



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746

614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

MEDICARE ADVANTAGE PLAN COMPARISON WORKSHEET

Use this worksheet to compare your SERS health care coverage to other individual plans. Remember, if you waive SERS' health care, you may not be able to re-enroll at a later date. Contact SERS for more information.

	2017 SERS Plan	Plan 2	Plan 3
Plan Name	Aetna MedicareSM Plan (PPO)		
Plan Type	Preferred Provider Organization		
Are my doctors and hospitals in the plan's network?	Ohio residents will pay more if they use providers outside the Aetna Medicare PPO network.	Yes / No	Yes / No
Coverage outside of service area?	Yes	Yes / No	Yes / No
Do I need referrals?	No	Yes / No	Yes / No
Monthly Premium			
Deductible (Annual)	None		
Out-of-Pocket Maximum	\$3,000 per person		
Office Visit	\$20 co-pay		
Specialist Visit	\$40 co-pay		
Inpatient Hospital	\$150 per day for first five days, then plan covers 100%		
Emergency Room	\$75 co-pay, waived if admitted		
Ambulance	20% coinsurance		
Urgent Care	\$40 co-pay		
Outpatient Diagnostic X-ray	\$25 co-pay		
Outpatient Diagnostic Lab	100% coverage		
Outpatient Surgery (Facility Only)	\$200 co-pay per surgery		
Chiropractic	\$15 co-pay limited to Medicare-covered services		
Durable Medical Equipment	20% coinsurance		
Skilled Nursing Facility	Co-pays: \$0 per day 1-10, \$25 per day 11-20, \$50 per day 21-100. (100-day max.)		
Home Health Care	100% coverage		
Preventive Care	100% coverage		
Vision	Annual exam / eyewear discounts		
Hearing	Annual exam / device discounts		
Are wellness programs included?	Yes, SilverSneakers [®]	Yes / No	Yes / No
Is disease management offered?	Yes	Yes / No	Yes / No
Is a prescription drug (Part D) plan included?	Yes, see other side	Yes / No	Yes / No

PRESCRIPTION DRUG COVERAGE

All of SERS' Medicare plans include Medicare Part A (hospitalization), Part B (medical), and Part D (prescription drugs). Under federal rules, if you buy an individual Part D plan, your SERS health care coverage could be cancelled. Individual Medicare plans may or may not include drug coverage.

	SERS Plan	Plan 2	Plan 3
Plan Name	Express Scripts		
Is prescription drug coverage included in the monthly health care premium?	Yes. See other side for monthly premium.	Yes / No If no, monthly Rx premium \$ ____	Yes / No If no, monthly Rx premium \$ ____
Is there a deductible for prescriptions?	No	Yes / No	Yes / No
Is mail order available?	Yes	Yes / No	Yes / No
What does the plan pay in the coverage gap known as the donut hole?	Your SERS co-pays will not change if you enter the donut hole. Your SERS plan will continue to help pay for generic and preferred brand drugs in the donut hole.		
Are there any additional out-of-pocket costs while in the donut hole?	No		
RETAIL (30-day supply)			
Generic	\$7.50 co-pay		
Preferred brand name	25% (min. \$25 / max. \$100)		
MAIL ORDER (90-day supply)			
Generic	\$15 co-pay		
Preferred brand name	25% (min. \$45 / max. \$200)		
INSULIN ONLY			
RETAIL			
Preferred brand name	25% or \$30 max.		
Non-preferred brand name	50% or \$45 max.		
MAIL ORDER			
Preferred brand name	25% or \$60 max.		
Non-preferred brand name	50% or \$115 max.		