

State Teachers Retirement System of Ohio
Health Care Plan Changes



Welcome to the *Health Care Plan Changes for 2024* presentation. This video is intended for Medicare and non-Medicare STRS Ohio Health Care Program enrollees.

This Video Will Address ...

- **Open-enrollment key details**
- **Program changes and enhancements**
- **Monthly premiums**
- **Open-enrollment resources**



During this presentation we will address open-enrollment details and dates, 2024 STRS Ohio Health Care Program changes and enhancements, medical premiums for 2024 and available open-enrollment resources.

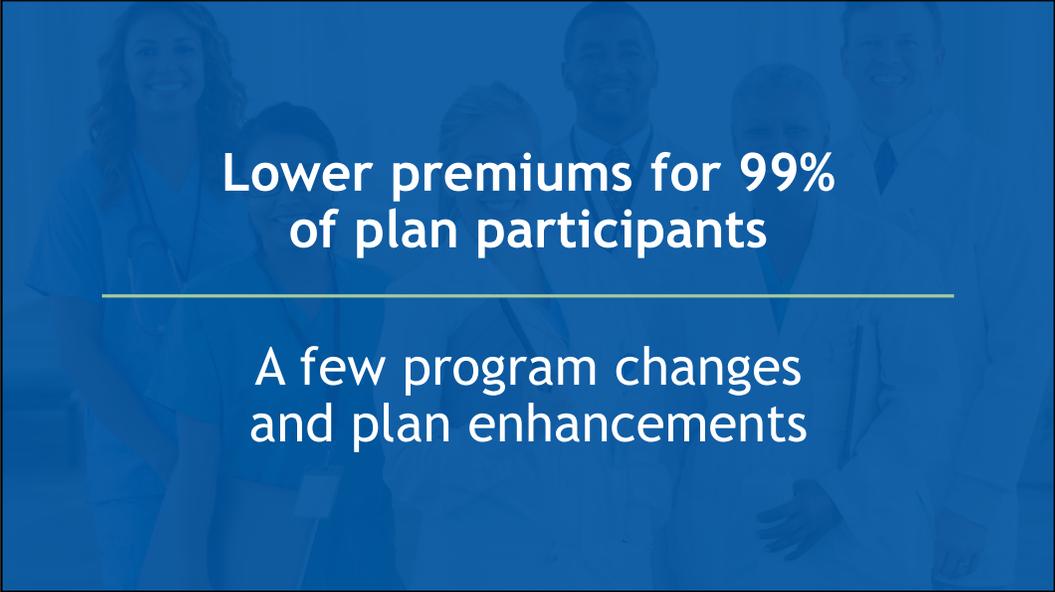
Open Enrollment for 2024: Nov. 1-21, 2023

- **Open-enrollment materials**
 - Available in Online Personal Account
 - Mailed to those who have not selected paperless option
- **Make enrollment changes easily at www.strsoh.org**
 - Access your Online Personal Account, select “Health Care” and then “Enroll, Cancel or Change Medical Plan” (under Open Enrollment)



The STRS Ohio open-enrollment period for medical coverage will be held Nov. 1–21. Current enrollees can access their open-enrollment materials by logging in to their Online Personal Account. Enrollees who have not selected the paperless option will receive their materials by mail.

To make changes, including canceling or adding coverage, log in to your Online Personal Account at www.strsoh.org. Select “Health Care” at the top of the page and the “Open Enrollment” options are located on the right side.



**Lower premiums for 99%
of plan participants**

**A few program changes
and plan enhancements**

During the upcoming 2024 plan year, 99 percent of benefit recipients will see lower health care premiums. Also noteworthy are a few STRS Ohio Health Care Program changes and plan enhancements.

Medical Plan Administrator: Aetna

- **Aetna will administer plans for all enrollees in 2024**
 - Medical Mutual, AultCare and Paramount no longer available
- **Non-Medicare enrollees: Aetna Basic Plan**
- **Medicare enrollees: Aetna Medicare Plan**
 - Other option: Aetna Basic Plan



Beginning Jan. 1, 2024, Aetna will be the medical plan administrator for all enrollees. Medical Mutual, AultCare and Paramount health care plans will no longer be offered under the STRS Ohio Health Care Program.

Enrollees without Medicare will be moved to the Aetna Basic Plan and enrollees with Medicare, the Aetna Medicare Plan. If you have Medicare and you do not want to be enrolled in the Aetna Medicare Plan, you may opt out and enroll in the Aetna Basic Plan. However, doing so will result in higher premiums and greater out-of-pocket costs.

Aetna Medicare Plan (Medicare Advantage PPO) Medicare Enrollees – 2024 Plan Overview		
Major Hospital/Medical Plan Features	In-Network (PPO) or Extended Service Area (ESA PPO)	Out-of-Network (PPO)
Annual Deductible per Enrollee	NEW \$0	\$500
Out-of-Pocket Maximum	\$1,500 per enrollee	\$2,500 per enrollee
Hospital Services (Inpatient/Outpatient)	Enrollee pays 4% after deductible	Enrollee pays 8% after deductible
Primary Care Physician Office Visit (Includes in-person, phone and video visits.)	NEW Enrollee pays \$0	Enrollee pays \$40 after deductible
Preventive Services	Enrollee pays 0%	Enrollee pays 0%



Here are key plan features for the Aetna Medicare Plan, most of which will stay the same as the current plan year.

Two notable enhancements for 2024 include:

- Reducing the in-network annual deductible to \$0 from \$150; and
- Reducing the in-network primary care physician office copayment to \$0 from \$15.

You can view your plan’s features in more detail on the *Medical/Prescription Plan Overview* document, provided to current STRS Ohio medical plan enrollees during open enrollment.

Aetna Basic Plan (PPO or Indemnity)

Non-Medicare Enrollees – 2024 Plan Overview

Plan will now be available in any U.S. location including Ohio

Major Hospital/Medical Plan Features	In-Network (PPO) and Indemnity	Out-of-Network (PPO)
Annual Deductible per Enrollee	\$2,500	\$5,000
Out-of-Pocket Maximum <small>(Includes deductible, copayments and coinsurance. Excludes prescription costs.)</small>	\$6,500 per enrollee	\$13,000 per enrollee
Hospital Services <small>(Inpatient/Outpatient)</small>	Enrollee pays 20% after deductible	Enrollee pays 50% after deductible
Primary Care Physician Office Visit <small>(Includes in-person, phone and video visits.)</small>	Enrollee pays \$20	Enrollee pays 50% after deductible
Preventive Services	Enrollee pays 0%	Enrollee pays 0%

Confirm with Aetna that your medical providers participate in their network.



Here are key features of the Aetna Basic Plan.

For non-Medicare enrollees transitioning from Medical Mutual, coverage features will remain the same. AultCare enrollees will now pay \$20 (no deductible) for any in-network primary care physician office visit. Currently, under AultCare, the \$20 copayment is limited to the first two visits, then 20% coinsurance after the deductible has been met.

For non-Medicare enrollees transitioning from Paramount Health Care, the out-of-pocket costs for 2024 will increase under the Aetna Basic Plan — the annual deductible per enrollee is \$2,500 (up from \$2,000), out-of-pocket maximum is \$6,500 (up from \$4,000) and in-network primary care physician copayment is \$20 (an increase from \$10). Additionally, enrollees will pay 20% coinsurance for a specialist physician after the deductible has been met, instead of \$20 copayment with no deductible.

CVS Caremark
New Prescription Plan Administrator, Effective Jan. 1, 2024

- **Both Medicare and non-Medicare enrollees**
- **No action required by you**
- **CVS Caremark: both retail and home delivery**
- **Getting prescriptions filled**
 - Any CVS network retail pharmacy (66,000 chain and retail pharmacies; includes Kroger)
 - Any network pharmacy; you are not limited to CVS store locations



Beginning Jan. 1, 2024, CVS Caremark will administer all prescription coverage for both Medicare and non-Medicare enrollees. This will apply to both retail and home delivery and requires no action by you.

The CVS Caremark network includes approximately 66,000 chain and independent pharmacies, including Kroger. You may use any network pharmacy; you are not limited to CVS retail stores.

CVS Caremark

- **Most medications covered today will be covered by your new plan**
- **Some different utilization management rules**
 - Quantity limits, prior authorization or step therapy
- **Medicare enrollees**
 - SilverScript (Medicare Part D plan, affiliate of CVS)
 - Letter from SilverScript with option to opt out of plan
 - DO NOT opt out; you will lose your STRS Ohio medical and prescription drug coverage



Most medications will continue to be covered by your new plan. If any of your current prescriptions are impacted, you should receive a letter from CVS Caremark by mid-December letting you know what steps to take. If you need to switch medications, STRS Ohio has arranged for you to obtain your current medication during the first 90 days of 2024 to provide additional time to work with your physicians.

Some drugs will change coverage tiers, with most tier changes resulting in lower copayments. Additionally, some drugs will have different utilization management rules such as quantity limits, prior authorization or step therapy.

If you have Medicare, you will be covered by SilverScript, a Medicare Part D plan. SilverScript is an affiliate of CVS Caremark. Medicare enrollees will receive a letter from SilverScript that includes the option to opt out of the plan. Medicare requires SilverScript to inform enrollees of this option. If you want to remain in an STRS Ohio medical plan, do not opt out.

Prescription Coverage for Medicare and Non-Medicare Enrollees		
Maximum out-of-pocket limit	\$4,000 per enrollee	
Annual deductible	\$275 per enrollee For covered brand-name drugs Generic drug costs not subject to nor applied to deductible	
Maximum day supply	Medicare enrollees: Up to 90 days at retail; 90 days at mail order*	Non-Medicare enrollees: 31 days at retail; 90 days at mail order*

*Prior to acceptance in SilverScript, maximum retail supply is 31 days



Your annual deductible, maximum out-of-pocket limit and drug tier copayments/coinsurance will remain the same in 2024. There is a \$275 annual deductible for covered brand-name drugs. An enrollee pays the full cost of these drugs until the deductible is met. Once the deductible is met, the enrollee pays the applicable copayment or coinsurance for the remainder of the year or until the maximum out-of-pocket limit is reached. The maximum out-of-pocket limit is \$4,000 per enrollee.

2024 Monthly Premiums: With Medicare

*Premiums below reduced by \$30 Medicare Part B premium credit.**

Benefit Recipient Years of Service	Aetna Medicare Plan
30+	\$25
25	\$42
20	\$60
15	\$78
Spouse	\$161

Complete list of premiums available at www.strsoh.org.

*For benefit recipients enrolled in an STRS Ohio Medicare plan. Enrollment in Medicare Part B is mandatory.



This 2024 monthly premium chart is for enrollees with Medicare. The Aetna Medicare Plan premium for a benefit recipient who retired with 30 or more years of service prior to Aug. 1, 2023, is \$25 per month. To add a spouse with Medicare is an additional \$161 per month.

A complete table of premiums is available on the STRS Ohio website.

And remember, the health care plans shown here require enrollees to maintain and pay their Medicare Part B premiums directly to Medicare.

2024 Monthly Premiums: Without Medicare

Benefit Recipient Years of Service	Aetna Basic Plan
30+	\$279
25	\$419
20	\$558
15	\$698
Spouse	\$1,117

Complete list of premiums available at www.strsoh.org.



Here are the 2024 monthly premiums for enrollees without Medicare. The Aetna Basic premium for a benefit recipient who retired with 30 or more years of service prior to Aug. 1, 2023, is \$279 per month. The spouse premium would be an additional \$1,117 per month.

Again, a complete table of premiums is available on the STRS Ohio website.

Open-Enrollment Details

- **No action required if not making a change**
- **Current Aetna Medicare Plan or Aetna Basic Plan enrollees – will remain in current Aetna plan**
- **Current Medical Mutual, AultCare or Paramount enrollees**
 - Medicare enrollees: Aetna Medicare Plan
 - Non-Medicare enrollees: Aetna Basic Plan
- **New medical and prescription ID cards by mid-December**



If you are currently enrolled in the Aetna Medicare Plan or Aetna Basic Plan, you will remain in your plan in 2024. No changes will be made to your enrollment.

If you currently have Medical Mutual, AultCare or Paramount coverage, you will automatically be moved to an Aetna plan in 2024. Medicare enrollees will be transitioned to the Aetna Medicare Plan (Medicare Advantage PPO) and non-Medicare enrollees will be transitioned to the Aetna Basic Plan (PPO or Indemnity).

New medical and prescription ID cards will arrive in mid-December.

Open-Enrollment Resources

- **Open-enrollment materials (mailed/online)**
 - Your 2024 Open-Enrollment Instructions
 - Personalized letter with 2024 medical plans and premiums
 - Medical plan overview of coverage features
- **STRS Ohio website: Open-Enrollment Resource Center**
- **888-227-7877 (toll-free), Monday-Friday, 8 a.m.-5 p.m.**
- **Email: go to www.strsoh.org and select “Contact” (top menu)**



We have come to our final item. Open-enrollment materials should arrive prior to Nov. 1.

Regardless of delivery method, it will include:

- Open-enrollment instructions;
- A personalized letter with 2024 medical plans and premiums; and
- Medical plan overview of coverage features.

For additional open-enrollment details, visit the Open-Enrollment Resource Center on the STRS Ohio website.

For answers to specific coverage questions or provider participation, please contact the health care plan administrator directly. Plan administrator websites and phone numbers are available on the STRS Ohio website or can be found on the *Medical/Prescription Plan Overview* document provided to current medical plan enrollees.

You can contact STRS Ohio using our toll-free number or the “Contact” option on our website.

Other Member Education Programs

- ***Understanding Your Health Care Plan – Webinar***
 - Oct. 30, Nov. 1, Nov. 2 and Nov. 6
 - Covers plan features and out-of-pocket costs and key coverage terms
- ***Medicare Enrollment and STRS Ohio – Meeting or Webinar***
 - Offered monthly; dates on STRS Ohio website
 - Covers the parts of Medicare, when and how to enroll and STRS Ohio health care plan options for Medicare enrollees
- **Register on STRS Ohio website**



STRS Ohio offers member education opportunities to help you navigate the topic of health care. If you are interested in an overview of plan features and out-of-pocket costs and key coverage terms, the *Understanding Your Health Care Plan* webinar may be the ideal presentation for you. Sessions will be conducted on Oct. 30, Nov. 1, Nov. 2 and Nov. 6. Visit our website at www.strsoh.org for a complete list of available times

Are you turning age 65 soon? If you would like information about enrolling in Medicare, consider the *Medicare Enrollment and STRS Ohio* webinar. During the presentation we discuss the enrollment process, the different parts of Medicare and STRS Ohio medical plan options for new enrollees. This webinar is offered monthly.

To register for one of these webinars, go to the Receiving Benefits section of our website and click on Seminars & Webinars.



This concludes our presentation. We hope this information will be helpful to you during the health care open-enrollment process.