

Open Enrollment

1. What are the dates for Open Enrollment?

May 4, 2015 – May 15, 2015.

2. Will myBenefits be available online after May 15th?

No, the Open Enrollment period (myBenefits) will close at 6:59 p.m. on May 15th.

3. What can I do if I miss the deadline to enroll or make changes?

You will need to wait until the next Open Enrollment or until you experience a Qualifying Event. Please contact your agency benefits specialist for more information.

4. Do I need to confirm my benefits even if I am not making changes during Open Enrollment?

No, you will maintain your current coverage(s) and your dependent(s). However, you should still review your coverage and dependent information online.

5. What happens if I click on the buttons in the system but really don't have any changes?

Please notify your agency benefits specialist to ensure that your coverage (including your dependents) was not impacted negatively.

6. How many times can I log in and make changes?

It is preferred that changes be made only once during the Open Enrollment period; however, the system will not stop you from making as many changes as you like between May 4 and May 15. You should contact your agency benefits specialist if you have specific questions rather than making multiple changes.

7. Will I receive confirmation of my election changes?

The Confirmation Letters will be mailed in late May – early June.

8. What is the deadline to submit documentation for my dependent(s) if I am adding them to my coverage?

Eligibility documents may be submitted up to July 31, however, we recommend that the documents be provided by June 3rd to your agency benefits specialist to ensure that dependents are included on the initial eligibility file to the third party administrators (TPAs) for the start of the plan year, and to ensure receipt of updated medical ID cards (see question 1 under the “Medical” heading on page 5 for a description of TPAs). Any documents received after June 3rd will be processed and updates sent to the vendors on subsequent files; this may or may not be before July 1.

Affordable Care Act (ACA)

1. How will the Affordable Care Act (ACA) affect me this coming year?

If you are a full-time or part-time permanent employee, there is relatively no impact to you in regards to the ACA, other than the pharmacy out-of-pocket maximum (please see question #12 under Medical on page 6). The majority of the employees affected are Part-time Temporary employees.

2. As a Part-time Temporary employee, when will I know if I am eligible for benefits?

If you are eligible to enroll for medical coverage, you will be notified via your mailing address. Enrollment in medical coverage will be effective July 1, 2015.

3. I have been working as a full-time permanent employee (40 hours a week) for several years. Do I have to worry about my coverage?

No. Assuming you have no changes in your employment status, your existing eligibility and coverage will not change.

4. What is the new health care reform requirement for Part-time Temporary employees and medical coverage eligibility?

The State of Ohio is required to offer medical care coverage, per the ACA, to all Part-time Temporary employees who average at least 30 hours of service per week over a twelve-month measurement period. Employees who are hired with a reasonable expectation of averaging 30 hours per week or greater will be eligible to enroll for coverage upon hire. Coverage is effective the first of the month following your hire date and cannot be terminated until the 12 months expires or you leave state service.

Part-time Temporary employees with variable hours (those we cannot reasonably determine at hire), will be measured over a twelve-month period. If the average hours of service are 30 or greater per week, coverage will be effective on the 1st of the 13th month following the hire date. The twelve-month measurement period for all newly hired or a rehired Part-time Temporary employee is called the Initial Measurement Period (IMP).

5. What are the standard and initial measurement periods, and how do they impact me?

- Standard Measurement Period (SMP) – includes the first pay period in May through the last pay period in April, every calendar year, for all active employees hired before April 4, 2014.
- Initial Measurement Period (IMP) – When a new hire is on-boarded they are measured for the first 12 months of employment
 - The IMP begins the first full pay period after the first pay period with one or more hours of service credited
 - You will be offered coverage the first of the month following date of hire, if hired with the expectation to work **more** than 30 hours and not subject to the IMP
 - You will not be eligible for coverage during the IMP, if hired with the expectation to work **less** than 30 hours
 - After the IMP, if average service hours are 30 or more per week, you will be offered the opportunity to enroll the first of the month following the end of the IMP
 - The IMP overlaps the SMP in the month of May, and you are measured concurrently in both the IMP and SMP

6. When does this new requirement take effect for the State of Ohio?

July 1, 2015.

7. How will the State calculate my hours to determine if I am eligible for coverage?

The calculation is based upon an employee's hours of service. Such hours are defined as any hours entitled to be paid during the same pay period. The hours are then measured over the respective measurement period and calculated as an average. For example, if you worked 600 hours over the preceding 12 months, your average hours would be 11.54 per week (600 hours / 52 weeks). For the purposes of eligibility, the average hours would be 11 hours as the program does not round up.

8. Are personal, sick and vacation hours counted towards my 30 hours?

Yes, all hours that result in payment or entitlement to payment (hours of service) will count: these include, but are not limited to personal, approved sick, vacation, holiday, approved disability, jury duty, military, and other approved leaves of absence.

Excluded hours include, but are not limited to, certain student workers, AmeriCorps volunteers and services performed outside of the United States.

9. I am a Part-time Temporary employee who does not work regularly scheduled hours and am not currently eligible for medical coverage. Will I be eligible for medical coverage in the coming year?

Possibly. After completing the Initial Measurement Period, if your average service hours are 30 or more, you will be offered the opportunity to enroll for coverage.

10. I am Part-time Temporary employee scheduled to work 30 hours a week, but I often work less than 30 hours some weeks. Will that affect my coverage?

Yes. Because your hours of service are calculated as an average over a 12-month period, it is likely you will not meet the required 30 hour requirement if you are not consistently working 30 hours.

11. As a Part-time Temporary employee, once I am enrolled in medical coverage, how long will I get to keep my medical coverage?

- Medical coverage continues for 12 months (your stability period), as long as you continue working for the state, even if your hours drop below an average of 30.
- Eligibility to continue coverage for the subsequent plan year will be determined annually by measuring your hours worked during the standard measurement period.
- If you are determined to be ineligible, medical coverage will end the last day of the twelfth month of the stability period. You can continue medical coverage through COBRA for up to 18 months if you were enrolled when the new stability period begins.
- If you terminate employment, you are covered through the last day of the month of termination, provided premiums are paid in full. You can continue medical coverage through COBRA for up to 18 months if you were enrolled in those plans at the time of termination.

12. I have a second part-time job with another employer (not affiliated with the State of Ohio) and work 29 hours per week. Do the hours at my second job qualify me for benefits?

No. For the purposes of this calculation, the total number of hours you work per week consists only of hours earned at the State of Ohio you are currently employed with and any other state agencies you may work for currently or within the same measurement period. Hours worked for another employer do not apply.

13. I was recently hired as a full-time permanent employee. Do I have to worry about when my coverage will start?

No, employees who are hired as a full-time permanent will continue to be eligible the first of the month following your hire date.

14. I worked for the State for 10 years and resigned from State service. I was rehired nine months later on a part-time temporary basis working less than 30 hours per week. How will this affect my eligibility?

You will not be eligible to enroll upon rehire since your break in service was greater than 13 weeks. Your hours of service will be measured over the following 12 months and you will be eligible for 12 months of coverage the first of the month following the end of the initial measurement period, as long as you have averaged 30 or more hours of service per week.

For example: John resigns on December 31, 2014 and then was rehired on September 15, 2015. After being measure for 12 months, his average service hours would be calculated for eligibility. If the hours of service average 30 or more hours, then he would eligible to enroll. The effective date of coverage would be November 1, 2016.

- 15. I worked for the State for 35 years as a full-time permanent employee and retired from State service. I was rehired two months later on a part-time temporary basis working less than 30 hours per week. How will this affect my eligibility?**

You will be eligible to enroll in medical coverage only upon rehire; this coverage would be effective the first day of the month following the rehire since your break in service was less than 13 weeks. Your coverage will extend through June 30th of the current year; in future years, the eligibility will be based upon the hours of service calculated from your most recent standard measurement period.

For example: Eric resigns on December 31, 2014 and then was rehired on February 15, 2015. The effective date of coverage would be March 1, 2015. Then in April 2016, the service hours will be calculated to determine eligibility for plan year 2017. The eligibility changes, if applicable and effective date of coverage will be July 1, 2016.

Medical

- 1. Can you explain the difference between a plan and a third party administrator (TPA)?**

The Plan refers to the level and type of benefits provided (Ohio Med). The TPA refers to which vendor processes the claims; UnitedHealthcare or Medical Mutual.

- 2. If I am enrolling in medical coverage for the first time during Open Enrollment (on-line) will the system automatically enter me into the correct TPA based on my home zip code?**

Yes. When you complete the enrollment process, the TPA for which you are eligible based on your home ZIP code, will be listed as either Ohio Med PPO-UHC or Ohio Med PPO-MMO.

- 3. Is there one website for Ohio Med or does each TPA have their own separate website?**

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

- 4. When I receive my medical cards will it read Ohio Med or United Healthcare?**

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.

- 5. Will I be able to print my medical cards from the TPA website?**

Yes, after July 1st, provided you have already set up a profile and can log in.

- 6. Is there a ZIP code list for TPA assignments?**

Yes, the list is included in the Open Enrollment edition of *Pathways* (page 6).

7. Have the rates increased for this year?

Yes, the rates are increasing slightly for the upcoming plan year July 1, 2015 through June 30, 2016. See page 8 of the *Pathways*.

8. 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. Directories can be found on the TPA's websites -- Medical Mutual's is located at: www.medmutualstateohioemployee.com, and UnitedHealthcare's at: www.welcometouhc.com/ohio

9. Which third party administrator provides coverage for employees that currently live outside the State of Ohio?

UnitedHealthcare is the TPA for employees residing outside the state.

10. 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.

11. Can a dependent be enrolled if the employee is not?

No, the employee must be enrolled in order to provide coverage for any dependent(s).

12. Is there a separate out of pocket maximum for Pharmacy?

Yes; beginning July 1, 2015, there will be a separate out-of-pocket maximum for prescription drugs of \$2,000 for single coverage and \$4,000 for family coverage. This maximum is for copays only and does not include any additional costs associated with paying the difference between a brand and generic medication.

Dependents

1. 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.

2. 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 3rd to your 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. Any documents received after June 3rd will be processed and updates sent to the vendors on subsequent files; this may or may not be before July 1.

3. 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. Employees may review their Benefits Summary at myOhio.gov after the agency has confirmed that the proof is approved and the system has been updated.

4. Can I mail or fax the documents directly to DAS?

Complete packets (i.e., enrollment form plus any required proof documentation) can be mailed or faxed directly to DAS HCM Benefits for processing. **Fax number:** (614) 728-3002. **Mailing address:** DAS HCM Benefits, 30 E. Broad Street, 28th floor, Columbus, OH 43215. **Email:** das.hrd.hcm.benefits@das.ohio.gov

5. The local county Vital Statistic office is advising parents that their newborns' birth certificates may not be received for 8-10 weeks. Do I need to wait on the birth certificate before I enroll my dependent?

Employees must initiate the enrollment process by enrolling their new dependent(s) online via myOhio.gov> Health & Benefits> Birth/Adoption or by submitting the Benefit Enrollment and Change Form (ADM4717) within 31 days of the event, along with a reason as to why they do not have the required documentation. Employees must then submit the required proof of eligibility (e.g., a birth certificate) within 31 days of receipt. Please refer to Form ADM4717 for specific requirements which can be found on the Benefits website:
<http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms.aspx>

6. My dependent recently started a job; can I drop them from my coverage during Open Enrollment?

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

7. 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 beginning/ending.

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

Yes.

9. If my dependent lost dental and/or vision eligibility due to lack of student status, is it my responsibility to re-enroll my dependent if they become eligible in the future?

Yes, you must notify DAS HCM Benefits within 31 days of the dependent gaining active student status again. Complete packets (i.e., enrollment form plus any required proof documentation) can be mailed or faxed directly to DAS HCM Benefits for processing. Fax number: (614) 728-3002. Mailing address: DAS HCM Benefits, 30 E. Broad Street, 28th floor, Columbus, OH 43215.

10. For dependents ages 19 through 23 that have June and July birthdays, will they need to supply student certification documents?

Dependents with June and July birthdays and who are currently on the medical plan will not need to provide additional documentation for Open Enrollment, unless they are not currently enrolled.

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 periodically 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 be enrolled with coverage effective July 1.

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

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.

12. 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. Random student verification audits are conducted periodically for dependents age 20 to 22 enrolled in dental and/or vision coverage.

Submission of student certification is not required for medical coverage.

13. Are dependent children that live in another state covered for medical benefits the same as step-children, up to age 26?

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

14. Am I able to enroll my dependent if they are eligible for other coverage, (e.g. through my spouse's work)?

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

15. What is HB1 and where can I find more information on HB1?

Ohio House Bill 1 of the 128th General Assembly created a new category of eligibility for the state medical plan. HB1 coverage is available for medical (including prescription drug and behavioral health) coverage only. You can find more information regarding this designation at: <http://das.ohio.gov/Divisions/HumanResources/BenefitsAdministration.aspx>, Eligibility Requirements.

- 16. Currently under House Bill 1, there is a rather large additional premium for each coverage 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 dependent?**

Dependents aged 19 through 25 may be added to existing family coverage without a change in your premium. If you currently have Single coverage, though, your premium will increase due to the change to Family coverage.

- 17. Regarding dependent eligibility, can HB1 dependents be enrolled through the end of the month that the dependent turns 26?**

Yes.

Exempt Dental/Vision Coverage

- 1. Are there any changes to the dental and/or vision coverage?**

No.

- 2. Will I receive cards in the mail for dental or vision?**

No, however, if you would like an enrollment card to present to your dental or vision provider, you are able to print a card through the dental or vision vendor website. After you are enrolled in the plan, visit the dental or vision vendor website, complete the login process and you will see a link to print the card. If you are enrolling for the first time in either one or both plans, please wait until July 1 to access the site. Dental: www.deltadentaloh.com, Vision: www.vsp.com

Exempt Life Insurance Coverage

- 1. What vendor do I have for my basic and supplemental life insurance benefit if I am an exempt employee? What about if I am a union covered employee?**

If you are an exempt employee, your benefit is through Minnesota Life. If you are covered by the union, please contact the Union Benefits Trust.

- 2. As an exempt employee, does my beneficiary designation apply to both my basic and supplemental life insurance benefit?**

Yes.

3. Can I update my beneficiary during Open Enrollment?

Yes, in fact, you can update your beneficiary at any time, even after Open Enrollment has ended. You can change your beneficiary by logging into Minnesota Life's website at: www.LifeBenefits.com or by printing the Minnesota Life Beneficiary Form from the Benefits website: <http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms.aspx>

Take Charge! Live Well!

1. Are the *Take Charge! Live Well!* incentives also for my spouse?

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

2. Are other dependents eligible?

Dependents other than spouses are eligible to participate in some programs like asthma and diabetes management but are not eligible to receive incentives.

3. 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 health coaching can only be through Healthways, the vendor for the *Take Charge! Live Well!* program to qualify for the incentive.

COBRA

1. Does the Plan continue to provide the same benefits for those elect COBRA continuation coverage?

Yes, if you elect COBRA you will have the same medical, dental, and vision coverage as active employees.

2. Who do I contact regarding COBRA Open Enrollment?

You will need to contact our COBRA Administrator, UnitedHealthcare Benefit Services (UHCBS) directly at 1.866.747.0048 regarding any questions about COBRA open enrollment, rates, billing and/or duration of coverage.

3. Can a dependent be enrolled in COBRA coverage if the employee is not?

Yes, the dependent can be enrolled in coverage when the employee is not.

Behavioral Health

1. What third-party administrator manages my Mental Health & Substance Abuse (MHSA) benefits?

The State of Ohio has selected Optum Health Solutions (formerly United Behavioral Health) to manage your behavioral health coverage and benefits.

2. Are there any changes to my behavioral health coverage?

No, it will remain the same.

3. Who will provide behavioral health coverage to me and my dependents?

Optum maintains a large and diverse network of licensed and certified professionals who will assist you with your behavioral health and/or substance abuse needs. These experts include licensed master's-level counselors, psychologists, psychiatrists, Substance Abuse Professionals (SAPs), and Marriage and Family Therapists (MFTs). These providers have a wide array of practice specialties, such as child and adolescent, geropsychiatric, post-traumatic stress, eating disorders, alcohol or drug dependency, and many others.

4. Are Applied Behavioral Analysis (ABA) therapy services *only* covered through my behavioral health benefits?

Yes

5. What is the covered diagnosis for ABA services through behavioral health?

The required diagnosis for ABA services is autism spectrum disorder.

6. How does the Plan differentiate between “medical” and behavioral health coverage?

The medical TPAs cover physical, occupational, and speech therapies; and Optum covers behavioral health and ABA services.

7. Is there a list of preferred providers for ABA services?

Yes. A list of providers can be found at www.liveandworkwell.com; enter access code 00832.

Summary of Benefits and Coverage

1. What is important about this document?

The federal Affordable Care Act (ACA) requires this concise four-page document detailing simple and consistent information about your health plan benefits and coverage. For the State of Ohio's Summary of Benefits and Coverage, visit the DAS Benefits website:

<http://www.das.ohio.gov/Divisions/HumanResources/BenefitsAdministration.aspx>, Summary of Benefits and Coverage (SBC); located under Publications and Notices on the lower right side of the page. **This document has been updated for the benefit year beginning July 1, 2015.**

myOhio.gov Troubleshooting

1. When I try to enroll in benefits through myOhio.gov, the button is grayed out; or when I click on the Select button nothing happens. What should I do?

Please contact your agency benefits specialist; it is likely that there is another benefits-related process that needs to be finalized before you can make new election changes.

2. I am unable to open the Open Enrollment Instructions. What should I do?

Turn off your PC's pop-up blockers and clear your cache; step-by-step instructions on how to do so are available after logging into myOhio.gov then navigate to myOhio.gov Job Aids (lower left corner) and select How to – Download documents in myOhio.gov – Text Version. If this does not work please contact your agency IT department.