



2025 Open-Enrollment Guide

For Medical/Prescription, Dental and Vision Coverage

Open enrollment for STRS Ohio's medical/prescription, dental and vision plans is **Nov. 1–26, 2024**. This is your time to decide if you want to enroll in a plan or make any changes to your STRS Ohio coverage for next year.

This guide and the enclosed materials will help you evaluate your coverage options effective Jan. 1, 2025:

- Your personalized letter lists your plan options and premiums for 2025.
- The *2025 Medical/Prescription Plan Overview* outlines the main coverage features of STRS Ohio's medical plans including prescription coverage. Contact information is also included.
- The brochure describes dental and vision coverage features and premiums for 2025–2026. (This is included for current medical/prescription plan enrollees. New enrollees will receive the brochure in separate mailing.)

Open-enrollment information as well as eligibility and enrollment guidelines are available on STRS Ohio's website. If you have any questions, email us any time by going to www.strsoh.org and selecting "Contact" from the top menu. You can also call us toll-free at 888-227-7877, Monday–Friday, 8 a.m. to 5 p.m. Eastern time.

Open-Enrollment Changes

Enrollment changes must be submitted by **Nov. 26** to take effect Jan. 1, 2025. To enroll in a plan, cancel coverage or change medical plans (if available), log in to your Online Personal Account at www.strsoh.org and select "Health Care." Then select the type of change you want to make under **Open Enrollment**:

- Enroll, Cancel or Change Medical Plan
- Enroll or Cancel Dental/Vision Plan

If you do not have an account, visit www.strsoh.org and click "Register" at the top of the home page.

Medical/Prescription Coverage

STRS Ohio medical/prescription coverage is separate from STRS Ohio dental and vision coverage. See the *2025 Medical/Prescription Plan Overview* for plan features. For more information, visit the Open-Enrollment Resource Center.

Current Enrollees

- If you want to be enrolled in the plan listed on the front of your letter, you don't need to do anything to confirm your plan selection. You will automatically be covered by the plan effective Jan. 1, 2025.
- To cancel coverage or change plans (if available), log in to your Online Personal Account at www.strsoh.org. See "Open-Enrollment Changes" above for instructions.

New Enrollees

Review your letter for your plan options and premiums. To enroll in a plan, log in to your Online Personal Account at www.strsoh.org. See "Open-Enrollment Changes" above for instructions.

Visit the Open-Enrollment Resource Center!

Your one stop for all your enrollment needs.

Find more information on:

- Program changes
- Plan features & premiums
- Coverage considerations such as residency & foreign travel
- Financial assistance
- Medicare enrollment
- Contact information & more!

www.strsoh.org

7 days a week, 24 hours a day

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 after receiving this mailing, 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.

Dental and Vision Coverage

STRS Ohio offers dental coverage through Delta Dental and vision coverage through Vision Service Plan (VSP). This coverage is separate from STRS Ohio medical coverage. Please review the dental and vision brochure for plan features, monthly premiums and contact information. Call the plans directly with specific questions.

You can choose coverage under either the dental or vision plan, or both plans. Enrollment in an STRS Ohio medical plan is not required to obtain dental and/or vision coverage. To enroll in a plan or cancel coverage, log in to your Online Personal Account at www.strsoh.org. See “Open-Enrollment Changes” on Page 1 for instructions.

Two-year enrollment contract period — Dental and vision coverage is effective for two years from Jan. 1, 2025, through Dec. 31, 2026. Once you are enrolled in the dental and/or vision plan, you must remain enrolled through Dec. 31, 2026, and pay monthly premiums even if you no longer need or use services under the plan (e.g., you get dentures, laser vision correction or other insurance). Early contract cancellation is not permitted unless it is due to death, divorce or a child who becomes ineligible at age 26.

Current Enrollees

- To **remain enrolled** in the dental and/or vision plan for 2025–2026, you do not need to contact STRS Ohio. Your coverage will automatically extend through Dec. 31, 2026.
- If you **do not want to remain enrolled** in the dental and/or vision plan for 2025–2026, cancel your enrollment through your Online Personal Account. Your coverage will then end on Dec. 31, 2024. If you do not cancel your enrollment by Nov. 26, your coverage will automatically extend through Dec. 31, 2026.

New Enrollees

To add dental and/or vision coverage for yourself and any eligible dependents, enroll through your Online Personal Account. You can enroll in either the dental or vision plan, or both plans. Eligible dependents only qualify for coverage if the benefit recipient is also enrolled in the plan.

Required Notices

For informational purposes only. *Notice of Privacy Practices* is available on the STRS Ohio website or upon request.

Notice for the Women's Health and Cancer Rights Act of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, STRS Ohio's Aetna Basic Plan will provide coverage to include the following mastectomy-related procedures:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

- Prostheses and treatment of physical complications at all stages of a mastectomy, including lymphedemas (swelling of the hand and arm on the operated side).

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductible and coinsurance provisions that apply for the mastectomy. If you have questions about coverage of mastectomies and reconstructive surgery, please call Aetna toll-free at 800-645-5677.

Notice of Medicare Part D Creditable Coverage

This notice provides important information about prescription coverage through STRS Ohio's medical plans and Medicare Part D. Please read this notice carefully and keep a copy for your records.

As an enrollee in an STRS Ohio medical plan, you should not enroll in more than one Medicare Part D plan. STRS Ohio has received an actuarial determination that the prescription coverage included in STRS Ohio's medical plans is creditable, meaning it is as good as or better than the standard Medicare Part D prescription coverage.

Required information from the Centers for Medicare & Medicaid Services

If you are eligible for Medicare Parts A & B, Part A-only or Part B-only, you have an opportunity to enroll in Medicare Part D each year from Oct. 15 through Dec. 7. If you are not currently eligible for Medicare, you can enroll in Medicare Part D when you turn age 65. Keep in mind, however, that creditable prescription coverage is included with your STRS Ohio medical plan. This means you should not enroll in more than one Medicare Part D plan.

If you are not currently enrolled in Medicare Parts A & B, Part A-only or Part B-only, the initial enrollment period is the seven-month period that begins three months before you first meet eligibility requirements and ends three months after the month of first eligibility. You will pay a higher Medicare Part D premium if you go without creditable prescription coverage for 63 consecutive days or longer after your initial enrollment period ends.

Information for enrollees with Medicare Parts A & B, Part A-only or Part B-only

You will be enrolled automatically in SilverScript, a Medicare Part D plan, for no additional monthly premium as part of your STRS Ohio medical plan's coverage. SilverScript is an affiliate of CVS Caremark.

Because Medicare Part D coverage is already included in your STRS Ohio medical plan, you should not enroll in any other Medicare Part D plan. If you enroll in another Medicare Part D plan, your STRS Ohio medical and

prescription coverage will be canceled. Medicare does not allow enrollment in more than one Medicare Part D plan. In addition, if you decline coverage under the Medicare Part D plan included with your STRS Ohio medical plan, your STRS Ohio medical coverage will be canceled.

Before making any changes to your Medicare Part D plan coverage, call STRS Ohio to find out how your STRS Ohio coverage will be affected. If you have specific questions about your prescription coverage, contact SilverScript.

Please note that if you cancel your STRS Ohio medical coverage, you will lose medical and prescription coverage provided by STRS Ohio. In addition, you will have only the coverage you qualify for under Medicare Parts A & B, Part A-only or Part B-only unless you purchase a separate supplemental plan. Keep in mind that Medicare Parts A & B cover only a few prescription drugs.

Keep this notice for your records. If you decide to enroll in Medicare Part D in the future, you may need to present a copy of this notice to avoid paying a higher monthly premium amount under Medicare. You may request a copy of this document from STRS Ohio at any time or visit www.strsoh.org.

For more information

1. Call STRS Ohio's Member Services Center toll-free at 888-227-7877 for information about this notice or to request additional copies.
2. Contact SilverScript toll-free at 800-756-6859 for information about your prescription coverage.
3. Call Medicare toll-free at 800-MEDICARE (800-633-4227) or visit www.medicare.gov for information about your options under Medicare Part D.
4. Call the Social Security Administration toll-free at 800-772-1213 or visit www.ssa.gov to find out if you qualify for extra assistance to help pay for Medicare prescription drug plan costs.

Section 1557 Notice of Nondiscrimination

The State Teachers Retirement System of Ohio (STRS Ohio) Health Care Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. The STRS Ohio Health Care Program does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

The STRS Ohio Health Care Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters or written information in other formats (large print, audio, accessible electronic formats or other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact STRS Ohio's Section 1557 Coordinator. If you believe the STRS Ohio Health Care Program has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: STRS Ohio's Section 1557 Coordinator, 275 E. Broad St., Columbus, OH 43215; phone: 614-227-4097; fax: 614-744-3343; email: legal@strsoh.org. You can file a grievance in person or by mail, fax or email.

If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; Phone: 800-368-1019 (toll-free); 800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Limited English Proficiency of Language Assistance Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 614-227-4097.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 614-227-4097.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 614-227-4097

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 614-227-4097.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 614-227-4097

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 614-227-4097.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 614-227-4097.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 614-227-4097.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 614-227-4097.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 614-227-4097.

주의: 한국어를 _사용하시는 _경우, 언어 _지원 _서비스를 _무료로 _이용하실 _수 _있습니다. 614-227-4097.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 614-227-4097.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。614-227-4097.

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 614-227-4097.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 614-227-4097.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 614-227-4097.

