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2024 Medical/Prescription Plan Overview

This overview provides the main coverage features of STRS Ohio's medical plans. Both plans include hospital, medical and prescription coverage. Questions about specific coverage features not listed and health care provider information should be directed to the plan administrators. *This is not a legal document. A comprehensive description of your coverage is available from your plan after enrollment is confirmed.*

Prescription Coverage for Medicare and Non-Medicare Enrollees

CVS Caremark (CVS) administers the prescription coverage included with STRS Ohio's medical plans. Enrollees with Medicare are covered by SilverScript, a Medicare Part D plan. SilverScript is an affiliate of CVS. Non-Medicare enrollees are covered by CVS Caremark. The amounts listed below are the same for Medicare and non-Medicare enrollees unless otherwise noted.

Annual Deductible

There is a \$275 annual deductible per enrollee for covered brand-name drugs. An enrollee pays the full cost of these drugs until the deductible is met. Once the deductible is met, that enrollee pays the applicable copayment/coinsurance for the remainder of the year or until the maximum out-of-pocket limit is reached. **The deductible resets every Jan. 1.** Accumulated amounts do not carry over to the next calendar year. Additionally, generic drug costs are not subject to nor applied to the deductible.

Maximum Out-of-Pocket Limit

The maximum out-of-pocket limit is \$4,000 per enrollee. This is the maximum annual amount an enrollee will pay in copayments/coinsurance/deductible for covered generic, preferred brand, non-preferred and specialty drugs. Once the maximum out-of-pocket limit is met, that enrollee pays nothing for covered drugs for the remainder of the year.

Maximum Day Supply

- **Medicare enrollees** — Up to 90 days at retail; 90 days at mail order. Prior to acceptance in SilverScript, the maximum retail supply is 31 days.
- **Non-Medicare enrollees** — 31 days at retail; 90 days at mail order.

2024 Prescription Drug Copayments/Coinsurance

If the cost of the drug is less than the copayment, you pay the cost of the drug.

Network Retail/Long-Term Care Pharmacy per 31-day Supply	Tier 1: Generic — \$10 Tier 2: Preferred Brand — \$30 (after deductible) Tier 3: Non-Preferred Drug — \$75 (after deductible for brand-name drugs) Tier 4: Specialty (High Cost) — Lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)*	You can receive a 90-day supply at any CVS Pharmacy, Longs Drugs or Navarro Discount Pharmacy for the same price as mail service. Low-Cost Generic Drug Program medications are included.
Mail Service Pharmacy	Low-Cost Generic Drug Program medications — \$9 Tier 1: Generic — \$25 Tier 2: Preferred Brand — \$75 (after deductible) Tier 3: Non-Preferred Drug — \$187.50 (after deductible for brand-name drugs) Tier 4: Specialty (High Cost) — Lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (after deductible)	

*Non-Medicare enrollees must use CVS Specialty pharmacy. Medicare enrollees may use any specialty pharmacy.

For Medicare Enrollees Only

Aetna Medicare Plan

(Medicare Advantage PPO)

This is the preferred plan for Medicare enrollees.

Premiums and out-of-pocket costs are lower than the Aetna Basic Plan.

Major Hospital/Medical Plan Features	In-Network (PPO) or Extended Service Area (ESA PPO)¹	Out-of-Network (PPO)¹
Annual Deductible per Enrollee²	\$0	\$500
Out-of-Pocket Maximum² (Excludes prescription drug costs.)	\$1,500 per enrollee (includes deductible, copayments and coinsurance)	\$2,500 per enrollee (includes deductible, copayments and coinsurance)
Lifetime Benefits Maximum per Enrollee	Unlimited	
Hospital Services (Inpatient/Outpatient)	Enrollee pays 4% after deductible	Enrollee pays 8% after deductible
Emergency Room	Enrollee pays \$75; no deductible; copayment waived if admitted	
Urgent Care	Enrollee pays \$40; no deductible	
Primary Care Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays \$0; no deductible	Enrollee pays \$40 after deductible
Specialist Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays \$25; no deductible	Enrollee pays \$55 after deductible
Preventive Services (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.)	Enrollee pays 0%; no deductible If you are treated or monitored for an existing medical condition during the visit when you receive the preventive service, any applicable copayment/coinsurance/deductible will apply for care received for the existing medical condition.	
Fitness/Weight Management	SilverSneakers membership; discounts on weight management services	
Vision	Enrollee pays 0% for annual routine eye exam; eyewear discounts at participating providers	
Hearing	Up to \$1,000 reimbursement for hearing aids per 36 months; discounts and savings through Hearing Care Solutions and Amplifon	

¹If providers do not accept Medicare assignment or charge in excess of Medicare payments, the enrollee is responsible for the excess charges.

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

For Non-Medicare or Medicare Enrollees

Aetna Basic Plan

(PPO or Indemnity)

This is the only plan for non-Medicare enrollees.

Medicare enrollees are also eligible for this plan, but the Aetna Medicare Plan is preferred due to lower premiums and out-of-pocket costs.

Major Hospital/Medical Plan Features	In-Network (PPO) and Indemnity^{1,2}	Out-of-Network (PPO)^{1,2}
Annual Deductible per Enrollee³	\$2,500	\$5,000
Out-of-Pocket Maximum³ (Excludes prescription drug costs.)	\$6,500 per enrollee (includes deductible, coinsurance and primary care physician copayments)	\$13,000 per enrollee (includes deductible and coinsurance)
Lifetime Benefits Maximum per Enrollee	Unlimited	
Hospital Services (Inpatient/Outpatient)	Enrollee pays 20% after deductible ⁴	Enrollee pays 50% after deductible ⁴
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 (Includes in-person, phone and video visits.)	Enrollee pays \$20; no deductible	Enrollee pays 50% after deductible
Specialist Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays 20% after deductible	Enrollee pays 50% after deductible
Preventive Services (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.)	Enrollee pays 0%; no deductible If you are treated or monitored for an existing medical condition during the visit when you receive the preventive service, any applicable copayment/coinsurance/deductible will apply for care received for the existing medical condition.	
Fitness/Weight Management	Discount membership to gyms in the GlobalFit network; discounts on weight management services	
Vision	Discounts on eye exams and eyewear	
Hearing	Discounts and savings through Hearing Care Solutions and Amplifon	

¹For 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.

²Benefits are payable after Medicare payments.

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

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

Medicare Coverage Is Required

STRS Ohio requires all medical/prescription 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/prescription coverage.**

If you or any family member on your account enrolls in Medicare, you must submit Medicare information to STRS Ohio through your Online Personal Account. Individuals will transition to the Aetna Medicare Plan after Medicare enrollment is confirmed. Failure to provide proof of Medicare enrollment will affect your STRS Ohio coverage.

Who to Contact

- To ask specific coverage questions or obtain provider information, visit the plan's website or call the plan administrator.
- To ask general enrollment questions , visit the STRS Ohio website, call STRS Ohio or email STRS Ohio (go to www.strsoh.org and select "Contact Us" from the top menu)

Contact	Toll-Free Number (Eastern Time)	Website
Aetna Basic Plan	800-645-5677	www.aetnaresource.com/p/ strs-commercial-plan-microsite
Aetna Medicare Plan	833-383-4612	strs.aetnamedicare.com
CVS Caremark SilverScript (Medicare Enrollees) CVS Caremark (Non-Medicare Enrollees)	800-756-6859 800-756-6841	For general information before coverage begins: info.caremark.com/oe/strsegwpretiree info.caremark.com/oe/strscommercialretiree Beginning Jan. 1, 2024, visit www.caremark.com for specific information about your coverage.
STRS Ohio	888-227-7877	www.strsoh.org



RESOURCES

VISIT
STRS Ohio
275 E. Broad St.
Columbus, OH 43215-3771

ONLINE
www.strsoh.org
24 hours a day
Select "Contact" from
the top menu to email

BY PHONE
Member Services Center
888-227-7877 (toll-free)
614-233-8713 (fax)
Monday through Friday
8 a.m. to 5 p.m.

