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OhioDAS and the  
Joint Health Care  
Committee

SUMMER EDITION

# Pathways

*your path to wellness*

Health  
Lifestyle  
Success Stories  
Legal Notices

# HEALTH

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**Ted Strickland,**  
Governor

**Hugh Quill,**  
Director

Ohio Department of  
Administrative Services  
Human Resources  
Division  
[ohio.gov/employeebenefits](http://ohio.gov/employeebenefits)

## Catalyst Rx updates at a glance:

- Copayments for prescriptions are the same as last year.
- Mandatory mail for Ohio Med PPO participants is no longer required
- Pharmacy coverage for tobacco cessation products is available
- No copay for insulin and diabetic supplies is required for those participants actively working with an APS Healthcare health coach
- Use Catalyst Rx's Web site at **[catalystrx.com](http://catalystrx.com)** to find the least expensive location to fill your Catalyst prescription through Catalyst Price and Save. All you need is the name of your drug and your zip code to find a list of pharmacies in your area and their prices for your medication (this is a great way to find those \$4 and \$10 retail programs.)
- On August 1, 2009 your mail service provider changed from Walgreens Mail Services to Immediate Pharmaceutical Services, Inc. (IPS).

## Important information from your Pharmacy Benefit Program

Catalyst Rx is pleased to have been selected by the Ohio Department of Administrative Services (DAS) to administer your pharmacy benefit program. As part of our services, we want to ensure you are aware of important information concerning your pharmacy benefit plan. For more information, please visit **[ohio.gov/employeebenefits](http://ohio.gov/employeebenefits)** Pharmacy section.

### Online Assistance

Catalyst Rx offers a variety of Web-based features to put you in touch with valuable health and pharmacy benefit information. Through **[catalystrx.com](http://catalystrx.com)**, you can review your plan's benefits, locate a participating pharmacy and view and print your prescription history. In addition,

Catalyst Rx's online drug pricing tool, Catalyst Price & Save, can save you money by comparing the price of your prescriptions at local retail pharmacies and through mail service. This allows you to shop for the most competitively priced pharmacy to obtain your prescription and help save you money. Unlike other drug pricing tools, Catalyst Price & Save identifies the lowest priced pharmacies without bias, enabling you to become a fully informed consumer.



To log on, please visit **[catalystrx.com](http://catalystrx.com)** and enter your member ID number and date of birth in the "Members" login box. Then click "Login." To access the online drug pricing tool, click on "Price & Save" on the left side of the screen and enter your prescription information.

### We're Here to Help

We are confident that you will be satisfied with the pharmacy benefit services we provide. If you have any questions concerning your prescription drug benefits, please call our customer service department at **1.866.854.8850**. Representatives are available 24 hours a day, seven days a week to assist you.

## Save More On Your Prescription Drugs!

Are you looking for ways to save more on the cost of your prescriptions? The Catalyst Rx Generic Advantage Plus plan helps you identify savings based on your specific pharmacy benefits coverage.

In addition to receiving educational materials about low-cost pharmacy programs, commonly called "\$4 generic programs," you now have access to the Catalyst Price & Save online drug pricing tool. The tool allows you to compare prescription drug prices at mail and retail pharmacies including those pharmacies that offer the \$4 generic programs.

Many local pharmacies offer low-cost generic programs without charging a membership fee. These include: Acme Pharmacy, Buehler's, Discount Drug Mart, Giant Eagle, Kroger, Marc's Pharmacy, Sam's Club, Target, and Wal-Mart. Additional Pharmacies may be added in this program – including independent pharmacies – so check your local pharmacies for details.

Don't miss out on the savings! Log on to Catalyst Price & Save today at **[catalystrx.com](http://catalystrx.com)**.



*For questions,  
please call  
Catalyst Rx  
Customer  
Service at  
1.866.854.8850.*

## New Mail Service Program

On August 1, 2009 the mail service pharmacy provider recently transitioned from Walgreens Mail Service to Immediate Pharmaceutical Services, Inc. (IPS). Former Walgreens mail service users were mailed a packet of information about IPS and the transition. In addition, IPS received a file from Walgreens, which had the most up-to-date shipping and contact information for our members with active prescriptions. This list has been used by Catalyst Rx in support of IPS to make outreach calls to confirm information, to provide a registration opportunity if you haven't registered with IPS and to obtain missing information on a mailed registration form.

**There are three ways to register for the new mail service program:**

1. Call Catalyst Rx at **1.866.854.8850**
2. Mail your prescriptions to:  
IPS  
P.O. Box 166  
Avon Lake, OH 44012-9927

**When mailing your prescription to IPS, please provide:**

Full name  
Date of birth  
Member ID  
Phone number  
Complete mailing address

3. Visit [catalystrx.com](http://catalystrx.com), log in and click on the mail order tab on the left hand side of the Web page. You may also go to the IPS Web site at **[ipsrx.com](http://ipsrx.com)**.

Mail service is a convenient and cost-effective method of receiving your prescription medication. Since mail order is now voluntary, we want to make every effort to ensure that members have a positive experience with our new mail provider.

## Pharmacy Copayments

Please be aware that your current copayments have not changed for fiscal year 2010. The copayments are listed in the chart on the next page. Please note that if the actual cost of the medication is less than the copayment assigned to its tier level, you will pay the lesser amount at the pharmacy.

Under your benefit plan, generic medications are your least expensive prescription option and are available at the lowest copayment level. Although generics have the same active ingredient and are just as safe and effective as their brand-name counterparts, they usually are sold at substantial discounts. Please remember that your plan allows your pharmacy to automatically substitute generic equivalents for brand-name medications when appropriate and available. If you choose to receive a brand-name medication when there is a generic equivalent available, you will incur a higher copayment at the pharmacy. You are encouraged to ask for generic medications whenever possible.

### 90-Day at Retail Program

Previously, you could obtain a 90-day supply of maintenance medication only through mail service. You now are able to receive a 90-day supply of your prescription medications at your local retail pharmacy through the 90-Day at retail program.

Current Copayments			
Medical Tier	Retail Copayment (30-Day Supply)	90-Day at Retail Copayment (90-Day Supply)	Mail Service Copayment (90-Day Supply)
Generics	\$10	\$30	\$25
Preferred Brand-Names	\$25	\$75	\$62.50
Non-Preferred Brand-Names	\$50	\$150	\$125
Non-Preferred Multi-Source Brand-Name Drugs	\$50 plus the difference between the cost of the brand-name and generic drug	\$150 plus the difference between the cost of the brand-name and generic drug	\$125 plus the difference between the cost of the brand-name and generic drug



The 90-Day at Retail program offers valuable savings and convenience. Through this program, you can receive a 90-day supply of your prescription medications with only one trip to the pharmacy. In addition, by obtaining your prescription at a retail pharmacy, you have the freedom to discuss your prescription with your pharmacist and review possible generic alternatives that might help you save on your out-of-pocket prescription expenses.

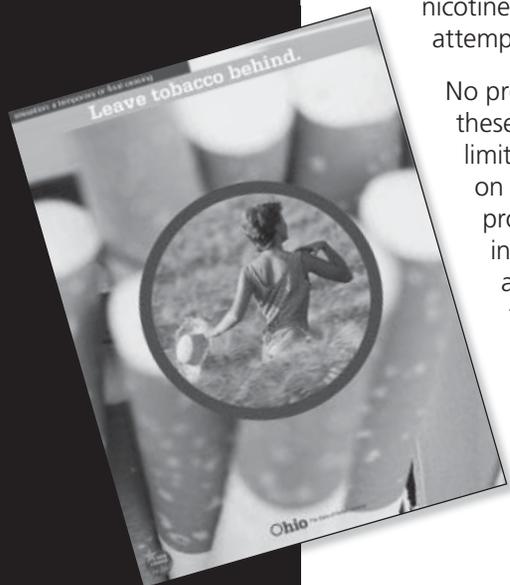
To participate in this program, ask your physician to write a new prescription for a 90-day supply of your medication. The prescription should include the number of refills your physician would like you to receive, up to one year, if appropriate. Once received, present your prescription and Catalyst Rx member ID card at a participating pharmacy and pay your applicable copay.

## Tobacco Cessation Program

Your prescription drug program now provides coverage for most prescription and over-the-counter (OTC) smoking cessation and nicotine replacement products for up to two attempts per year.

No prerequisites are needed to obtain these products; however, therapy limitations exist. Please see the chart on the next page for a list of covered products, limitations and copayment information. You will need to present a valid prescription at the pharmacy for coverage of OTC products.

If you currently smoke, take charge of your health by talking to your physician. When you are ready to quit, simply ask your doctor to write a prescription for the covered smoking cessation product that is right for you.



## Smoking Cessation Therapy Coverage

Tobacco Cessation Product	Therapy Limitations			Tier
	Quit Attempts Per Year	Total Quantity Limit	Maximum Per Fill	
Chantix (varenicline tartrate)	2	180-day supply	60 tablets/30 days	Tier 2 No generic available
Zyban (bupropion HCL)	2	180-day supply	60 tablets/30 days	Generic: Tier 1 Brand: Tier 3 + Penalty*
Nicotine Gum*	2	180-day supply	100 pieces/30 days	Generic: Tier 1 Brand: Tier 3 + Penalty*
Nicotine Lozenge*	2	180-day supply	80 pieces/30 days	Generic: Tier 1 Brand: Tier 3 + Penalty*
Nicotine Transdermal Patches*	2	180-day supply	30 patches/30 days	Generic: Tier 1 Brand: Tier 3 + Penalty*

\*Penalty equals the difference between the cost of the brand-name and generic drug.

## Dependent Eligibility Verification underway: Documentation due Oct. 31

To verify the eligibility of dependents enrolled in State of Ohio health plans, the state is working with a national benefits management company to conduct a dependent eligibility verification.

A letter explaining the process was mailed by Secova, the company selected to conduct the verification, in late August to every employee with dependents covered through one of the state's benefit plans, including the dental and vision plans.

## HEALTH



***The deadline  
for Dependent  
Eligibility  
document  
submission is  
Oct. 31, 2009.***

The letter instructed these employees on important action they must take to retain their spouses and/or children as dependents on their health plans.

Employees who did not receive this letter are asked to notify Secova at 1.866.372.4519. Secova customer service representatives are available seven days a week, 24 hours a day.

Employees may mail, fax or upload verification documents to Secova. A postage-paid envelope was included in the August mailing.

Once these documents have been received by Secova, these employees will be notified by Secova that their documents have been received and are being reviewed. They then will receive a letter from Secova with the names of their dependents whose eligibility has been successfully verified and any dependents whose verification is incomplete. This letter will advise them if any further action is needed.

Employees may use the Internet to access the Secova system and see their files, print forms, obtain answers to questions, submit documents or track submitted documents during the approval process.

All documents must be submitted by Oct. 31. All dependents for whom documentation has not been provided by this date or who are ineligible for coverage will be terminated from that employee's benefit plan.

Please note: Terminated dependents will be investigated back to the date that the dependent became ineligible for coverage. This may result in recovery of improperly paid claims and/or disciplinary action.

If a dependent is removed from an employee's health plan for any reason following the audit, such as missing documentation, failure to provide adequate documentation, ineligibility or other

reason, the employee will not be able to re-enroll that dependent in his or her benefit plan until the next open enrollment period, which will be held in the spring.

The only exception will be made for a qualified status change such as marriage, birth of a child or other qualifying event. Documentation is required for any of these changes.

For questions about the verification process, please contact Secova customer service at 1.866.372.4519.

### **Ohio EAP Program Helps Employees With Life Issues**

When the Ohio Employee Assistance Program (EAP) opened on Sept. 1, 1984, its six staff members served 494 State of Ohio employees and their eligible dependents. Last year, Ohio EAP staff of 10 took nearly 2,200 calls from individuals who were seeking help. And that number does not include the thousands of employees who attended EAP trainings or participated in EAP interventions.

Founded through a joint union-management effort, the Ohio EAP offers ongoing support to all state workers – union and exempt – and is an excellent example of union-management collaboration. The Ohio EAP founders realized good, productive employees sometimes face problems that affect their work. They also realized that these problems are not limited to alcohol and drug abuse, but to any number of problems. Nearly every employee, sooner or later, faces a hardship. A death in the family, divorce, mounting debt, alcohol and drug addiction, or even a childcare or eldercare problem that can create stress at work. That's when the state's EAP can help.

Professional staff is available when you need someone to talk to or help locating the resources to address your concerns. The EAP staff also can assist in making a referral for professional counseling. All EAP staff are licensed or certified in their respective disciplines.

EAP services are completely confidential. When you contact the Ohio EAP, it will be kept private. Confidentiality is one of the most important aspects of the program. No information concerning the nature of your problem will be released without your written consent.

As a State of Ohio employee, there is no charge for using these services for you or your dependents. If a referral is made for ongoing counseling, you will be charged a copayment of \$20 for each session.

# HEALTH



*Founded through a joint union-management effort, the Ohio Employee Assistance Program offers ongoing support to all state workers – union and exempt – and is an excellent example of union-management collaboration.*

Remember – if you or someone you care about is having a problem that’s not getting better, please contact EAP. If you live in the Columbus area, you may call the program’s local telephone number at **614.644.8545**. If you live outside of Franklin County, please call the EAP’s toll-free number at **1.800.221.6327**.

## HOURS AND LOCATION OF THE OHIO EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Ohio EAP is located at the Ohio Department of Health, where promoting the health and wellness of Ohioans is part of its mission.

### Office hours:

8 a.m. to 5 p.m. Monday through Friday  
246 N. High Street, Columbus, OH 43215

For more information about the Ohio Employee Assistance Program, visit the Web site at:  
**ohio.gov/eap**

## Preventive Care

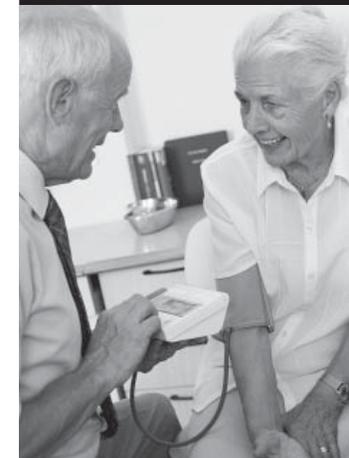
One of the best ways to take care of your health is to get the recommended preventive care. Regular exams and screenings can help you prevent future disease through early detection. The better your health, the lower your health care costs are likely to be, now and in the future. Talk with your health care provider about the services that are right for you.

For members enrolled in the state’s health benefits plans, certain preventive care services are covered with no copay, no co-insurance or deductible for **in network** care.

Out-of-network care is subject to the normal copays, co-insurance and deductibles.

The following procedures and immunizations are covered at no copay according to the following charts:

Immunizations	No Copay Guideline
Poliovirus	2 and 4 months; 16 to 18 months; 4 to 6 years
Influenza	1 per year
Measles, mumps, rubella (MMR)	12 to 15 months, 4 to 6 years; adults who lack immunity
Varicella (Chickenpox)	12 to 15 months; 4 to 6 years; 2 doses for susceptible adults
Hepatitis A (HepA)	2 doses between 1 to 2 years
Meningococcal (MCV4)	1 dose between 11 and 12 years or start of high school or college
Human Papillomavirus (HPV)	3 doses for females age 9 through 26 years
Zoster (Shingles)	1 dose for ages 60 and older
Hepatitis B (HepB)	Birth; 1 to 2 months; 6 to 18 months
Rotavirus (Rota)	2, 4 and 6 months
Diphtheria, tetanus, pertussis (DTaP)	2, 4, 6 and 15 to 18 months; 4 to 6 years
Tetanus, diphtheria, pertussis (Td/Tdap)	11 to 12 years; Td booster every 10 years, 18 and older
Haemophilus influenzae b (Hib)	2, 4, 6 and 12 to 15 months
Pneumococcal	2, 4 and 6 months; 12 to 15 months; annually at age 65 and older; high risk groups



Exams	No Copay Guideline
Well-baby, well-child exam	Various for birth to 2 years; annually to age 18
Well-person exam (annual physical)	1 per year
Hemoglobin, hematocrit, or CBC	1 per year
Urinalysis	1 per year
Lipid profile or total and HDL cholesterol	1 per year
Glucose	1 per year
Stool for occult blood	1 per year
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services
GYN exam	1 per year
Clinical breast exam	1 per year
Pap	1 per year
Mammogram	1 baseline between ages 35 to 39; 1 per year for ages 40 and older
PSA	1 per year starting at age 40
Flexible sigmoidoscopy	Every 10 years starting at age 50
Colonoscopy	Every 10 years starting at age 50

**State of Ohio  
Take Charge! Live Well!**

**Diabetes Management Program**

To promote the highest level of self-management of diabetes, your health care benefit offers free coverage for insulin, certain diabetic testing supplies and equipment for members who are actively working with an APS Healthcare health coach.

**Eligibility**

To take advantage of this opportunity, members must enroll in the *Take Charge! Live Well!* Diabetes Management Program. The supplies, durable medical equipment, and medication listed below are provided at no copay and no deductible for members who are actively working with an APS Healthcare health coach. Members who choose not to work with an APS Healthcare health coach have coverage for these items with copays and deductibles under the normal provisions of the State of Ohio benefits.

**Diabetic Supplies**

The table below lists diabetic supplies included in the program. No copays for supplies will only apply if individuals are actively working with an APS Healthcare health coach and enrolled in Diabetic Sense through Liberty Medical Supply.

Diabetic Supplies	
Insulin Syringes	Blood Glucose Meters
Insulin Syringe Needles	Testing Solutions
Insulin Pens	Blood Glucose Test/Reagent Strips
Insulin Pen Needles	Lancets
Needle-less Syringes	Lancing Devices
Dextrose Chewable Tablets	Urine Test/Reagent Strips/Tablets
Glucagon Emergency Kits	Alcohol Prep Pads

If you are actively working with an APS Healthcare health coach:

- These products must be obtained through Catalyst Rx and their partner, Liberty Medical Supply's Diabetic Sense. Supplies are delivered conveniently to your home through the Diabetic Sense/Liberty mail order program. A valid prescription from your physician is required for Liberty to enroll you.

- Between now and September 30, 2009, you can continue to purchase supplies from your current health plan's supplier or Catalyst Rx. After September 30, 2009 you will be required to order supplies through the Diabetic Sense/Liberty mail order program to receive the supplies at no copay. After September 30, 2009, if you purchase your supplies from other sources (i.e. retail or mail order from a provider other than Liberty) normal copays will apply.

Equipment (Check with your health plan for coverage information)	
External Insulin Pumps	Internal Insulin Pumps
Infusion Sets	Sensor Pads
Continuous Blood Glucose Monitoring Equipment	

If you are **not** working with an APS Healthcare health coach:

- Beginning October 1, 2009 your diabetic supplies will be covered under your pharmacy plan, not your health plan. You can purchase these supplies from any provider (retail or mail order) using your Catalyst Rx ID card. Normal copays apply in all cases.

### Durable Medical Equipment (DME) through your health plan

Products requiring physician intervention (including surgical implantation) may be covered under the medical benefits portion of the member's health plan. A determination of medical necessity is required by the health plans and specific requirements for coverage must be met. Coverage of items requiring physician intervention is subject to terms, limitations, and conditions specified by the health plans including deductibles, copayments, co-insurance, etc. Contact your health plan for assistance with diabetes equipment and to determine the extent of your coverage. Diabetic equipment may be free for a member working with an APS Healthcare health coach, depending on the health plan determination. For members not working with an APS Healthcare health coach, the normal terms and conditions apply.

### Medication through Catalyst Rx

Insulin and oral hypoglycemic agents at no copay are available through any Catalyst Rx retail or mail order pharmacy for members who are actively working with an APS Healthcare health coach. Members who are not working with an APS Healthcare health coach will pay the regular copay.

### Enroll in the Diabetes Management Program

To enroll in the diabetes program, follow the easy steps on the following page. APS Healthcare will guide you through the entire process starting with health coaching and then help you obtain insulin and supplies.

### Enrollment Period July 1 – September 30, 2009

**Enroll** – Enroll or continue health coaching with APS Healthcare.

**Insulin** – To receive free insulin, you must be actively working with an APS Healthcare health coach and enrolled with Catalyst Rx to have access to insulin

at no copay. If you are not actively working with an APS Healthcare coach, you can continue to get your insulin at retail or mail with the normal copay.

**Supplies** - Continue to obtain DME supplies as you have in the past through your health plan's durable medical supplier while we are in transition. For supplies through Catalyst Rx, obtain new prescriptions from your physician. Then begin using Catalyst Rx's partner, Liberty Medical Supply, for diabetic supplies moving forward. After September 30, all diabetic supplies (with the exception of durable medical equipment) will be obtained through Catalyst Rx whether or not you are actively working with an APS Healthcare health coach.

### September 30, 2009 and later

**Enroll** - New enrollments in the diabetes program are always welcome. Plan participants can enroll in health coaching with APS Healthcare at any time.

**Insulin** - To receive free insulin, you must be working with an APS Healthcare health coach and enrolled with Catalyst Rx.

**Supplies** - To receive free supplies after September 30, you must be working with the APS Healthcare health coach and enrolled in Diabetic Sense with Liberty Medical Supply. All other participants needing supplies can purchase them through retail or mail using your Catalyst Rx card with normal copay.

### The Diabetes Management Program will provide you with:

- Free health coaching with regular outreach to you
- Valuable savings on diabetic care products and medications
- Telephone access to diabetes specialists and registered pharmacists
- Supply re-order reminders
- Complimentary educational materials

**ENROLL TODAY** - Call APS Healthcare at **1.866.272.5507**  
or visit [stateofohio.apshealthcare.com](http://stateofohio.apshealthcare.com)

State of Ohio <i>Take Charge! Live Well!</i> Diabetes Management Program Enrollment Steps			
1	Call APS Healthcare 8 a.m. to 8 p.m. Monday through Friday	APS Healthcare 1.866.272.5507	APS Healthcare will enroll you in health coaching.
2	For insulin: Contact Catalyst Rx Available 24 hours, seven days a week	Catalyst Rx 1.866.854.8850	Catalyst Rx will enroll you for free insulin.
3	For testing supplies: Contact Catalyst Rx. Catalyst Rx will transfer you to Diabetic Sense via Liberty Medical Supply. Available 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 3 p.m. Saturday	Liberty Medical Supply 1.877.852.3512	Liberty Medical Supply will enroll you in Diabetic Sense and help you order free supplies. Applies to members who are actively working with an APS Healthcare health coach.



## The ABC's of Optimal Care for Diabetes

### A is for A1c

Hemoglobin A1c measures your average blood glucose (sugar) during the past three months.

*Optimal Care:* Have blood tested at least twice a year. Discuss medication therapy with your physician. Eat a balanced diet with plenty of fresh vegetables and fiber. Limit sugar and fat.

### B is for blood pressure

High blood pressure makes your heart work too hard and can cause damage to your kidneys and eyes.

*Optimal Care:* Have blood pressure checked frequently at local pharmacies, grocery stores and at every physician visit. Discuss medication therapy with your physician. Regular exercise can improve your blood circulation. This not only lowers blood pressure but helps supply blood to your kidneys to maintain their health. Don't smoke. Or, quit if you are a smoker. Smoking contributes to poor blood circulation.

### C is for cholesterol

Bad cholesterol, or LDL, builds up and clogs your arteries, which can lead to heart attacks and stroke.

*Optimal Care:* Have blood tested at least once a year. Discuss medication therapy with your physician.

Optimal therapy includes lifestyle modification to include exercise, nutrition improvement and medication as prescribed. It is very important for people with diabetes to monitor the health of their feet daily for any sign of injury or infection. Never neglect a blister or ulcer on your feet. Contact your physician immediately for professional treatment. It also is important to have routine eye exams to ensure early detection of conditions such as retinopathy and macular degeneration.

For more information to assist you in optimizing your therapy, please visit The American Diabetes Association Web site at [diabetes.org](http://diabetes.org).

Work with your health care team to reach your ABC goals. Avoid the long-term problems of diabetes by practicing a healthy lifestyle. See your health care team at least twice a year to find and treat any problems early. Along with checks of your ABC, ask your physician about other checks:

Exam/Test	Frequency
Triglycerides (a type of blood fat)	Get yearly
Exam to check for eye problems	Get yearly
Foot check	Get every visit
Complete foot exam to check for circulation, loss of feeling, sores or changes in shape	Get yearly
Urine test to check for kidney problems	Get yearly
Dental exams to prevent gum disease and loss of teeth	Get twice a year

## Take Charge! Live Well!

### Cut-off dates to earn fiscal year 2010 incentives

*Complete by Dec. 31, 2009*

- Online or paper health assessment

*Complete by June 30, 2010*

- Online lifestyle change programs
- Health coaching
- Worksite health screenings



Is your spouse covered under the state's health plan? You can each earn \$100 for participating in the *Take Charge! Live Well!* program. Take a health assessment, enroll in telephone health coaching, participate in an online lifestyle change program or attend a worksite health screening.

Start today by visiting [stateofohio.apshealthcare.com](http://stateofohio.apshealthcare.com), or by calling **1.866.272.5507** to speak with a health coach.

## SUCCESS STORIES FROM ACROSS THE STATE

### ***Take Charge! Live Well!*** **Champions Share Their Stories Of Success...**

"For the past 15 years my eating habits resulted in the gradual gain of weight until by the end of 2007 I weighed in at 255 pounds. This placed me in the medical category of morbidly obese.

I consulted with my primary care physician, received inspiration from *Take Charge! Live Well!*, and made up my mind it was time to act by setting a goal and not allowing myself to give up. During calendar year 2008, I lost 75 pounds, exceeding my initial goal by five pounds.

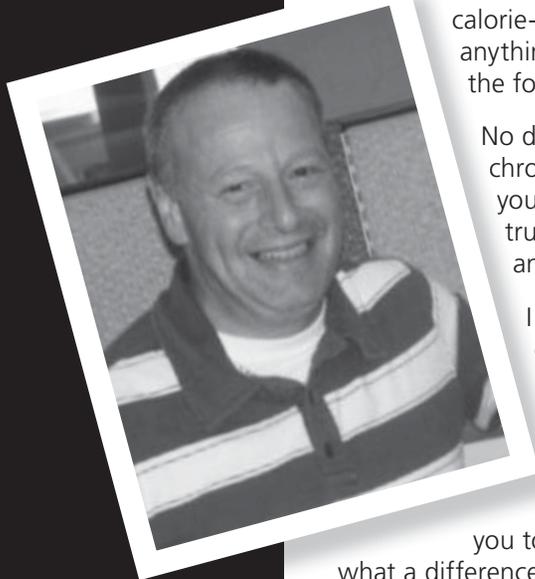
I did this with exercise and a calorie-in calorie-out diet. This means I can eat anything within moderation and enjoy the foods I like.

No diet is capable of reversing my chronological age. But all I can tell you is that losing this weight has truly helped me feel like a new and younger man.

I cannot communicate strongly enough how much of a positive change addressing just this one issue has generated in my life.

If you need to lose weight and/or have been putting off that decision, I strongly urge you to set your own goal and see just what a difference it can make in your life."

- *Bob Bates*  
*Ohio Bureau of Workers' Compensation*



"During the holidays, I began to notice how much weight I had gained. My wake-up call was when my daughter videotaped me, and I saw myself as everyone else did. I was shocked and asked myself, "how did this happen?" In addition, I was having problems with my health.

I decided to make a life change. I logged on to the *Take Charge! Live Well!* site and completed the health assessment. The recipes I found at the site were delicious and made it easy to add fruit and vegetables to my diet. I joined Weight Watchers, and eventually gave up fried foods and cut back on fast food.

I built up to exercising five days a week. As soon as I get home, I immediately change and workout to an exercise video. I found that the ones that add weight, cardio and abs together work best for me. I change my routine by walking and biking so I don't get bored. I participate in all of the ODPS (Dept. of Public Safety) Biggest Loser contests. I came in second place in the last contest, which is a win for me any way you look at it!

I have lost 34 pounds in six months and four pant sizes. And most importantly, I no longer have to take medication for my cholesterol, and my blood pressure medication is cut in half. I feel great, both emotionally and physically. And I can't wait until my daughter makes the next holiday video!"

- *Mary Watson*  
*Ohio Department of Public Safety*



## SUCCESS STORIES FROM ACROSS THE STATE



## Women's Health and Cancer Rights Act of 1998: Notice of Rights

The Women's Health and Cancer Rights Act of 1998 requires all employers that provide a medical benefit plan to their employees to communicate the coverage provisions established under the act. The State of Ohio's health benefits plans provisions are as follows.

The State of Ohio's benefits plans will not restrict benefits if you or your eligible dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy.

Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with you or your eligible dependents, physician and may include:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce symmetrical appearance.
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas. Benefits for breast reconstruction may be subject to appropriate plan coverage provisions and limitation including annual deductible, co-payment and coinsurance provisions that are consistent with those established for other benefits under the plans.

If you have any questions about the State of Ohio's plans provisions relating to the Women's Health and Breast Cancer Rights Act of 1998, contact Human Capital Management Customer Support at **614.466.8857** or **1.800.409.1205**.

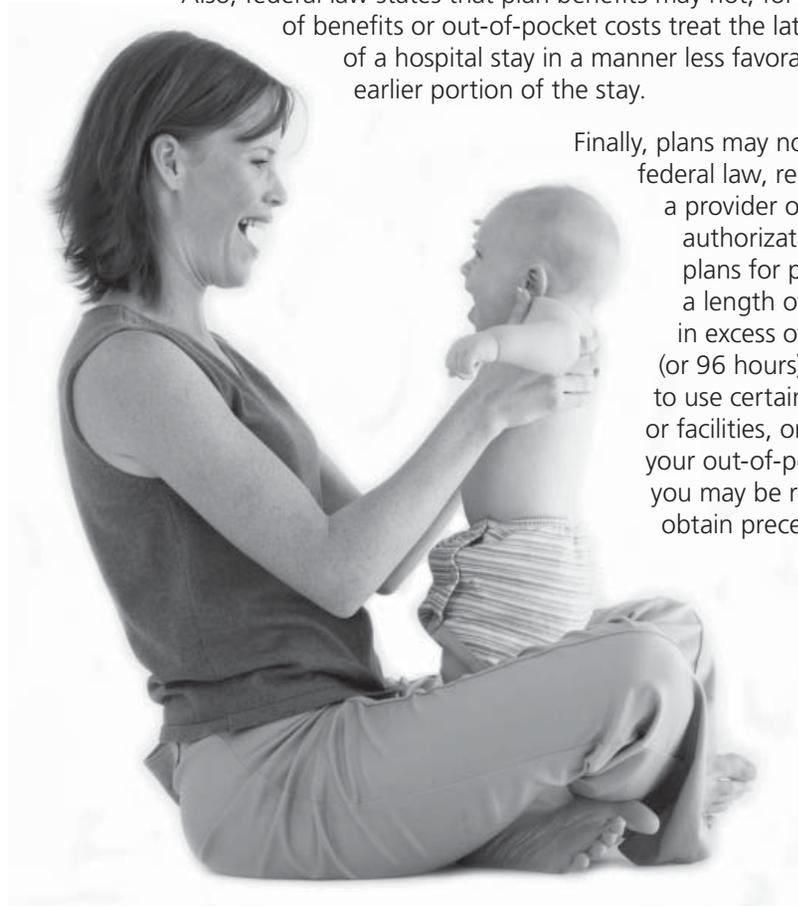
## Newborns' and Mothers' Health Protection Act

The Women's and Newborns' Act requires all employers who provide a medical benefit plan to its employees to communicate coverage provisions established under the act. The State of Ohio's health benefits plans provisions are as follows:

The State of Ohio's benefits plans will not restrict benefits if you or your eligible dependent receives benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

Also, federal law states that plan benefits may not, for the purpose of benefits or out-of-pocket costs treat the later portion of a hospital stay in a manner less favorable than the earlier portion of the stay.

Finally, plans may not, under federal law, require that a provider obtain prior authorization from the plans for prescribing a length of stay not in excess of 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification.



## IMPORTANT CONTACTS

### TIP:

When placing your calls, make sure you have the documentation you might need during the call.

- Group Number
- Employee ID Number
- Explanation of Benefits

### Agency Contacts

Human Capital Management  
Customer Service  
1.800.409.1205  
614.466.8857  
ohio.gov/  
employeebenefits

Union Benefits Trust  
1.800.228.5088  
614.508.2255  
www.benefitstrust.org

## Health and Pharmacy Benefits

**Aetna HMO** 1.800.520.4785  
www.aetna.com/stateohioemployee  
Group Number 619316

**Catalyst Rx** 1.866.854.8850  
www.catalystrx.com  
Group Number STOH

**Ohio Med PPO** 1.800.822.1152  
www.mmoh.com  
Group Number 228000

**Paramount HMO** 1.800.462.3589  
www.paramounthealthcare.com  
Group Number 030291

**The Health Plan HMO** 1.800.624.6961  
www.healthplan.org  
Group Number 0141

**UnitedHealthcare HMO** 1.877.442.6003  
www.myuhc.com  
Group Number 702097

**Mental Health and Substance Abuse  
United Behavioral Health** 1.800.852.1091  
www.liveandworkwell.com  
Group Number 00832  
Code 00832

**Fringe Benefits Management Company (FBMC)**  
www.myfbmc.com 1.800.342.8017

**Aetna Long Term Care** 1.800.537.8521

## Take Charge! Live Well!

**APS Healthcare** 1.866.272.5507  
http://stateofohio.apshealthcare.com

### Other Benefits – Exempt Employees

**Delta Dental of Ohio** 1.800.524.0149  
www.deltadentaloh.com  
Group Number 9273-0001 (Preferred)  
Group Number 9273-1001 (Premier)

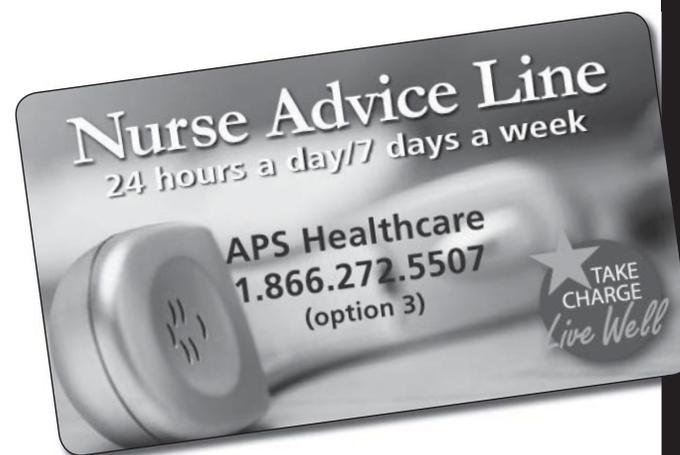
**Vision Service Plan (VSP)** 1.800.877.7195  
www.vsp.com  
Group Number 12022518

**EyeMed Vision Care** 1.866.723.0514  
www.eyemedvisioncare.com  
Group Number 9676008

**Basic Life Insurance  
The Standard** 1.866.415.9518  
http://www.standard.com/mybenefits/ohio/

**Supplemental Life Insurance  
Prudential Life Insurance** 1.800.778.3827  
Group Number LG-93046

## FREE 24-Hour Nurse Advice Line



## IMPORTANT CONTACTS

### Bargaining Unit Contact Numbers

**Vision Service Plan**  
1.800.877.7195  
www.benefitstrust.org  
Group Number  
12022914

**EyeMed Vision Care**  
1.866.723.0514  
Group Number  
9674813

**MetLife Dental**  
1.800.984.8649  
Group Number  
85100

**Prudential Life Insurance**  
1.800.778.3827  
Group Number  
LG-01049

**Working Solutions Program**  
1.800.358.8515

**Hyatt Legal Services**  
1.800.821.64004  
674813



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