



Helping You Select Your Medical Plan for 2023

Welcome

Thank you for your interest in STRS Ohio medical coverage. This sheet provides instructions for evaluating your plan options and selecting a plan, if you haven't already done so. In this mailing, you will also find materials designed to help you learn about the health care program:

- Your personalized letter lists the specific plan options available to you.
- The *STRS Ohio Health Care Program Guide* provides details about plan coverage features and monthly premiums.

After reviewing these materials, you may decide to enroll in a medical plan available to you. Instructions for making your selection are listed on the reverse side of this page. If you have questions, please contact STRS Ohio toll-free at 888-227-7877 or by email (go to www.strsoh.org and select "Contact Us" from the top menu). The Member Services Center's hours are Monday–Friday, 8 a.m. to 5 p.m.

Which Plans Are Available to You?

Please review your personalized letter to find out which plans are available to you in 2023.

- The plans you are eligible for are determined by the ZIP code of your permanent residence and your Medicare status on file with STRS Ohio and Medicare. If your most recent eligibility information is not on file, your plan options may differ from those listed in your personalized letter.
- You and your eligible dependents must enroll in the same option. If two plans are listed under a single option, you and your dependents are eligible for different plans under that option based on Medicare status.
- If you enroll in Medicare after you receive this mailing, your plan options may differ from those listed in your personalized letter. You can review your plan options and select your plan as a Medicare enrollee when you submit proof of Medicare enrollment through your STRS Ohio Online Personal Account.

Coverage Considerations

Coverage Under More Than One Account or Retirement System

If you are eligible for medical coverage under more than one STRS Ohio account, you are limited to coverage under only one account. For example, you cannot be covered as both a benefit recipient and a survivor of a benefit recipient. It is your responsibility to contact STRS Ohio to indicate from which account your monthly premium should be deducted. Additionally, if you are eligible for medical coverage through more than one Ohio public retirement system, guidelines determine which system is responsible for your coverage. Contact STRS Ohio for details.

Employed Non-Medicare Enrollees

Coverage under the STRS Ohio Health Care Program is limited for non-Medicare enrollees employed in public or private positions. Employed enrollees are eligible for only secondary coverage through STRS Ohio's Basic Plan if they: (1) are eligible for medical and prescription drug coverage through their employer, or (2) hold a position for which other similarly situated employees are eligible for medical and prescription drug coverage. The rule applies to all employed enrollees who are not eligible for Medicare, regardless of hire date or type of employment. If you think you might be affected, contact STRS Ohio. Failure to report employment can result in retroactive cancellation of your coverage and liability for any claims paid.

Monthly Premiums

If you enroll in a plan, your monthly premium will be deducted from your STRS Ohio benefit payment. If your monthly premium exceeds your benefit payment, the remainder of your premium must be paid in full through a direct debit account with your financial institution and STRS Ohio.

Prescription Drug Coverage

Express Scripts prescription drug coverage is included in all STRS Ohio medical plans. Enrollees with Medicare are automatically covered by a Medicare Part D plan provided by Express Scripts.

Affordable Care Act

All STRS Ohio medical plans meet the Affordable Care Act's minimum essential coverage requirement. You are considered covered as an enrollee.

Foreign Travel

Before traveling to a foreign country, check with your medical and prescription drug plan administrators to learn how your coverage will be affected while you are abroad.

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Enrollment Factors

Residency Requirement

To be eligible for coverage, the individual must actively reside in the United States with a permanent residence in one of the U.S. 50 states or U.S. territories.

Family Accounts With Different Medicare Statuses

For families with Medicare and non-Medicare enrollees, enrollment in separate plans is permitted only when all Medicare enrollees on the account select the Aetna Medicare Plan. If the Aetna Medicare Plan is not selected, all members on the account must select the same plan — the Basic Plan or a regional plan if available. Be aware, coverage features under the same plan could differ based on Medicare status. Be sure to review the plan features for Medicare and non-Medicare enrollees.

Proof of Medicare Enrollment

STRS Ohio requires all medical plan participants to enroll in Medicare Parts A & B at age 65 or when eligible. Medicare Part B is required for all enrollees. Medicare Part A is also required if it is available to you at no cost (premium free). If you decline Medicare Part B or premium-free Part A, you will no longer be eligible for STRS Ohio medical coverage.

Once you enroll in Medicare, you must provide proof of Medicare enrollment by submitting your Medicare information through your STRS Ohio Online Personal Account. Your plan options and monthly premiums change after Medicare enrollment is confirmed. See the *STRS Ohio Health Care Program Guide* for more information.

Evaluating Your Plans

Step 1

Review your personalized letter to find out which plans are available to you. Then refer to the *STRS Ohio Health Care Program Guide* for monthly premiums based on your and your eligible dependents' Medicare status.

Step 2

Review the *STRS Ohio Health Care Program Guide* for major medical and prescription drug features of the plans available to you. Be sure to review the plan features that apply to you and your eligible dependents based on each individual's Medicare status.

Step 3

If you want information about specific plan features not listed in the *STRS Ohio Health Care Program Guide*, call the plans directly. Also call the plans or visit the plans' websites to find out if the providers and hospitals you use participate in their networks. Refer to the *STRS Ohio Health Care Program Guide* for contact information.

Making Your Selection

- **To enroll in a plan**, submit an enrollment application to STRS Ohio. The application can be printed from the STRS Ohio website and is also available from STRS Ohio upon request.
If you are enrolling as a new benefit recipient and you already selected a plan on your pension benefit application, you do not need to submit an enrollment application.
- **If you are selecting a Medicare Advantage plan, such as the Aetna Medicare Plan, AultCare PrimeTime Health Plan or Paramount Elite**, you will not be officially enrolled in the plan until Medicare approves your enrollment request. Additionally, once enrolled, you must not subsequently sign up for another Medicare Advantage plan. If you do, your STRS Ohio coverage will be canceled by Medicare.
- **If you are enrolling as a new benefit recipient**, be sure to verify the date your employer-sponsored coverage will end. The effective date of STRS Ohio coverage cannot be changed after premium deductions and coverage have begun. Also, any amounts you have accumulated toward an annual deductible or out-of-pocket maximum do not transfer to your STRS Ohio plan from your employer plan.

Who to Contact

Please refer to the *STRS Ohio Health Care Program Guide* for toll-free numbers and websites.

1. To ask specific coverage questions Visit the plan's website or contact the plan administrator
2. To obtain provider information..... Visit the plan's website or contact the plan administrator
3. To ask general enrollment questions Visit the STRS Ohio website or contact STRS Ohio