



275 East Broad Street  
Columbus, OH 43215-3771  
1-888-227-7877  
www.strsoh.org

## Official Notice: Medicare Enrollment Is Required

Dear STRS Ohio Health Care Program Enrollee:

Our records show your 65th birthday is approaching or you have already turned age 65. At this time, you are eligible to enroll in Medicare. STRS Ohio requires all health care plan enrollees to sign up for Medicare Part B and pay a monthly premium to Medicare. If premium-free Part A is available from Medicare, STRS Ohio also requires you to enroll in Medicare Part A.

Please read the enclosed materials carefully.

- ***STRS Ohio Health Care Program Guide*** explains why you need to sign up for Medicare and walks you through the enrollment process. Read **Section 3 and Section 4** of the guide to learn about Medicare enrollment, your plan options as a Medicare enrollee and eligibility for partial Medicare Part B premium reimbursement.
- ***Your Medicare Enrollment Checklist*** outlines the Medicare enrollment process and the impact on your STRS Ohio coverage. Review the checklist, and complete all necessary steps to enroll in Medicare and select a new STRS Ohio health care plan.

Additional resources to assist you include:

- ***Medicare Enrollment and STRS Ohio*** — This free online program offered by STRS Ohio helps you learn more about Medicare and provides an opportunity for you to ask questions during the live webinar. To register, visit the Counseling & Seminars section of our website at [www.strsoh.org](http://www.strsoh.org).
- **Medicare** — Call 1-800-633-4227 (toll-free) to ask questions or visit [www.medicare.gov](http://www.medicare.gov) to request or review a copy of the publication "Medicare & You."
- **Social Security Administration** — Call 1-800-772-1213 (toll-free) or visit [www.ssa.gov](http://www.ssa.gov).

If you have questions about this mailing, please call STRS Ohio's Member Services Center toll-free at 1-888-227-7877. We are here to assist you Monday–Friday, 8 a.m. to 5 p.m.

Member Benefits

Enclosures

### It's Time to Enroll in Medicare

**Misconception:** Ohio educators do not qualify for Medicare because they did not contribute to Social Security.

**Fact:** You are eligible for Medicare when you turn age 65 **even if you are not eligible for Social Security retirement benefits**. To qualify, you must be a U.S. citizen or a lawfully admitted noncitizen who has resided in the United States for at least five years.

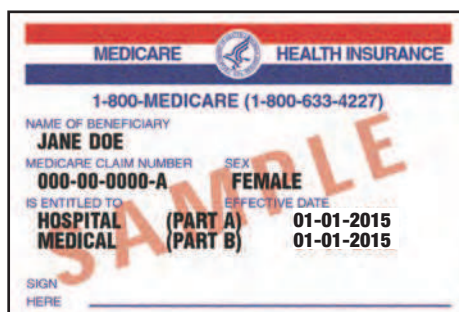
*If you believe you are not eligible for Medicare Part B, STRS Ohio will require a letter from Social Security confirming ineligibility.*

## YOUR MEDICARE ENROLLMENT CHECKLIST

**Please use this checklist during the Medicare enrollment process to ensure you complete all necessary steps.**

STRS Ohio requires you to sign up for Medicare Part B (medical insurance) and pay a monthly premium to Medicare. If premium-free Part A (hospital insurance) is available from Medicare, STRS Ohio also requires you to enroll in Medicare Part A. Once enrolled in Medicare, you must maintain coverage by paying your Part B premiums to Medicare.

- ☐ Call your local Social Security Administration office three months before your 65th birthday to schedule an appointment to enroll in Medicare. If you're unable to locate the nearest office, call Social Security toll-free at 1-800-772-1213. If you are eligible for both Medicare Parts A & B, you can also complete your Medicare application online at [www.ssa.gov](http://www.ssa.gov).
- ☐ Consider signing up for the Medicare Easy Pay plan, a free electronic payment option offered by Medicare. Sign up when you enroll in Medicare or call Medicare toll-free at 1-800-633-4227. Your Medicare Part B premium is not included in your monthly STRS Ohio health care premium. It is a separate premium that must be paid to Medicare.
- ☐ Watch your mail for enrollment confirmation from Medicare, including your Medicare card.
- ☐ Check all information on your Medicare card for accuracy. If it is incorrect, contact Medicare. Medicare will issue you a new card with the correct information.
- ☐ Send a copy of your Medicare card to STRS Ohio showing the effective dates of Medicare Parts A & B or Part B-only. Write your STRS Ohio account number on the copy you submit.
- ☐ Service retirement and disability benefit recipients who submit proof of Medicare Part B enrollment to STRS Ohio may receive partial reimbursement to offset the standard monthly premium charged by Medicare for Part B coverage. Enrollment in an STRS Ohio health plan is required to receive the reimbursement.  
  
The reimbursement amount is added to the benefit recipient's monthly STRS Ohio benefit payment. If STRS Ohio receives documentation of Medicare Part B enrollment by the **15th of the month**, partial reimbursement of the benefit recipient's future standard Medicare Part B premium cost will begin the first of the following month. If documentation is received after the 15th of the month, partial reimbursement will begin the first of the second following month. Reimbursement is not provided retroactively.
- ☐ Review the coverage features and premiums of the plan options available to you as a Medicare enrollee in Section 4 of the *STRS Ohio Health Care Program Guide*. You can also view your plan options and premiums by registering for a personal account on our website at [www.strsoh.org](http://www.strsoh.org).
- ☐ Select a new STRS Ohio health care plan up to three months after your 65th birthday. Remember, your only plan option is the Medical Mutual Basic Plan until STRS Ohio receives proof of Medicare Parts A & B or Part B-only enrollment.



**Attention Medical Mutual enrollees:** If you qualify for the Aetna Medicare Plan, you will be enrolled in the Aetna plan after STRS Ohio receives a copy of your Medicare card and Medicare approves your enrollment request. To opt out of the Aetna Medicare Plan, call STRS Ohio or submit your request in writing to be enrolled in the Medical Mutual Basic Plan (or a regional plan if available) when you send us a copy of your Medicare card.



## Section 3: Medicare Enrollment

All STRS Ohio health care plan enrollees are required to enroll in Medicare at age 65 or whenever eligible. This section provides details about Medicare coverage, the enrollment process and STRS Ohio requirements. Inside you'll learn about:

- Medicare eligibility;
- What “parts” of Medicare STRS Ohio requires;
- When and how to enroll in Medicare;
- Selecting a new health care plan after you enroll in Medicare;
- Paying your Medicare Part B premium;
- Medicare Part D prescription drug coverage;
- Partial Medicare Part B premium reimbursement for eligible benefit recipients enrolled in an STRS Ohio health care plan; and
- Other important facts about Medicare coverage.

**Note:** The following pages are excerpts from the *2015 STRS Ohio Health Care Program Guide*. A complete version is available on the STRS Ohio website or upon request.

## Understanding Medicare

*This section explains what Medicare is, what “parts” STRS Ohio requires and the importance of signing up for coverage. Keep in mind, you’re eligible for Medicare even if you did not contribute to Social Security. STRS Ohio requires you to enroll in Medicare Parts A & B or Part B-only.*

### WHAT IS MEDICARE?

Medicare is a federal health insurance program for people age 65 and older, some people with disabilities under age 65 and people with end-stage renal disease or amyotrophic lateral sclerosis (ALS). A common misconception is that Ohio educators do not qualify for Medicare because they did not contribute to Social Security. However, you’re eligible for Medicare when you turn age 65 even if you are not eligible for Social Security retirement benefits.

### MEDICARE “PARTS”

#### Part A (hospital insurance)

Most people age 65 or older are eligible for Medicare Part A (hospital insurance) at no cost based on their own or their spouse’s employment. You are eligible at age 65 if you are a citizen or permanent resident of the United States and:

- You receive Social Security or Railroad Retirement benefits, or you have worked long enough to be eligible for them.
- You would be entitled to Social Security benefits based on your spouse’s (or divorced spouse’s) employment history, and that spouse is at least age 62. (Your spouse does not need to apply for Social Security benefits for you to be eligible based on your spouse’s work record.)
- You worked long enough in a federal, state or local government job (including public education) to be insured under Medicare.

If you aren’t yet age 65, you may qualify for Medicare coverage if you have a qualifying disability, end-stage renal disease or ALS.

#### Part B (medical insurance)

Almost every U.S. citizen or permanent resident who is age 65 or older (or under age 65 but eligible for Medicare Part A) can enroll in Medicare Part B. A monthly premium is required.

**Important:** If you believe you are not eligible for Medicare Part B, STRS Ohio will require a letter from your local Social Security Administration office confirming ineligibility.

#### Part C (Medicare Advantage plans)

In addition to Parts A & B, Medicare offers Part C (Medicare Advantage plans). Medicare Advantage plans are approved by Medicare and administered by private companies. You do not need to enroll in Part C — enrollment in Parts A & B or Part B-only qualifies you for coverage under our group Medicare Advantage plan.

#### Part D (prescription drug insurance)

Medicare also offers Part D (prescription drug plans). If you want to remain enrolled in an STRS Ohio plan, you should not enroll in any other Part D plan — all of the health care plans we offer for enrollees with Medicare Parts A & B or Part B-only already include Medicare Part D prescription drug coverage. Enrollment in any other Part D plan will cancel your STRS Ohio health care enrollment. See Page 29 for details.

### WHAT “PARTS” DOES STRS OHIO REQUIRE?

While there are several “parts” to Medicare, you only need to sign up for two: **Part A (hospital insurance) if it’s available at no cost from Medicare and Part B (medical insurance).**

While most people do not have to pay a premium for Part A, everyone must pay for Part B. It’s important to understand if premium-free Part A is available from Medicare, STRS Ohio requires you to enroll in Part A. STRS Ohio also requires you to sign up for Medicare Part B and continue to pay a monthly premium to Medicare.

<b>Medicare Basics</b> <i>You qualify for Medicare at age 65 even if you did not contribute to Social Security.</i>	
<b>Coverage type</b>	<b>Am I required to enroll?</b>
<b>Part A</b> (hospital)	<b>Yes</b> — Enroll if it’s available at no cost from Medicare. <b>No</b> — Do not enroll if you must pay a premium to Medicare.
<b>Part B</b> (medical)	<b>Yes</b> — You must enroll and pay a monthly premium to Medicare. (Benefit recipients enrolled in an STRS Ohio health care plan may receive partial reimbursement for their Part B premium cost.)
<b>Part C</b> (Medicare Advantage)	<b>No</b> — Enrollment in Parts A & B or Part B-only qualifies you for coverage under STRS Ohio’s Medicare Advantage plans. You must not enroll in any other Medicare Advantage plan if you want to keep your coverage under the Medicare Advantage plans administered by Aetna and Paramount.
<b>Part D</b> (prescription)	<b>No</b> — Part D prescription drug coverage is included in your health care plan. Do not enroll in any other Part D plan. If you do, your STRS Ohio coverage will be canceled.

## HOW MEDICARE WORKS WITH YOUR STRS OHIO COVERAGE

Medicare Parts A & B do not replace your STRS Ohio coverage. Instead, Medicare works with your STRS Ohio health care plan to provide maximum hospital and medical coverage. In general, when you enroll in Medicare Parts A & B, Medicare becomes the primary payer of your hospital and medical expenses; STRS Ohio becomes the secondary payer. If you're enrolled in a Medicare Advantage plan or a Medicare HMO, the plan assumes responsibility for paying for covered services and receives payment from Medicare.

After you enroll in Medicare, you will pay **two separate monthly premiums**:

- A premium for STRS Ohio coverage (paid to STRS Ohio), and
- A premium for Medicare Part B coverage (paid to Medicare).

## WHY YOU NEED TO ENROLL IN MEDICARE PARTS A & B

- Enrollment in Medicare Parts A & B will determine your eligibility for the plans offered by STRS Ohio. If you do not enroll or you enroll only in Medicare Part A, your only plan option will be the Medical Mutual Basic Plan. You will also be responsible for paying medical charges normally paid by Medicare.
- When you enroll in Medicare, STRS Ohio's health care costs are reduced, and **you pay a lower monthly premium for STRS Ohio health care coverage.**
- If you're a benefit recipient enrolled in an STRS Ohio health care plan, you may also be eligible to receive partial reimbursement from STRS Ohio for your standard Medicare Part B premium. Benefit recipients will not receive partial reimbursement for their Medicare Part B premiums until enrollment in Medicare Part B is confirmed.

## WHAT HAPPENS WITH YOUR STRS OHIO COVERAGE IF YOU DON'T ENROLL/REMAIN ENROLLED IN MEDICARE?

- Beginning the month of your 65th birthday, you will be considered "eligible for Medicare" in determining claims paid under the Medical Mutual plans. As a result, your claims will be processed as if you were enrolled in Medicare. **This means you will be responsible for 80% of all allowed claim expenses, including physician claims.**
- You will not be eligible to receive partial reimbursement from STRS Ohio to offset the cost of your standard monthly Medicare Part B premium (benefit recipients only).

- If you don't sign up or don't provide STRS Ohio with proof of Medicare coverage by the end of your Medicare enrollment period, you will be enrolled in the **Medical Mutual Basic Plan** if you want to continue your STRS Ohio coverage.

**If you stop paying your monthly Medicare Part B premium, you will lose your Part B coverage.** If this occurs, you must apply for reinstatement of coverage with Medicare. (See Page 29 for details about late enrollment penalties.) In addition, STRS Ohio will change your enrollment to the Medical Mutual Basic Plan until you provide a current dated letter verifying the effective date of reinstatement. You will be responsible for paying any charges normally paid by Medicare until you provide a letter of reinstatement to STRS Ohio.

If your Part B coverage lapses for any reason, you must notify STRS Ohio immediately as it affects plan eligibility and Part B reimbursement. Please request a letter from the Social Security Administration that states the date your coverage ended and send a copy of this letter to STRS Ohio.

## CAN YOU DELAY YOUR MEDICARE ENROLLMENT IF YOU'RE STILL EMPLOYED?

If you or your spouse is still employed and covered by a group health plan through the employer, you may choose to delay your enrollment in Medicare Parts A & B or Part B-only. However, if you delay your enrollment, you should be aware of the following:

- You will have an eight-month special enrollment period in which to sign up for Medicare Part B after the employer health coverage ends or employment ends (whichever comes first). See Page 27 for details. You will not pay a Medicare Part B late enrollment penalty if you sign up during this special enrollment period.
- If the employer has more than 20 employees, your employer health plan will be the primary payer of covered hospital and medical expenses. Your STRS Ohio plan will be the secondary payer.
- If you discontinue the employer health coverage and fail to enroll in Medicare, your claims will be processed by your STRS Ohio plan as if you were enrolled in Medicare. **This means you will be responsible for 80% of all allowed claim expenses, including physician claims.**

## MEDICARE PRIOR TO AGE 65

Some people under age 65 qualify for Medicare due to a qualifying disability benefit through the Social Security Administration, end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant) or ALS (a progressive neurodegenerative disease often referred to as Lou Gehrig's disease). If you enroll in Medicare prior to age 65, you must send STRS Ohio proof of Medicare Parts A & B enrollment.



## Enrolling in Medicare

*This section walks you through the Medicare enrollment process. Remember, the process is not complete until you send STRS Ohio a copy of your Medicare Parts A & B or Part B-only card.*

### WHEN TO ENROLL IN MEDICARE

#### Initial enrollment period

You have a seven-month initial enrollment period in which to sign up for Medicare Parts A & B or Part B-only. Your initial enrollment period begins three months before you turn age 65, includes the month you turn age 65 and ends three months after the month of your birthday.



**Take action** — Enroll in Medicare before your 65th birthday to avoid a delay in Medicare coverage.

For coverage to be effective the month you turn age 65, you must sign up during the first three months of the initial enrollment period (one to three months before the month of your birthday). If you wait to sign up during the last four months of the period, your effective date of Medicare will be delayed.

Initial Enrollment Period for Medicare				
Begins three months before and ends three months after the month you turn age 65				
You will have <b>NO DELAY</b> in coverage if you enroll:				
Three months before you turn 65	↓	Two months before you turn 65	↓	One month before you turn 65
Coverage begins the month you turn 65 (If your birthday is the first of the month, coverage begins the first day of the previous month.)				
You will have a <b>DELAY</b> in coverage if you enroll:				
The month you turn 65	↓	One month after you turn 65	↓	Two months after you turn 65
Coverage begins one month after the month you enroll	↓	Coverage begins two months after the month you enroll	↓	Coverage begins three months after the month you enroll

#### General enrollment period

If you miss the initial enrollment period, you can enroll during a general enrollment period from Jan. 1 through March 31 each year. However, coverage is not effective until July 1 and a late enrollment penalty will apply. See Page 29 for details.

#### Special enrollment period

If you delay enrollment at age 65 because you or your spouse is still employed and covered by a group health plan through the employer, you can enroll in Medicare Part B during a special enrollment period. Special enrollment allows you to enroll without paying a Part B late enrollment penalty during either of the following time frames:

- At any time while you have employer health coverage (your own or through your spouse); or

- During the eight-month period that begins the month employer health coverage ends or the month employment ends (whichever comes first). If you do not enroll by the end of the eighth month, general enrollment guidelines apply.

See Page 26 for additional information about delaying Medicare enrollment while employed.

### HOW TO ENROLL IN MEDICARE

Enrolling in Medicare is an easy two-step process. However, it may take more than one month for the entire application process to be completed, so be sure to start the process before your 65th birthday.

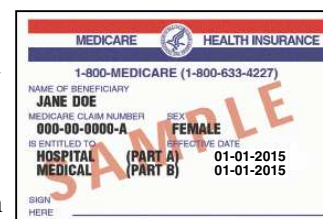
#### Step 1 — Sign up for Medicare.

To enroll in Medicare, visit your local Social Security Administration office or call Social Security toll-free at 1-800-772-1213. If you are eligible for both Medicare Parts A & B, you can also enroll online at [www.ssa.gov](http://www.ssa.gov).

If you visit your local office, find out which documents to bring with you to your appointment. Be sure to apply for Medicare before your 65th birthday so there is no delay in Medicare coverage.

#### Step 2 — Send a copy of your Medicare card to STRS Ohio.

After you enroll in Medicare Parts A & B or Part B-only, you must send STRS Ohio a copy of your Medicare card or a copy of a letter from Social Security confirming Medicare enrollment. If you do not have a Medicare card or a letter from Social Security, you can send STRS Ohio a copy of any of the following Social Security Administration forms:



- Retirement, Survivors and Disability Insurance Notice of Award;
- Report of Confidential Social Security Benefit Information; or
- Notice of Health Insurance Entitlement.

These are the only documents STRS Ohio can accept in lieu of a copy of your Medicare card or enrollment confirmation letter.

**Note:** STRS Ohio will not accept a letter acknowledging Medicare's receipt of your enrollment application. Also, please check the name on your Medicare card for accuracy. If it is incorrect, contact Medicare. Medicare will issue you a new card with the correct name. Send a copy of the revised card to STRS Ohio.

**The information you send to STRS Ohio must include your Medicare Parts A & B or Part B-only effective date and your Medicare claim number.** Write your STRS Ohio account number on any documents you submit. (If you're unsure of your account number, call STRS Ohio.) STRS Ohio must receive a copy of your Medicare card by the 15th of the month to begin your enrollment in the Aetna Medicare Plan and/or the Medicare Part B partial premium reimbursement program the first of the following month.

## Selecting Your New STRS Ohio Plan

*This section explains how to select a new STRS Ohio health care plan after you enroll in Medicare.*

### YOUR PLAN OPTIONS WILL CHANGE

After you enroll in Medicare Parts A & B or Part B-only, the STRS Ohio plans available to you will change. **Call STRS Ohio toll-free at 1-888-227-7877 to learn about your new plan options and premiums.** You can also review this information in the secure Personal Account Information area of our website at [www.strsoh.org](http://www.strsoh.org).

**IMPORTANT:** If you do not send STRS Ohio proof of Medicare Parts A & B or Part B-only enrollment, your only plan option will be the Medical Mutual Basic Plan. You will be enrolled in the Basic Plan at the end of your initial enrollment period for Medicare and will remain in this plan until STRS Ohio receives proof of Medicare Part B coverage. In addition, your claims will be processed as if you were enrolled in Medicare. This means you will be responsible for 80% of all allowed claim expenses, including physician claims.

### EVALUATING YOUR PLAN OPTIONS

Your plan options as a Medicare enrollee are based on your Medicare status and the location of your permanent residence. Plan options for most Medicare enrollees include the Aetna Medicare Plan, Medical Mutual Basic Plan or a regional plan if available in your area.

If you reside outside the United States, your STRS Ohio plan options are limited to the Medical Mutual Plus or Basic Plan. Medicare generally does not cover health care items and services furnished or delivered outside the United States. As a result, you will be responsible for submitting all claims to your plan administrator and for paying 80% of all claims expenses that would have been covered by Medicare.

**Attention Medical Mutual enrollees:** If you're eligible for the Aetna Medicare Plan, you will be enrolled in the Aetna plan after STRS Ohio receives a copy of your Medicare card and Medicare approves your enrollment request. **If you do not want the Aetna plan,** you must submit your request to be enrolled in the Medical Mutual Basic Plan (or a regional plan if available) when you send us a copy of your Medicare Parts A & B or Part B-only card.

### IMPORTANT FACTORS TO CONSIDER

1. You are limited to health care coverage under only one STRS Ohio account (e.g., you cannot be covered as both a benefit recipient and a survivor of a benefit recipient). You are responsible for contacting STRS Ohio to determine from which account your monthly premium should be deducted. Also, if you're eligible for health care coverage through more than one Ohio public retirement system, you're limited to coverage under only one system. Guidelines determine which system is responsible for your coverage. Contact STRS Ohio for details.
2. If you change plan administrators, your medical deductible and out-of-pocket maximums will transfer to the new plan administrator only if you move between the Aetna Medicare Plan and a Medical Mutual plan.
3. If you are currently enrolled in a Medical Mutual plan, your medical deductible and out-of-pocket maximums will transfer if you remain enrolled with Medical Mutual.

### HOW TO SELECT A NEW PLAN

**To select a new health care plan, call STRS Ohio toll-free at 1-888-227-7877.** You may select a new plan up to three months after your 65th birthday. The effective date of coverage under your new plan will be the first of the month following notification to STRS Ohio, if **submitted by the 15th of the month.** There will be no interruption in your health care coverage.

- If you're selecting the Aetna Medicare Plan, your enrollment request cannot be submitted to Aetna until STRS Ohio receives a copy of your Medicare Parts A & B or Part B-only card. Proof of Medicare enrollment **must be received by the 15th of the month.** Any delay in submitting proof of Medicare enrollment to STRS Ohio will delay your enrollment in the Aetna Medicare Plan. Please note that you're not officially enrolled in the plan until Medicare approves your enrollment request. Once enrolled, you must not enroll in another Medicare Advantage plan. If you do, your Aetna Medicare Plan coverage will be canceled.
- If you're selecting Paramount Elite, you'll also need to request an enrollment application from Paramount and return it to the plan. An enrollment application is required even if you had coverage through a Paramount plan prior to Medicare enrollment. You will not be enrolled in the Medicare HMO until Paramount receives and approves your application. Contact Paramount directly to request an application. If your Part B coverage is terminated and later reinstated, you must complete a new Paramount Medicare HMO enrollment application.
- If you're currently enrolled in a Paramount plan and you want to select a different plan, you'll also need to send a written request to STRS Ohio to terminate coverage. The letter must be signed by the benefit recipient and any other covered enrollees on the account.
- If you're enrolled in a HealthSpan plan, call STRS Ohio to select a new plan. HealthSpan is closed to new enrollments in 2015. This includes current HealthSpan enrollees who become eligible for Medicare or lose their Medicare coverage on or after Jan. 1, 2015.

## After You Enroll in Medicare

*This section covers important financial and coverage-related topics for new Medicare enrollees.*

### PAYING YOUR MEDICARE PART B PREMIUMS

Your Medicare Part B premium is **not included** in your monthly STRS Ohio health care premium. It is a separate premium that must be paid to Medicare, not to STRS Ohio.

If you receive a monthly Social Security, Railroad Retirement or Civil Service Retirement payment, your Medicare Part B premium will be automatically deducted from this payment. Otherwise, Medicare will send you a bill for your Part B premium every three months. **Another payment option is to have your Part B premium automatically deducted through the Medicare Easy Pay plan.** This is a free, electronic payment option offered by Medicare. Through the Medicare Easy Pay plan, Medicare automatically deducts the premium payment from your savings or checking account. To sign up for the Medicare Easy Pay plan, call Medicare toll-free at 1-800-633-4227.

**Remember, you must pay your monthly Medicare Part B premium before the due date to avoid cancellation of your Medicare Part B coverage.** If your Part B coverage is canceled, you will be enrolled in the Medical Mutual Basic Plan. You will also be responsible for 80% of all allowed claim expenses, including physician claims.



**Take action** — Sign up for the Medicare Easy Pay plan if your Part B premium is not automatically deducted from a federal retirement payment.

### UNDERSTANDING YOUR MEDICARE PART D PRESCRIPTION DRUG COVERAGE

After you enroll in Medicare, the prescription drug coverage included in your STRS Ohio health care plan will be provided under a Medicare Part D prescription drug plan. To be eligible, you must be enrolled in Medicare Parts A & B or Part B-only.

Express Scripts administers the Medicare Part D plan for Aetna, Medical Mutual, AultCare and Paramount enrollees. HealthSpan administers the plan for its enrollees.

**Do not enroll in any other Medicare Part D plan.** Medicare does not allow enrollment in more than one Medicare Part D plan.

- If you enroll in another Medicare Part D plan, your STRS Ohio hospital/medical and prescription drug coverage will be **canceled**.
- If you decline coverage under the Medicare Part D plan included in your STRS Ohio health care plan, your STRS Ohio hospital/medical coverage will be **canceled**.

**IMPORTANT:** Before making any changes to your Medicare Part D prescription drug plan coverage, call STRS Ohio to find out how your STRS Ohio health care coverage will be affected.

If you have specific questions about your prescription drug coverage, please call your prescription drug plan administrator.

### MEDICARE LATE ENROLLMENT PENALTIES

If you delay enrollment in Medicare Part B or Part D, the Centers for Medicare & Medicaid Services (CMS) charges a late enrollment penalty.

- **Medicare Part B** — Every year you delay enrolling in Medicare Part B results in an additional 10% of the premium being added to your monthly payment. For example, if your monthly Part B premium would have been \$120 if you had signed up during your initial enrollment period, every year you delay adds another \$12 late enrollment penalty to your monthly cost. This additional cost will be charged for as long as you have Medicare Part B coverage. You must pay this penalty amount directly to Medicare or have it automatically deducted from Social Security.
- **Medicare Part D** — You could also incur a late enrollment penalty if you go 63 days or more without Medicare Part D or creditable coverage. (Creditable coverage means prescription drug coverage that is as good as or better than the standard Medicare Part D prescription drug coverage.) CMS charges this penalty to STRS Ohio, and we make payment on your behalf. STRS Ohio subsequently deducts Part D late enrollment penalties for Aetna, Medical Mutual, AultCare and Paramount enrollees from their monthly STRS Ohio benefit payment. (HealthSpan bills its enrollees for the fees.) This additional cost will be charged for as long as you have Medicare Part D coverage. This penalty could increase if another 63-day lapse in creditable coverage occurs in the future.

The cost of paying Medicare late enrollment penalties can add up quickly. To minimize your costs, enroll in Part B when eligible and maintain the Part D coverage included in your STRS Ohio plan to avoid incurring late enrollment penalties.

### MEDICARE SURCHARGES FOR HIGHER INCOMES

Medicare Part B and Medicare Part D enrollees with higher annual incomes are subject to monthly Medicare surcharges. Surcharges vary by income levels set by Medicare (currently \$85,000+ for individuals; \$170,000+ for married couples). For more information, visit [www.ssa.gov](http://www.ssa.gov).

**STRS Ohio does not provide subsidies to offset surcharges.**

Any Part B and Part D surcharges will be deducted from your monthly Social Security, Railroad Retirement or Civil Service Retirement payment. If you do not receive such payments, you



will receive a bill from Medicare. You must pay all applicable surcharges to maintain your Medicare Part B and Part D coverage. Failure to pay surcharges will result in cancellation of your STRS Ohio health care coverage. Payments are made directly to Medicare, not to your plan administrator or STRS Ohio.

## **PARTIAL MEDICARE PART B PREMIUM REIMBURSEMENT**

Service retirement and disability benefit recipients who are enrolled in Medicare Part B and provide proof of Medicare Part B enrollment may be eligible to receive partial reimbursement to offset the standard monthly premium charged by Medicare for Part B coverage. **You must be enrolled in an STRS Ohio health care plan to receive partial premium reimbursement.**

If you're eligible to receive a Medicare Part B premium reimbursement through more than one Ohio public retirement system, specific guidelines apply. It's your responsibility to contact STRS Ohio to determine which system is responsible for providing your reimbursement; you may not receive more than one Part B premium reimbursement. You must also provide STRS Ohio with proof of your Medicare Part B enrollment.

If STRS Ohio receives documentation of your Medicare Part B enrollment **by the 15th of the month**, partial reimbursement of the benefit recipient's future standard Medicare Part B premium cost will begin the first of the following month. If documentation is received **after the 15th of the month**, partial premium reimbursement will begin the first of the second following month. **Partial reimbursement is not retroactive.**

For information about Medicare Part B partial premium reimbursement guidelines, call STRS Ohio's Member Services Center toll-free at 1-888-227-7877. Call Medicare directly at 1-800-633-4227 to learn what amount you will pay for your Medicare Part B coverage.

## **MEDICARE PART B-COVERED DRUGS AND SUPPLIES**

Medicare Part B covers a limited number of drugs/supplies as determined by the Centers for Medicare & Medicaid Services. Following are examples of drugs/supplies covered by Medicare Part B:

- Diabetic supplies such as blood sugar monitors, test strips, lancets and lancet devices, and blood sugar control solutions.
- Injections administered in a doctor's office.
- Certain oral cancer drugs.
- Drugs used with some types of durable medical equipment, such as a nebulizer or external infusion pump.
- Under limited circumstances, certain drugs administered in a hospital outpatient setting.

If you are enrolled in a plan administered by **Aetna or Medical Mutual**, the STRS Ohio Health Care Program will pay your portion of costs for select Medicare Part B-covered drugs/supplies that are coordinated with Medicare. When a claim for a covered drug or supply is coordinated with Medicare Part B, the claim is submitted to Medicare first for primary payment and then to the medical plan for secondary payment, leaving you with **no copayment for drugs/supplies dispensed by a participating Medicare retail pharmacy.**

## **QUALIFYING FOR EXTRA HELP WITH PRESCRIPTION DRUG COSTS**

Medicare offers a Low-Income Subsidy program to qualified participants in a Medicare Part D prescription drug plan. Under the Low-Income Subsidy program (also called Extra Help), participants may pay a lower deductible and lower copayment amounts for covered prescription drugs. Medicare, *not STRS Ohio*, determines if participants qualify for the subsidy program.

Under the Medicare Modernization Act of 2003, Medicare works directly with your prescription drug plan administrator to determine if you qualify for assistance. If you qualify, your prescription drug plan administrator will send you a letter informing you about the program.

If you receive a letter from your prescription drug plan administrator, you will be automatically enrolled in the subsidy program offered by Medicare. If you do not receive a letter and believe you may qualify for assistance, you can call Medicare directly toll-free at 1-800-633-4227 for more information or to request an application.

## **CONFUSED? WE CAN HELP**

Understanding Medicare and its requirements can sometimes be confusing. That's why we offer the webinar, **Medicare Enrollment and STRS Ohio**. We'll guide you through the Medicare enrollment process, provide information specific to new Medicare enrollees and address any questions you submit during the live presentation. To register for this free webinar, visit the Counseling & Seminars section of our website at [www.strsoh.org](http://www.strsoh.org).



## Section 4: Plans and Premiums With Medicare

If you're **eligible for Medicare (Parts A & B, Part A-only or Part B-only)**, this section is for you. Inside you'll find the coverage features of the plans available to enrollees with Medicare. You'll also find monthly premiums for benefit recipients based on years of service, as well as premiums for spouses, children and sponsored dependents with Medicare.

**Review the personalized list of plan options you may have received with this publication to find out the specific plans available to you and your family.** (If you did not receive a personalized list, please call STRS Ohio's Member Services Center for your plan options.) Keep in mind, you and your family members must enroll in the **same option**. If two plans are listed under an option, you and your dependents are eligible for different plans under that option based on Medicare status.

Please review this section for the features and premiums of the plans for enrollees with Medicare. If you have family members on your account without Medicare, also review Section 2 (Page 15) for features and premiums of the plan options for non-Medicare enrollees. Be aware coverage features under the same plan could differ based on Medicare status. Premiums also differ.

If you have specific questions about plan features, please contact the plan administrator directly (Page 47). If you have questions about monthly premiums, call STRS Ohio.

### PRESCRIPTION DRUG REFERENCE GUIDE

Express Scripts administers the Medicare Part D prescription drug plan for the Aetna, Medical Mutual, AultCare and Paramount plans described in this section. When reviewing prescription drug coverage for these plans, it's important to understand the following key terms.

KEY TERM	DESCRIPTION
<b>Annual deductible</b>	The amount an enrollee must pay for drugs classified as covered brand-name, including specialty, before the plan begins paying a portion of the costs for these drugs. Generic drug costs do not apply to the deductible.
<b>Generic</b>	Generic medications available for the lowest copayment.
<b>Covered brand-name</b>	Brand-name medications available for a copayment after the deductible is met.
<b>Specialty</b>	Specialty medications available for a 10% coinsurance up to a maximum cost of \$500 per fill (after the deductible is met if applicable). These high-cost medications typically include infused, injectable and oral drugs that are used to treat chronic and life-threatening diseases; are often difficult to administer; may cause adverse reactions; may require temperature control or other special handling; and/or may have restrictions as determined by the Food and Drug Administration.
<b>Over-the-counter PPI</b>	Over-the-counter proton pump inhibitor (PPI) medication, such as Prilosec OTC®, which is available for the generic copayment with a prescription.

# Plan Features for 2015

## With Medicare

*You may be eligible for these plans if you are enrolled in Medicare. If you have Part A-only, your only option is Medical Mutual Basic. If you live outside the United States, you may be eligible for Medical Mutual Plus. Contact STRS Ohio for details.*

*Note: Sponsored dependents with Medicare Part B-only may enroll only in the Aetna Medicare Plan or Medical Mutual Basic.*

	Aetna Medicare Plan <sup>1</sup> (Medicare Advantage PPO)		Medical Mutual Basic (Indemnity or PPO)	
	In-network (PPO) or Extended Service Area (ESA PPO)	Out-of-network (PPO)	In-network and Indemnity <sup>2,4</sup>	Out-of-network <sup>2,4</sup>
<b>PLAN FEATURES</b>				
<b>Enrollee Eligibility</b>	Available in any location in the United States		Available in any location	
<b>Annual Deductible per Enrollee<sup>3</sup></b>	\$300	\$500	\$2,250	\$4,500
<b>Out-of-Pocket Maximum<sup>3</sup></b> (Excludes prescription drug costs. Amounts included are noted for each plan.)	\$1,500 per enrollee (includes deductible, copayments and coinsurance)	\$2,000 per enrollee (includes deductible, copayments and coinsurance)	\$3,700 per enrollee (includes coinsurance and primary care physician copayments)	\$7,400 per enrollee (includes coinsurance)
<b>Lifetime Benefits Maximum per Enrollee</b>	Unlimited		Unlimited	
<b>Health Provider Access</b>	Use network provider (PPO); use any provider that accepts Medicare (ESA PPO)	Use any provider that accepts Medicare	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider
<b>PHYSICIAN, HOSPITAL, SKILLED NURSING AND HOME HEALTH CARE</b>				
<b>Primary Care Physician Office Visit</b>	Enrollee pays \$15 (no deductible)	Enrollee pays \$40 after deductible	Enrollee pays \$20 per visit for first two visits per year (no deductible); 20% thereafter (after deductible)	Enrollee pays 50% after deductible
<b>Specialist Physician Office Visit</b>	Enrollee pays \$25 (no deductible)	Enrollee pays \$50 after deductible	Enrollee pays 20%	Enrollee pays 50%
<b>Urgent Care</b>	Enrollee pays \$35 (no deductible)		Enrollee pays \$35	
<b>Hospital Inpatient Services</b>	Enrollee pays 4%	Enrollee pays 6%	Enrollee pays 20% <sup>5</sup>	Enrollee pays 50% <sup>5</sup>
<b>Hospital Charges for Outpatient Surgery and Preadmission Testing</b>	Enrollee pays 4%	Enrollee pays 6%	Enrollee pays 20%	
<b>Emergency Room Care</b>	Enrollee pays \$65 (no deductible); waived if admitted		Enrollee pays \$150; waived if admitted	
<b>Skilled Nursing Facility</b> (Benefit period varies by plan administrator.)	Enrollee pays 0% for up to 100 days per benefit period after deductible; after 100 days, enrollee pays 100%		Enrollee pays 20% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 50% (90 days per benefit period); after 90 days, enrollee pays 100%
<b>Inpatient Mental Health</b>	Enrollee pays 4%	Enrollee pays 6%	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days
<b>Home Health Care</b>	Enrollee pays 0% after deductible; no visit limit		Enrollee pays 20%; no visit limit	

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

<sup>2</sup>Indemnity and out-of-network payments are based on allowed/noncontracting provider amounts for medically necessary services as established by the health care plan administrator. If nonparticipating providers or providers that do not accept Medicare assignment charge in excess of these amounts, the enrollee is responsible for the excess charges.

<sup>3</sup>Annual deductible must be met before plan begins making payments, unless otherwise noted. For the Aetna Medicare Plan, emergency room and urgent care copayments apply to the deductible. In-network and out-of-network accumulations are separate, except for the Aetna Medicare Plan.

<sup>4</sup>Benefits are payable after Medicare payments.

<sup>5</sup>Enrollees with Medicare Part B-only must use in-network providers for hospital services to receive maximum claims payment.

## Plan Features for 2015 With Medicare

AultCare PPO		HealthSpan Medicare Plus (HMO) <i>Closed to new enrollments in 2015</i>	Paramount Elite HMO (Medicare Advantage)
In-network <sup>4</sup>	Out-of-network <sup>2,4</sup>		
Available in select northeastern Ohio area ZIP codes		Available in select Cleveland, Ohio, area ZIP codes	Available in select northwestern Ohio and southern Michigan area ZIP codes
\$500	\$1,000	No deductible	No deductible
\$1,500 per enrollee (includes coinsurance)	\$3,000 per enrollee (includes coinsurance)	\$2,500 per enrollee (includes copayments)	\$1,500 per enrollee (includes copayments)
Unlimited		Unlimited	Unlimited
Use network provider	Use any covered provider	Use HMO network provider	Use HMO network provider
Enrollee pays 20%		Enrollee pays \$15	Enrollee pays \$15
Enrollee pays 20%	Enrollee pays 50%	Enrollee pays \$15	Enrollee pays \$20
Enrollee pays \$35		Enrollee pays \$35	Enrollee pays \$25
Enrollee pays 20% <sup>5</sup>	Enrollee pays 50% <sup>5</sup>	Enrollee pays 0%	Enrollee pays 0%
Enrollee pays 20%	Enrollee pays 50%	Enrollee pays \$15	Enrollee pays 0%
Enrollee pays \$65; waived if admitted		Enrollee pays \$65; waived if admitted	Enrollee pays \$65; waived if admitted
Enrollee pays 20% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 50% (90 days per benefit period); after 90 days, enrollee pays 100%	Enrollee pays 0% for up to 100 days per benefit period; after 100 days, enrollee pays 100%	Enrollee pays 0% per benefit period for days 1–20; \$75 for days 21–100; after 100 days, enrollee pays 100%
Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days	Enrollee pays 0%; no limit on days	Enrollee pays 0%; no limit on days
Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays 0%; no visit limit	Enrollee pays 0%; no visit limit



## Plan Features for 2015

### With Medicare

*You may be eligible for these plans if you are enrolled in Medicare. If you have Part A-only, your only option is Medical Mutual Basic. If you live outside the United States, you may be eligible for Medical Mutual Plus. Contact STRS Ohio for details.*

*Note: Sponsored dependents with Medicare Part B-only may enroll only in the Aetna Medicare Plan or Medical Mutual Basic.*

Aetna Medicare Plan or Medical Mutual	Aetna Medicare Plan <sup>1</sup> (Medicare Advantage PPO)		Medical Mutual Basic (Indemnity or PPO)	
	In-network (PPO) or Extended Service Area (ESA PPO)	Out-of-network (PPO)	In-network and Indemnity <sup>2,3</sup>	Out-of-network <sup>2,3</sup>
PREVENTIVE SERVICES				
Services such as a routine physical exam, bone density screening, mammogram, routine prostatic specific antigen (PSA), colorectal cancer screening, Pap smear and immunizations/inoculations may be covered. Contact the plan administrator for details.	Enrollee pays 0% (no deductible); some limitations may apply		Enrollee pays 0% (no deductible); limit one per calendar year (colorectal cancer screening limit one per 24 months if high risk or one per 10 years if not high risk)	
OUTPATIENT SERVICES				
Diagnostic X-ray and Lab Testing	Enrollee pays 4% for diagnostic X-ray after deductible; 0% for lab testing (no deductible)	Enrollee pays 6% for diagnostic X-ray after deductible; 0% for lab testing after deductible	Enrollee pays 20%	
Outpatient Mental Health	Enrollee pays \$20 (no deductible); no visit limit	Enrollee pays \$40 after deductible; no visit limit	Enrollee pays 20%; no visit limit	
ADDITIONAL SERVICES				
Dental Care	No coverage		No coverage	
Vision Care	Enrollee pays 0% for annual eye exam; eyewear discounts available at participating providers		No coverage	

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

<sup>2</sup>Indemnity and out-of-network payments are based on allowed/noncontracting provider amounts for medically necessary services as established by the health care plan administrator. If nonparticipating providers or providers that do not accept Medicare assignment charge in excess of these amounts, the enrollee is responsible for the excess charges.

<sup>3</sup>Benefits are payable after Medicare payments.

## Plan Features for 2015 With Medicare

AultCare PPO		HealthSpan Medicare Plus (HMO) <i>Closed to new enrollments in 2015</i>	Paramount Elite HMO (Medicare Advantage)
In-network <sup>3</sup>	Out-of-network <sup>2,3</sup>		
Enrollee pays 0% (no deductible); limited designated services; frequency/age/gender limitations apply		Enrollee pays 0%; limited designated services; frequency/age/gender limitations apply	Enrollee pays 0%; limited designated services; frequency/age/gender limitations apply
Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 0%	Enrollee pays 0%
Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays \$15; no visit limit	Enrollee pays \$20; no visit limit
No coverage	No coverage	No coverage	No coverage
No coverage	No coverage	Enrollee pays \$15 for annual eye exam at EyeMed	Enrollee pays \$20 for annual eye exam at participating providers

## Plan Features for 2015

### With Medicare

*You may be eligible for these plans if you are enrolled in Medicare. If you have Part A-only, your only option is Medical Mutual Basic. If you live outside the United States, you may be eligible for Medical Mutual Plus. Contact STRS Ohio for details.*

*Note: Sponsored dependents with Medicare Part B-only may enroll only in the Aetna Medicare Plan or Medical Mutual Basic.*

	Aetna Medicare Plan (Medicare Advantage PPO)	Medical Mutual Basic (Indemnity or PPO)
MEDICARE PART D PRESCRIPTION DRUG COVERAGE		
Retail Network Provider	Express Scripts	Express Scripts
Annual Brand-name Deductible per Enrollee (Generic drug costs do not apply to deductible.)	\$200 for covered brand-name drugs, including specialty	\$200 for covered brand-name drugs, including specialty
Standard (Network) Retail/Nursing Home Pharmacy Copayments/Coinsurance per 31-day Supply	<p><b>Generic:</b> \$10 (includes over-the-counter PPI with prescription)</p> <p><b>Covered brand-name:</b> \$30 after deductible is met</p> <p>If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.</p> <p><b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable)</p> <p><b>Out-of-network pharmacies and pharmacies outside the U.S. and Puerto Rico:</b> Reimbursed the amount STRS Ohio would have been charged at a standard (network) pharmacy, less copayment</p>	<p><b>Generic:</b> \$10 (includes over-the-counter PPI with prescription)</p> <p><b>Covered brand-name:</b> \$30 after deductible is met</p> <p>If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.</p> <p><b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable)</p> <p><b>Out-of-network pharmacies and pharmacies outside the U.S. and Puerto Rico:</b> Reimbursed the amount STRS Ohio would have been charged at a standard (network) pharmacy, less copayment</p>
Maximum Day Supply	<p><b>Retail:</b> 90 days;</p> <p><b>Mail:</b> 90 days</p>	<p><b>Retail:</b> 90 days;</p> <p><b>Mail:</b> 90 days</p>
Home Delivery Provider	Express Scripts	Express Scripts
Home Delivery Copayments/Coinsurance	<p><b>Low-Cost Generic Drug Program medications:</b> \$9</p> <p><b>Generic:</b> \$25 (includes over-the-counter PPI with prescription)</p> <p><b>Covered brand-name:</b> \$75 after deductible is met</p> <p><b>Diabetic medications:</b> No deductible; Generic: \$12.50; Covered brand-name: \$37.50</p> <p>If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.</p> <p><b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable)</p>	<p><b>Low-Cost Generic Drug Program medications:</b> \$9</p> <p><b>Generic:</b> \$25 (includes over-the-counter PPI with prescription)</p> <p><b>Covered brand-name:</b> \$75 after deductible is met</p> <p>If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug.</p> <p><b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable)</p>
Maximum Annual Expense per Enrollee	If an enrollee pays a total of \$4,700 out of pocket in copayments/coinsurance/deductible for generic, covered brand-name and specialty medications, that enrollee pays nothing for covered medications for the remainder of the year.	If an enrollee pays a total of \$4,700 out of pocket in copayments/coinsurance/deductible for generic, covered brand-name and specialty medications, that enrollee pays nothing for covered medications for the remainder of the year.

## Plan Features for 2015 With Medicare

AultCare PPO	HealthSpan Medicare Plus (HMO) <i>Closed to new enrollments in 2015</i>	Paramount Elite HMO (Medicare Advantage)
Express Scripts	HealthSpan Medical Facilities and other network pharmacies	Express Scripts
\$200 for covered brand-name drugs, including specialty	No deductible	\$200 for covered brand-name drugs, including specialty
<b>Generic:</b> \$10 (includes over-the-counter PPI with prescription) <b>Covered brand-name:</b> \$30 after deductible is met If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug. <b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable) <b>Out-of-network pharmacies and pharmacies outside the U.S. and Puerto Rico:</b> Reimbursed the amount STRS Ohio would have been charged at a standard (network) pharmacy, less copayment	<b>Formulary generic:</b> \$15 <b>Formulary brand-name:</b> \$30 Services must be received by pharmacies participating in the HMO network.	<b>Generic:</b> \$10 (includes over-the-counter PPI with prescription) <b>Covered brand-name:</b> \$30 after deductible is met If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug. <b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable) <b>Out-of-network pharmacies and pharmacies outside the U.S. and Puerto Rico:</b> Reimbursed the amount STRS Ohio would have been charged at a standard (network) pharmacy, less copayment
<b>Retail:</b> 90 days; <b>Mail:</b> 90 days	<b>Retail:</b> 90 days; <b>Mail:</b> 90 days	<b>Retail:</b> 90 days; <b>Mail:</b> 90 days
Express Scripts	HealthSpan Mail Order	Express Scripts
<b>Low-Cost Generic Drug Program medications:</b> \$9 <b>Generic:</b> \$25 (includes over-the-counter PPI with prescription) <b>Covered brand-name:</b> \$75 after deductible is met If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug. <b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable)	<b>Formulary generic:</b> \$15 <b>Formulary brand-name:</b> \$30	<b>Low-Cost Generic Drug Program medications:</b> \$9 <b>Generic:</b> \$25 (includes over-the-counter PPI with prescription) <b>Covered brand-name:</b> \$75 after deductible is met If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug. <b>Specialty:</b> 10% up to a maximum of \$500 per fill (after deductible is met if applicable)
If an enrollee pays a total of \$4,700 out of pocket in copayments/coinsurance/deductible for generic, covered brand-name and specialty medications, that enrollee pays nothing for covered medications for the remainder of the year.	No limit	If an enrollee pays a total of \$4,700 out of pocket in copayments/coinsurance/deductible for generic, covered brand-name and specialty medications, that enrollee pays nothing for covered medications for the remainder of the year.



# Monthly Premiums for 2015

## With Medicare

*You may be eligible for these plans if you are enrolled in Medicare. If you have Part A-only, your only option is Medical Mutual Basic. If you live outside the United States, you may be eligible for Medical Mutual Plus. Contact STRS Ohio for details.*

*Note: Sponsored dependents with Medicare Part B-only may enroll only in the Aetna Medicare Plan or Medical Mutual Basic.*

ELIGIBILITY GROUP	Aetna Medicare Plan (Medicare Advantage PPO)		Medical Mutual Basic (Indemnity or PPO)	
	TOTAL COST: \$345		TOTAL COST: \$258	
	Available in any location in the United States		Available in any location	
BENEFIT RECIPIENT YEARS OF SERVICE	STRS OHIO PAYS	YOU PAY	STRS OHIO PAYS	YOU PAY
30+	228	117	170	88
29	220	125	165	93
28	213	132	159	99
27	205	140	153	105
26	197	148	148	110
25	190	155	142	116
24	182	163	136	122
23	175	170	131	127
22	167	178	125	133
21	159	186	119	139
20	152	193	114	144
19	144	201	108	150
18	137	208	102	156
17	129	216	96	162
16	121	224	91	167
15	114	231	85	173
Less Than 15 Years of Service <sup>1</sup>	0	345	0	258
Spouse	0	345	0	258
Children	0	345	0	258
Sponsored Dependents	0	345	0	258

<sup>1</sup>Members who retired before Jan. 1, 2004, with less than 15 years of service credit have access to the STRS Ohio Health Care Program but pay the full cost of their premium. Members who retire on or after Jan. 1, 2004, and before Aug. 1, 2023, must have at least 15 years of qualifying service credit to access coverage. Members who retire on or after Aug. 1, 2023, must have at least 20 years of qualifying service credit to access coverage.

## Monthly Premiums for 2015 With Medicare

AultCare PPO		HealthSpan Medicare Plus (HMO) <i>Closed to new enrollments in 2015</i>		Paramount Elite HMO (Medicare Advantage)	
TOTAL COST: \$387		TOTAL COST: \$381		TOTAL COST: \$375	
Available in select northeastern Ohio area ZIP codes		Available in select Cleveland, Ohio, area ZIP codes		Available in select northwestern Ohio and southern Michigan area ZIP codes	
STRS OHIO PAYS	YOU PAY	STRS OHIO PAYS	YOU PAY	STRS OHIO PAYS	YOU PAY
228	159	228	153	228	147
220	167	220	161	220	155
213	174	213	168	213	162
205	182	205	176	205	170
197	190	197	184	197	178
190	197	190	191	190	185
182	205	182	199	182	193
175	212	175	206	175	200
167	220	167	214	167	208
159	228	159	222	159	216
152	235	152	229	152	223
144	243	144	237	144	231
137	250	137	244	137	238
129	258	129	252	129	246
121	266	121	260	121	254
114	273	114	267	114	261
0	387	0	381	0	375
0	387	0	381	0	375
0	387	0	381	0	375
0	387	0	381	0	375