

Open Enrollment

1. What are the dates for Open Enrollment?

May 7, 2012 – May 21, 2012.

2. Will myBenefits be available after May 21st?

No, myBenefits for Open Enrollment will close at 11:59 p.m. on May 21st.

3. Does an employee who is not making any changes need to do anything during Open Enrollment?

No, employees will maintain their current coverage(s) and dependents if they do not do anything. However, you should still review your coverage and dependent information online.

4. If an employee enrolls for the first time during OE (on-line) will the system automatically put the employee into the correct TPA based on zip code so they won't have an option to choose the wrong TPA?

Yes. When the employee logs into the Benefits Enrollment screen, they will see only the TPA for which they are eligible based on their home ZIP code.

5. Can you explain what the difference between plan and third party administrator (TPA) means to employees, specifically?

PLAN refers to the level and type of benefits provided (Ohio Med). ADMINISTRATOR refers to which vendor processes the claims (UnitedHealthcare or Medical Mutual).

6. Is the 2012 Pathways a good guide for employees to use as a reference for the Ohio Med Plan that will be in effect July 1, 2012?

Yes, this is a good starting point. Updated charts and descriptions are included in the 2012 Pathways (pp. 6-8). Detailed information is contained in the plan documents on the Benefits Administration web page.

7. Is there one website for Ohio Med or does each TPA have a separate website?

Each TPA has a separate website: for Medical Mutual, www.medmutualstateohioemployee.com; for United Healthcare, www.welcometouhc.com/ohio.

8. When we receive medical cards will it read Ohio Med or United Health?

The medical cards will identify the appropriate TPA (either UnitedHealthcare or Medical Mutual) and the state plan, Ohio Med. Each TPA has a unique card, customer service number, and group number.

9. Will everyone receive new ID cards?

Yes.

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10. Is there a ZIP code list for TPA assignments?

Yes, the list is included in the Open Enrollment edition of Pathways (p. 5).

11. When will new rates be available?

The rates are included in the Open Enrollment edition of Pathways (p. 7).

12. Have the rates increased for this year?

Yes, employees will experience a slight rate increase.

13. Are the current UnitedHealthcare and Medical Mutual directories a good resource for employees to determine if their doctor is a network provider?

Yes. Online directories provide current information, but you should always verify with the doctor's office.

14. Is the Pharmacy mail order program changing?

No, there are no changes to the pharmacy mail order benefit through Catalyst Rx. However if you are receiving free diabetic supplies through Liberty Medical you will need to begin ordering these supplies through the IPS (Catalyst) mail order pharmacy or obtaining them at your retail pharmacy. Liberty Medical will no longer be the provider of diabetic supplies for members enrolled in Take Charge! Live Well! Liberty must receive your order prior to July 1 in order to fill it.

15. Who is the third party administrator for employees that currently live outside the State of Ohio?

UnitedHealthcare.

16. How can copays not count towards the annual deductible but possibly could count towards the out-of-pocket maximum?

The deductible is a separate amount that must be met before any benefit is paid.

Dependents

1. Will dependents that have June and July birthdays need to supply student certification documents?

Dependents with June and July birthdays currently on the medical plan will automatically be included for July 1, 2012.

Dependents in the dental and/or vision plans that turn age 19 in June or July will need to provide the required student certification documentation by the end of their birth month. Student dependents aged 20-22 in the dental and/or vision plans will automatically maintain coverage. Random student verification audits are conducted pre-Open Enrollment each year for ages 20 to 22 enrolled in dental and/or vision coverage. Documentation of student status for newly added dependents must be submitted by July 31st in order to continue with coverage.

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2. Are dependent social security numbers required?

Yes, social security numbers for dependents are still required. If you do not have the number at the time of entry, please do not leave the field blank - enter xxx-xx-xxxx. The employee should submit documentation to their agency benefits specialist as soon as it is available for newborns/adoptions; for all other dependents the SSN should be submitted at the time pending proof of documentation is turned in.

3. Do dependents 19 thru 26 have to live with the employee and live in the state of Ohio?

Overage dependents age 19 to 26 have no restrictions regarding residency or marital status to be covered for **medical benefits only**. Marital status is a condition for dental and vision coverage only – married dependents are not eligible for dental and/or vision.

4. Is student verification needed for dependents under the age of 23?

Student certification documentation is required for dental and/or vision coverage only for dependents turning age 19 or newly added dependents up to age 23. Agencies will collect this information. Random student verification audits are conducted pre-Open Enrollment each year for ages 20 to 22 enrolled in dental and/or vision coverage.

Submission of student certification is no longer required for medical coverage.

5. Vital Statistics in Franklin County is advising parents that their newborns' birth certificates may not be received for 8-10 weeks. If we wait on this documentation to enroll a newborn, they may not have coverage for, literally, months.

Employees must initiate the enrollment process by submitting the Benefit Enrollment and Change Form (ADM4717) within 31 days of the event, such as the birth of a child, along with a reason as to why they do not have the required documentation. Employees must then submit the required documentation, such as a birth certificate, within 31 days of receipt. Please refer to Form ADM4717 for specific requirements.

6. So dependent children that live in another state are NOT covered up to age 26 for medical, but step-children are?

Dependent children, whether a biological child or stepchild, are not required to reside in Ohio for coverage to age 26 (for medical benefits only).

7. If a dependent is married, is it a stipulation that the spouse does not have a job that offers insurance in order for the dependent to receive medical coverage?

A dependent may be added to the medical plan up to age 26 regardless of marital status, residency, or eligibility for other insurance.

8. Currently under House Bill 1, there is a rather large additional premium for each overage dependent. Are dependents between the ages of 19 thru 25 able to be added at no additional premium cost or are there additional premiums for each overage dependent under the House Bill?

Dependents aged 19 through 25 may be added to existing family coverage for no additional premium. If the policy holder is under Single coverage, there will be an additional cost to move to Family coverage.

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9. Regarding dependent eligibility, can HB1 dependents be enrolled through the end of the month that the dependent turns 28?

Yes.

10. Are dependents required to be Ohio residents?

Not if they are under the age of 26. However, dependents are required to be Ohio residents if not a full-time student for purposes of HB1 coverage.

11. When are eligibility documents due for dependents added during open enrollment?

Eligibility documents may be submitted up to July 31, however, we recommend that the documents be provided by June 4th to an agency benefits specialist to ensure that dependents are included on the initial eligibility file to the TPAs for the start of the plan year and to ensure receipt of updated medical ID cards.

12. How long does it take to approve eligibility documents for added dependents after submission?

Eligibility documents should be provided in a complete packet to and approved by the agency within 24 hours of submission by the employee. Once the complete packet is received by the agency, it will be forwarded to DAS HCM Benefits for processing.

13. Will it be the employee's responsibility to add those dependents 25 and under who had been removed from coverage because they did not qualify as a student?

Yes, for medical only. For dental and vision, the age limit is 23 and they must be a student.

14. My dependent recently got a job, can I drop their coverage?

Yes, during Open Enrollment you can drop a dependent without a qualifying event. (During the year, you would be allowed only if the change in employment results in the dependent enrolling for health benefits under their new employer.)

15. What must the documentation show in order to elect/drop coverage due to gaining/losing other coverage?

The documentation can be a copy of the insurance card(s) or a letter from the employer, on company letterhead, as long as the documentation indicates each individual and the effective date of the coverage(s).

16. Can I use the Secova Audit letter as documentation for a previously covered dependent?

No.

17. Is Open Enrollment the only time I can drop a dependent without a qualifying event?

Yes.

Dental/Vision Coverage

1. Is the dental and/or vision coverage staying the same for all for all employees?

There is no change to dental and/or vision coverage for exempt employees. For dental and/or vision coverage information on bargaining unit employees, please go to www.benefitstrust.org.

Take Charge! Live Well!

1. Is the *Take Charge! Live Well!* Incentive also for your spouse?

Spouses are eligible to receive **up to \$350 in** incentives.

2. Regarding the health coaching, what if you are receiving coaching currently as part of a program, such as a registered dietician or through Central Ohio Nutrition Center? Does this count?

The coaching can only be through Healthways (the new vendor for the Take Charge! Live Well! program) to qualify for the incentive.

COBRA

1. How does the Health Care Reform (Medical Coverage Only) affect COBRA for dependents up to age 26?

Dependents that turn age 26 will have two options in relation to medical coverage; one option would be to enroll as an HB1 Dependent for medical or the other option would be to elect COBRA for medical.

2. Does COBRA offer the same two TPAs and plan as the active population?

Yes.