

Health Care Assistance Program

MEDICARE 2022 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% ⁴	Enrollee pays 50% ⁴	Enrollee pays 4%	Enrollee pays 8%
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%	Enrollee pays 50%	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%	Enrollee pays 50%	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>	Low-Cost Generic Drug Program medications: Enrollee pays \$9 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.