



# Understanding Your Health Care Plan

*2023 Medical  
Coverage Overview*

*2023–2024 Dental and  
Vision Coverage  
Overview*

# Today's Topics

- **Key Terms:** Out-of-Pocket Expenses
- **Medical Plan Coverage Overview:** Without and With Medicare
  - Evaluating Your Options
- **Dental and Vision Plan Coverage Overview:** 2023–2024 Contract Period
- **Open-Enrollment Details**
- **STRS Ohio Resources**

# Key Terms: Out-of-Pocket Expenses

**Annual deductible**

**Coinsurance**

**Copayment**

**Out-of-pocket maximum**

**Maximum annual expense**



## Medical Plan Coverage Overview

Without  
Medicare and  
With Medicare

# Common Features: All STRS Ohio Medical Plans

- **All include hospital, medical and prescription drug coverage**
- **Premiums costs subsidized**
  - For eligible service retirement and disability recipients
- **Unlimited lifetime benefits maximum**
- **No cost for designated preventive care services**
- **Value-added features**
  - e.g., discount programs or fitness membership
  - Coverage features for fitness services and vision care can be found at [www.strsoh.org](http://www.strsoh.org)

# Plan Options: Without Medicare

**Medical Mutual  
Basic**

**AultCare PPO**

Available in select  
ZIP codes.\*

**Paramount  
Health Care**

Available in select  
ZIP codes.\*\*

**Aetna Basic**  
Non-Ohio  
residents only

\*Available in select northeastern Ohio ZIP codes

\*\*Available in select northwestern Ohio and southern Michigan area ZIP codes

# 2023 Plan Overview: Without Medicare

| Major Hospital/Medical Plan Features   | Medical Mutual Basic<br>Aetna Basic<br>(Indemnity or PPO)<br><br>In-Network and Indemnity | AultCare<br>(PPO)<br><br>In-Network   | Paramount Health Care<br>(HMO)     |
|--|---|---|------------------------------------|
| Annual Deductible per Enrollee   | \$2,500   | \$2,500   | \$2,000                            |
| Out-of-Pocket Maximum  | \$6,500 per enrollee  | \$6,500 per enrollee  | \$4,000 per enrollee               |
| Primary Care Physician Office Visit<br>(Includes in-person, phone and video visits.) | Enrollee pays \$20; no deductible<br><i>("per visit" — new in 2023)</i>                   | Enrollee pays \$20 per visit for first two visits per year (no deductible); thereafter 20% (after deductible) | Enrollee pays \$10; no deductible  |
| Hospital Services<br>(Inpatient/Outpatient)  | Enrollee pays 20% after deductible  | Enrollee pays 20% after deductible  | Enrollee pays 20% after deductible |



# 2023 Monthly Premiums: Without Medicare

| Benefit Recipient<br>Years of Service | Medical Mutual Basic<br>Aetna Basic | AultCare | Paramount<br>Health Care |
|---------------------------------------|-------------------------------------|----------|--------------------------|
| 30+                                   | \$286                               | \$232    | \$262                    |
| 25                                    | \$429                               | \$349    | \$394                    |
| 20                                    | \$571                               | \$465    | \$525                    |
| 15                                    | \$714                               | \$581    | \$656                    |
| Spouse                                | \$1,143                             | \$930    | \$1,050                  |

*Complete list of premiums available at [www.strsoh.org](http://www.strsoh.org)*



# Plan Options: With Medicare

**Aetna Medicare  
Plan**

**Medical  
Mutual Basic**

**AultCare  
PrimeTime  
Health Plan**  
Available in select  
ZIP codes.\*

**Paramount Elite**  
Available in select  
ZIP codes.\*\*


\*Available in select northeastern Ohio ZIP codes

\*\*Available in select northwestern Ohio and southern Michigan area ZIP codes

# 2023 Plan Overview: With Medicare

| Major Hospital/Medical Plan Features   | Aetna Medicare Plan<br>(Medicare Advantage PPO)<br><br>In-Network or Extended Service Area | Medical Mutual Basic<br>(Indemnity or PPO)<br><br>In-Network and Indemnity | AultCare PrimeTime Health Plan<br>(Medicare Advantage HMO-POS)<br><br>In-Network | Paramount Elite<br>(Medicare Advantage HMO) |
|--|--|--|--|---|
| Annual Deductible per Enrollee   | \$150  | \$2,500  | \$150  | \$150                                       |
| Out-of-Pocket Maximum  | \$1,500 per enrollee   | \$6,500 per enrollee   | \$1,500 per enrollee   | \$1,500 per enrollee                        |
| Primary Care Physician Office Visit<br>(Includes in-person, phone and video visits.) | Enrollee pays \$15;<br>no deductible   | Enrollee pays \$20;<br>no deductible                                       | Enrollee pays \$15;<br>no deductible   | Enrollee pays \$15;<br>no deductible        |
| Hospital Services<br>(Inpatient/Outpatient)  | Enrollee pays 4%<br>after deductible   | Enrollee pays 20%<br>after deductible                                      | Enrollee pays 4%<br>after deductible   | Enrollee pays 4%<br>after deductible        |

# Telemedicine Coverage Enhancement



**Enrollee  
will pay \$0  
(no deductible)  
for Teladoc visit**

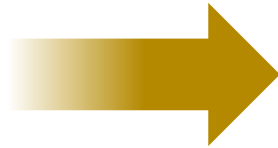
- **Aetna Medicare Plan, in-network**
- **Instead of \$15 for primary care physician or \$25 for specialist physician office visit**

# Medicare Part B Premium Credit

## **CURRENTLY**

**Medicare Part B  
reimbursement of \$29.90**

Added to eligible benefit  
recipient's monthly benefit  
payment from STRS Ohio



## **STARTING IN 2023**

**Changes to \$30 Medicare  
Part B premium credit**

2023 monthly premiums  
reduced for benefit  
recipients enrolled in an  
STRS Ohio Medicare Plan

# 2023 Monthly Premiums: With Medicare

| Premiums below reflect Medicare Part B premium credit.* |                        |                         |                                      |                 |
|---|------------------------|-------------------------|--------------------------------------|-----------------|
| Benefit Recipient<br>Years of Service                   | Aetna<br>Medicare Plan | Medical<br>Mutual Basic | AultCare<br>PrimeTime<br>Health Plan | Paramount Elite |
| 30+   | \$31                   | \$128                   | \$96                                 | \$114           |
| 25  | \$51                   | \$154                   | \$122                                | \$140           |
| 20  | \$71                   | \$181                   | \$149                                | \$167           |
| 15  | \$91                   | \$208                   | \$176                                | \$194           |
| Spouse  | \$180                  | \$318                   | \$286                                | \$304           |

*Complete list of premiums available at [www.strsoh.org](http://www.strsoh.org)*

\*The current \$29.90 Medicare Part B reimbursement is now a premium credit of \$30. The premiums above have the new Part B credit applied.

# 2023 Prescription Drugs: Copayments/Coinsurance

## Medicare and Non-Medicare

- **Maximum annual expense: \$4,000 per enrollee (\$5,100 in 2022)**
- **Annual deductible: \$275 per enrollee**
  - For covered brand-name drugs, including brand-name specialty
  - Resets every Jan. 1
- **Maximum day supply**
  - Medicare enrollees: Up to 90 days at retail; 90 days at home delivery
    - 31 days retail supply prior to acceptance in Express Scripts Medicare Part D plan
  - Non-Medicare enrollees: 31 days at retail; 90 days at home delivery

# 2023 Prescription Drugs: Copayments/Coinsurance

## Medicare and Non-Medicare

### 2023 Prescription Drug Copayments/Coinsurance

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

|  |  |   |
|--|--|---|
| Standard Network<br>Retail/Nursing Home<br>Pharmacy per 31-day<br>Supply | <u>Preferred Pharmacies</u><br>Generic: \$10<br>Preferred brand-name: \$30 (after deductible)<br>Non-preferred brand-name: \$75 (after deductible)<br>Specialty: See 2023 Plan Rate Overview for details.                        | <u>Non-Preferred Pharmacies</u><br>Enrollee pays the copayment/<br>coinsurance charged at a<br>preferred pharmacy, plus a<br>\$10 fee per fill (does not apply<br>to deductible or maximum<br>annual expense) |
| Home Delivery  | Low-Cost Generic Drug Program medications: \$9<br>Generic: \$25<br>Preferred brand-name: \$75 (after deductible)<br>Non-preferred brand-name: \$187.50 (after deductible)<br>Specialty: See 2023 Plan Rate Overview for details. |   |



# Evaluating Your Plan Options: Key Considerations

| Plan Option 1 | Key Feature            | Plan Option 2 |
|---------------|------------------------|---------------|
| Plan Name:    |                        | Plan Name:    |
|               | Monthly Premium        |               |
|               | Deductible             |               |
|               | Copayment              |               |
|               | Coinsurance            |               |
|               | Maximum Out-of-Pocket  |               |
|               | Maximum Annual Expense |               |
|               | Provider Network       |               |



# Dental and Vision Plan Coverage Overview

2023–2024  
Contract Period

# Dental and Vision Coverage

- **Delta Dental**
- **Vision Service Plan (VSP)**
- **Separate from medical plan coverage**
- **New two-year contract:**
  - Begins Jan. 1, 2023, and concludes Dec. 31, 2024
- **Enrollment outside of open enrollment only with qualifying event**

# Delta Dental

- **PPO dentist: highest coverage level**
  - Lowest out-of-pocket expenses for you
  - Select a PPO-contracted provider
- **Premier dentist versus non-participating dentist**
  - Not the same coverage
  - Subject to balance billing if non-participating dentist

# Vision Service Plan (VSP)

- **Frequency is tied to last date of service**
  - Eye exam: every 12 months
  - Lenses and frames: every 24 months
- **Some reimbursement available for out-of-network services**
- **Discounts on hearing aids by TruHearing**
  - Contact VSP for details

# 2023–2024 Monthly Premiums: Dental and Vision

| Delta Dental   |         | Vision Service Plan (VSP)   |         |
|--|---------|---|---------|
| Per benefit recipient  | \$30.66 | Benefit recipient only  | \$6.65  |
| Per other adult (includes spouse or disabled adult child)                      | \$40.29 | Benefit recipient and one other adult (includes spouse or disabled adult child) | \$13.36 |
| Children under age 26 (flat rate regardless of the number of children covered) | \$22.98 | Benefit recipient and children under age 26                                     | \$14.38 |
|  |         | Benefit recipient and all other combinations of enrollees                       | \$21.08 |

# 2023 Open-Enrollment Details

- **Medical, dental and vision plan open enrollment**
  - Nov. 1–22, 2022
- **Not making changes for 2023: no action required**
- **Make enrollment changes easily online!**
  - Log in to your Online Personal Account ([www.strsoh.org](http://www.strsoh.org))
  - Select “Health Care”
  - Under Open Enrollment, select:
    - Enroll, Cancel or Change Medical Plan
    - Enroll or Cancel Dental/Vision Plan



# STRS Ohio Resources

- **[www.strsoh.org](http://www.strsoh.org)**
  - Open-Enrollment Resource Center
  - Plan administrator contact information
  - Online Personal Account
- **888-227-7877 (toll-free), Monday–Friday, 8 a.m.–5 p.m.**
- **Email: go to [www.strsoh.org](http://www.strsoh.org) and select “Contact” (top menu)**
- ***Medicare Enrollment and STRS Ohio* webinar**



**Thank you  
for joining us!**

