

2025 Medical/Prescription Plan Overview

This overview provides the main coverage features of STRS Ohio’s medical plans. Both plans include hospital, medical and prescription coverage. Questions about specific coverage features not listed and health care provider information should be directed to the plan administrators. *This is not a legal document. A comprehensive description of your coverage is available from your plan after enrollment is confirmed.*

Prescription Coverage

CVS Caremark (CVS) administers the prescription coverage included with STRS Ohio’s medical plans. Enrollees with Medicare are covered by SilverScript, a Medicare Part D plan. SilverScript is an affiliate of CVS. Non-Medicare enrollees are covered by CVS Caremark. The amounts listed below are the same for Medicare and non-Medicare enrollees unless otherwise noted.

Annual Deductible

There is a \$275 annual deductible per enrollee for covered brand-name drugs. An enrollee pays the full cost of these drugs until the deductible is met. Once the deductible is met, that enrollee pays the applicable copayment/

coinsurance for the remainder of the year or until the maximum out-of-pocket limit is reached. **The deductible resets every Jan. 1.** Accumulated amounts do not carry over to the next calendar year. Additionally, generic drug costs are not subject to nor applied to the deductible.

Maximum Out-of-Pocket Limit

The maximum out-of-pocket limit is \$2,000 per Medicare enrollee and \$4,000 per non-Medicare enrollee. This is the maximum annual amount an enrollee will pay in copayments/coinsurance/deductible for covered drugs. Once the maximum out-of-pocket limit is met, that enrollee pays nothing for covered drugs for the remainder of the year.

2025 Prescription Plan Features SilverScript (Medicare) and CVS Caremark (Non-Medicare)	
Annual Brand-Name Deductible per Enrollee (Generic drug costs are not subject to nor applied to the deductible.)	\$275 for covered brand-name drugs
Network Retail/Long-Term Care Pharmacy Copayments/Coinsurance (31-day Supply) (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug. For SilverScript, Tier 1 may include some brands and Tier 2 may include some non-preferred generics.)	<p>Tier 1: Generic — \$10 Tier 2: Preferred Brand — \$30 (after deductible) Tier 3: Non-Preferred Drug — \$75 (after deductible) Tier 4: Specialty (High Cost) — After deductible, lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days*</p> <p>All enrollees can receive a 90-day supply at CVS pharmacies, Longs Drugs and Navarro Discount Pharmacy for the same price as mail service. (Costco and Kroger are also included for non-Medicare enrollees.) Low-Cost Generic Drug Program medications are included.</p>
Maximum Day Supply	<p>Retail: 90 days (Medicare); 31 days (non-Medicare) Mail Service: 90 days (Medicare and non-Medicare)</p>
Mail Service Pharmacy Copayments/Coinsurance (If the cost of the drug is less than the copayment, the enrollee pays the cost of the drug. For SilverScript, Tier 1 may include some brands and Tier 2 may include some non-preferred generics.)	<p>Low-Cost Generic Drug Program medications: \$9 Tier 1: Generic — \$25 Tier 2: Preferred Brand-Name — \$75 (after deductible) Tier 3: Non-Preferred Drug — \$187.50 (after deductible) Tier 4: Specialty (High Cost) — After deductible, lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days*</p>
Maximum Out-of-Pocket Limit	If an enrollee pays a total of \$2,000 (Medicare) or \$4,000 (non-Medicare) out of pocket in copayments/coinsurance/deductible for covered medications, that enrollee pays nothing for covered medications for the remainder of the year.

*Non-Medicare enrollees must use CVS Specialty pharmacy; Medicare enrollees may use any specialty pharmacy.

Medical Coverage

	Medicare				Non-Medicare	
	Aetna Medicare Plan (Medicare Advantage PPO)		Aetna Basic Plan (PPO or Indemnity)		Aetna Basic Plan (PPO or Indemnity)	
	In-Network (PPO) or Extended Service Area (ESA PPO) ¹	Out-of-Network (PPO) ¹	In-Network and Indemnity ^{2,4}	Out-of-Network ^{2,4}	In-Network and Indemnity ²	Out-of-Network ²
PLAN FEATURES						
Annual Deductible per Enrollee ³	\$0	\$500	\$2,500	\$5,000	\$2,500	\$5,000
Out-of-Pocket Maximum ³ (Includes deductible, copayments and coinsurance. Excludes prescription costs.)	\$1,500 per enrollee	\$2,500 per enrollee	\$6,500 per enrollee	\$13,000 per enrollee	\$6,500 per enrollee	\$13,000 per enrollee
Lifetime Benefits Maximum per Enrollee	Unlimited		Unlimited		Unlimited	
Health Provider Access	Use network provider (PPO); use any provider that accepts Medicare and the Aetna plan (ESA PPO)	Use any provider that accepts Medicare	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider	Use network provider (PPO); use any covered provider (indemnity)	Use any covered provider
PHYSICIAN, HOSPITAL, SKILLED NURSING AND HOME HEALTH CARE						
Primary Care Physician Office Visit ⁵ (Includes in-person, phone and video visits.)	Enrollee pays \$0 (no deductible)	Enrollee pays \$40 after deductible	Enrollee pays \$20 (no deductible)	Enrollee pays 50% after deductible	Enrollee pays \$20 (no deductible)	Enrollee pays 50% after deductible
Specialist Physician Office Visit (Includes in-person, phone and video visits.)	Enrollee pays \$25 (no deductible)	Enrollee pays \$55 after deductible	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%
Urgent Care	Enrollee pays \$40 (no deductible)		Enrollee pays \$40, then 20% after deductible		Enrollee pays \$40, then 20% after deductible	
Hospital Services (Inpatient/Outpatient)	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20% ⁶	Enrollee pays 50% ⁶	Enrollee pays 20%	Enrollee pays 50%
Hospital Charges for Outpatient Surgery/Preadmission Testing	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%
Emergency Room Care	Enrollee pays \$75 (no deductible); copayment waived if admitted		Enrollee pays \$150, then 20% after deductible; copayment waived if admitted		Enrollee pays \$150, then 20% after deductible; copayment waived if admitted	
Skilled Nursing Facility (Benefit period varies by plan.)	Enrollee pays 0%; no day limit	Enrollee pays 8%; no day limit	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 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%
Inpatient Mental Health	Enrollee pays 4%	Enrollee pays 8%	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days	Enrollee pays 20%; no limit on days	Enrollee pays 50%; no limit on days
Home Health Care	Enrollee pays 0%; no visit limit	Enrollee pays 8%; no visit limit	Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays 20%; no visit limit	Enrollee pays 50%; no visit limit

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

²For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

³Annual deductible must be met before plan begins making payments, unless otherwise noted. In-network and out-of-network accumulations are separate, except for the Aetna Medicare Plan.

⁴Benefits are payable after Medicare payments.

⁵For the Aetna Basic Plan, certain mental health providers may be included.

⁶Enrollees with Medicare Part B-only must use in-network providers for hospital services to receive maximum claims payment.

	Medicare				Non-Medicare	
	Aetna Medicare Plan (Medicare Advantage PPO)		Aetna Basic Plan (PPO or Indemnity)		Aetna Basic Plan (PPO or Indemnity)	
	In-Network (PPO) or Extended Service Area (ESA PPO) ¹	Out-of-Network (PPO) ¹	In-Network and Indemnity ^{2,3}	Out-of-Network ^{2,3}	In-Network and Indemnity ²	Out-of-Network ²
PREVENTIVE SERVICES (If you are treated or monitored for an existing medical condition during the visit when you receive the preventive service, any applicable copayment/coinsurance/deductible will apply for care received for the existing medical condition.)						
Limited designated services such as routine physical, bone density screening, mammogram, colorectal screening, Pap smear, vaccinations and dermatological skin check (Aetna Basic Plan only); frequency/age/gender limitations apply based on U.S. Preventive Services Task Force recommendations or Medicare guidelines when applicable. Contact the plan for details.	Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)		Enrollee pays 0% (no deductible)	
OUTPATIENT SERVICES						
Diagnostic X-ray/Lab Testing	Enrollee pays 4% for diagnostic X-ray after deductible; 0% for lab testing (no deductible)	Enrollee pays 8% for diagnostic X-ray after deductible; 0% for lab testing after deductible	Enrollee pays 20%	Enrollee pays 50%	Enrollee pays 20%	Enrollee pays 50%
Outpatient Mental Health (Includes in-person, phone and video visits.)	Enrollee pays \$25 (no deductible); no visit limit	Enrollee pays \$55 after deductible; no visit limit	Enrollee pays 20% ⁴ ; no visit limit	Enrollee pays 50%; no visit limit	Enrollee pays 20% ⁴ ; no visit limit	Enrollee pays 50%; no visit limit
ADDITIONAL SERVICES (Contact the plan for details.)						
Fitness/Weight Management	SilverSneakers membership; discounts on weight management services		Discount membership to gyms in the GlobalFit network; discounts on weight management services		Discount membership to gyms in the GlobalFit network; discounts on weight management services	
Vision Care	Enrollee pays 0% for annual routine eye exam; eyewear discounts available at participating providers		Discounts on eye exams and eyewear		Discounts on eye exams and eyewear	
Hearing	Up to \$1,000 reimbursement for hearing aids per 36 months; discount programs may also be available		Discount programs may be available		Discount programs may be available	
Telemedicine (Virtual provider visits; provider varies by plan.)	Enrollee pays \$0 for Teladoc visit (no deductible)	Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit	Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit		Teladoc visit covered at same level as in-network primary care physician or specialist physician office visit	
Non-Emergency Transportation (Transportation for non-emergency medical appointments.)	Enrollee pays 0%; trip and mileage allowances may apply; unlimited transportation for dialysis patients		No coverage		No coverage	

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

²For services deemed medically necessary by the plan administrator, indemnity and out-of-network payments are based on allowed amounts determined by the prevailing geographical area fee schedule. If nonparticipating providers charge in excess of these amounts, the enrollee may be responsible for the excess charges.

³Benefits are payable after Medicare payments.

⁴You may pay the applicable primary care physician office visit copayment for certain mental health providers.

Medicare Enrollment Is Required

STRS Ohio requires all medical plan participants to be enrolled in Medicare Parts A & B at age 65 or when eligible. Medicare Part B is required for all enrollees. Medicare Part A is also required if it is available to you at no cost (premium free). **If you decline Medicare Part B or premium-free Part A, you will no longer be eligible for STRS Ohio medical coverage.**

If you or any family member on your account enrolls in Medicare, you must submit Medicare information to STRS Ohio through your Online Personal Account. Individuals will transition to the Aetna Medicare Plan after Medicare enrollment is confirmed. Failure to provide proof of Medicare enrollment will affect your STRS Ohio coverage.

Who to Contact

At-a-Glance

- **To ask coverage questions,** visit the plan’s website or call the plan administrator.
- **To obtain provider information,** visit the plan’s website or call the plan administrator.
- **To ask enrollment questions,** visit STRS Ohio’s website, call STRS Ohio or email STRS Ohio (go to www.strsoh.org and select “Contact Us” from the top menu).

Phone Numbers and Websites

Contact	Customer Service (Eastern Time)	Website
Aetna Basic Plan	800-645-5677 (toll-free) Hours: Weekdays, 8 a.m.–6 p.m.	www.aetnaresource.com/p/strs-commercial-plan-microsite
Aetna Medicare Plan	833-383-4612 (toll-free) Hours: Weekdays, 8 a.m.–9 p.m.	strs.aetnamedicare.com
CVS Caremark	800-756-6841 (toll-free) Hours: 7 days a week, 24 hours a day	www.caremark.com
SilverScript <i>CVS affiliate for Medicare Part D plan enrollees</i>	800-756-6859 (toll-free) Hours: 7 days a week, 24 hours a day	www.caremark.com
STRS Ohio	888-227-7877 (toll-free) Hours: Weekdays, 8 a.m.–5 p.m.	www.strsoh.org



RESOURCES

VISIT
STRS Ohio
275 E. Broad St.
Columbus, OH 43215-3771

ONLINE
www.strsoh.org
24 hours a day
Select “Contact” from
the top menu to email

BY PHONE
Member Services Center
888-227-7877 (toll-free)
614-233-8713 (fax)
Monday through Friday
8 a.m. to 5 p.m.

