverse side)

Health Care Assistance Program

MEDICARE 2023 Plan Overview Chart



	Medical Mutual Health Care Assistance Plan (Indemnity or PPO)		Aetna Medicare Plan ² (Medicare Advantage PPO)	
	In-Network and Indemnity ¹	Out-of-Network ¹	In-Network (PPO) or Extended Service Area (ESA PPO)	Out-of-Network (PPO)
Major Hospital/Medical Plan Features	Toll-free: 877-520-6727 www.medmutual.com		Toll-free: 866-282-0631 strs.aetnamedicare.com	
Enrollee Eligibility <small>(STRS Ohio requires enrollment in Medicare Parts A & B or Part B-only)</small>	Family accounts with Medicare Parts A & B or Part B-only enrollees		Medicare Parts A & B or Part B-only; family accounts with each individual enrolled in Medicare Parts A & B or Part B-only	
Annual Deductible per Enrollee³	\$300	\$300	\$150	\$500
Out-of-Pocket Maximum³ <small>(Excludes prescription drug costs. Amounts included are noted for each plan.)</small>	\$1,100 per enrollee (includes deductible and coinsurance)	\$3,300 per enrollee (includes deductible and coinsurance)	\$1,500 per enrollee (includes deductible, copayments and coinsurance)	\$2,500 per enrollee (includes deductible, copayments and coinsurance)
Lifetime Benefits Maximum per Enrollee	Unlimited		Unlimited	
Hospital Services (Inpatient and Outpatient)	Enrollee pays 20% after deductible ⁴	Enrollee pays 50% after deductible ⁴	Enrollee pays 4% after deductible	Enrollee pays 8% after deductible
Emergency Room	Enrollee pays \$150, then 20% after deductible; copayment waived if admitted		Enrollee pays \$75; no deductible; copayment waived if admitted	
Urgent Care	Enrollee pays \$40, then 20% after deductible		Enrollee pays \$40; no deductible	
Primary Care Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays \$20; no deductible	Enrollee pays 50% after deductible	Enrollee pays \$15; no deductible	Enrollee pays \$40 after deductible
Specialist Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays 20% after deductible	Enrollee pays 50% after deductible	Enrollee pays \$25; no deductible	Enrollee pays \$55 after deductible
Preventive Services <small>(Limited designated services, e.g., routine physical, bone density screening, mammogram, colorectal screening, Pap smear and immunizations/inoculations; frequency/age/gender limitations apply based on U.S. Preventive Services Task Force recommendations.)</small>	Enrollee pays 0%; no deductible		Enrollee pays 0%; no deductible	
Prescription Drug Plan Features	Express Scripts Medicare Part D Prescription Drug Plan Toll-free: 888-416-3326 / www.express-scripts.com			
Annual Brand-Name Deductible per Enrollee	Not applicable			
Standard Network Retail/Nursing Home Pharmacy Copayments per 31-day Supply <small>(If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)</small>	Generic: Enrollee pays \$5 Preferred brand-name: Enrollee pays \$20 Non-preferred brand-name: Enrollee pays \$50			
Maximum Day Supply	Retail: Up to 90 days; Home delivery: 90 days (For retail, up to 90 days supply is available after the enrollee is accepted in the Express Scripts Medicare Part D plan; prior to acceptance, the maximum supply is 31 days.)			
Home Delivery Copayments <small>(If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.)</small>	Generic: Enrollee pays \$10 Preferred brand-name: Enrollee pays \$40 Non-preferred brand-name: Enrollee pays \$100			
Enrollee's Maximum Annual Expense	If an enrollee pays a total of \$500 out of pocket in copayments for generic and covered brand-name medications, that enrollee pays nothing for covered medications for the remainder of the year.			

¹ For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

² If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

³ Annual deductible must be met before plan begins making payments, unless otherwise indicated. In-network and out-of-network accumulations are separate, except for the Aetna Medicare Plan.

⁴ Enrollees with Medicare Part B-only must use in-network providers for hospital services to receive maximum claims payment.

(Non-Medicare enrollees: see reverse side)