

# University of Cincinnati

## STRS Ohio Health Care Information

March 4, 2025



# Medical Plan Coverage Terms

## Out-of-Pocket Expenses



Annual **deductible**

**Coinsurance**

**Copayment**

**Out-of-pocket maximum**

In-network/Out-of-network

# Health Care Coverage



- Must have **20 years of total service credit** to purchase medical, dental or vision coverage
- Premiums based on years of service credit, Medicare status and plan
- May enroll after monthly benefits begin:
  - Loss of other coverage
  - Medicare enrollment
  - Open enrollment

# Plan Options



## Without Medicare

- Aetna Basic Plan

## With Medicare Parts A & B or Part B-only

- Aetna Medicare Plan
- Aetna Basic Plan

# Health Care Plan **Costs** for 2025

Without Medicare (Aetna Basic Plan)		With Medicare (Aetna Medicare Plan)
<b>\$319 to \$799</b>	Monthly subsidized premium per benefit recipient	<b>\$25 to \$77</b>
<b>\$2,500</b>	Annual deductible per enrollee	<b>\$0</b>
0%	Enrollee share for most preventive services	0%
<b>\$20 no deductible</b>	Enrollee share for primary care physician office visit	<b>\$0</b>
20% after deductible	Hospital services (inpatient/outpatient)	4% after deductible
<b>\$6,500</b>	Out-of-pocket maximum per enrollee for covered medical services	<b>\$1,500</b>

# Dental and Vision Coverage



- **Separate from medical plan coverage**
- **Delta Dental and Vision Service Plan (VSP)**
  - May enroll in one or both plans
  - Benefit recipient must be enrolled to enroll a spouse/eligible dependent
  - Enrollment is required for balance of contract period: Effective date through Dec. 31, 2026
    - Future enrollment based on two-year contract

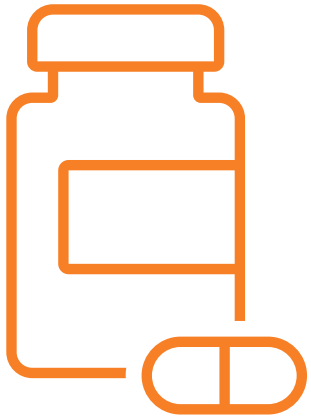
# Prescription Plan Coverage Terms

Maximum **out-of-pocket** limit

Annual **deductible**

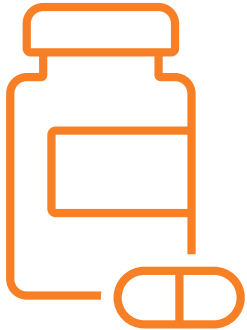
**Preferred** brand

**Non-preferred** drug



# CVS Caremark

Prescription Plan Administrator



**CVS Caremark**  
The choice is yours!



**Network Retail/Long-Term  
Care Pharmacy**

**Mail Service Pharmacy**



# Prescription Drug Copayments/Coinsurance

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

<p><b>Network Retail/Long-Term Care Pharmacy per 31-day Supply</b></p>	<p><b>Tier 1: Generic</b> — \$10  <b>Tier 2: Preferred Brand</b> — \$30 (after deductible)  <b>Tier 3: Non-Preferred Drug</b> — \$75 (after deductible for brand-name drugs)  <b>Tier 4: Specialty (High Cost)</b> — See 2025 <i>Medical/Prescription Plan Overview</i> for details</p>	<p>All enrollees can receive a 90-day supply at CVS pharmacies, Longs Drugs or Navarro Discount Pharmacy for same price as mail service (Costco and Kroger are also included for non-Medicare enrollees). Low-Cost Generic Drug Program medications are included</p>
<p><b>Mail Service Pharmacy</b></p>	<p><b>Low-Cost Generic Drug Program medications</b> — \$9  <b>Tier 1: Generic</b> — \$25  <b>Tier 2: Preferred Brand</b> — \$75 (after deductible)  <b>Tier 3: Non-Preferred Drug</b> — \$187.50 (after deductible for brand-name drugs)  <b>Tier 4: Specialty (High Cost)</b> — See 2025 <i>Medical/Prescription Plan Overview</i> for details</p>	

# Health Care Funding Strategy



## Health Savings Account (HSA)\*

- Contributions are made pretax
- Tax-free growth
- Withdrawals for qualified medical expenses are tax free
- Potential for employer match — regardless of employee contribution



## Contribution limitations

- \$4,300 single
- \$8,550 family

# 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	

# Questions?

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