

### Open Enrollment (General)

- 1. What are the dates for Open Enrollment?**  
May 2, 2016 – May 13, 2016.
- 2. Will myBenefits be available online after May 13<sup>th</sup>?**  
No, the Open Enrollment period (myBenefits) will close at 7:00 p.m. on May 13<sup>th</sup>.
- 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 DAS HCM Benefits at [DAS.HRD.HCM.benefits@das.ohio.gov](mailto:DAS.HRD.HCM.benefits@das.ohio.gov).
- 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, it is still a good idea to review your coverage and dependent information online at [myOhio.gov](http://myOhio.gov)> myBenefits (drop-down)> Benefits Summary.
- 5. What happens if I click on the buttons in the system but really don't have any changes?**  
Please notify your agency human resources office to ensure that your coverage (including any of your dependents, if applicable) **was not impacted**.
- 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, you can make multiple changes between May 2 and May 13, your last change will be the final entry of record. To avoid making multiple changes, please contact your agency human resources office.
- 7. Will I receive confirmation of my election changes?**  
Yes, Confirmation Letters will be mailed to all eligible employees in early June regardless of whether you have or have not made any changes during open enrollment or are not enrolled in coverage.

### Third Party Administrators

- 1. Who are the Third Party Administrators (TPAs) that the State will be contracting with for the next benefit year?**  
Aetna, Anthem, and Medical Mutual of Ohio
- 2. When will this change in TPAs take effect?**  
July 1, 2016.
- 3. I like my TPA and have always been with the same company. Why do I have to change?**  
Each TPA is required to administer our medical plan (the Ohio Med PPO plan) in the same manner. The TPAs were selected based upon a detailed evaluation including quality, access, cost and administrative ability in each region. Your assigned TPA demonstrated “best-in-market” capabilities in your region.

**4. Why don't we get to choose an insurance company?**

The state determined that TPAs competing for regions ensures that state employees and their dependents receive the best possible care at reasonable costs. The TPAs were selected based upon a detailed evaluation of many factors such as quality, access, cost and administrative ability in a given region. Your assigned TPA demonstrated "best-in-market" abilities in your region.

**5. It seems like our TPAs are always changing. Why is this?**

The state makes every attempt to ensure that employees and their dependents receive the highest quality care at the best price. In order to do that, it is necessary for the state to periodically request proposals as well as evaluate our existing TPAs. This typically happens every three to five years.

**6. Why did you pick three TPAs? Why not just one TPA for all employees?**

The goal of the request for proposal was to pick the "best-in-market" TPA for each of the seven defined regions of the state. Picking three TPAs to administer the Ohio Med PPO plan regionally allows nearly all employees to continue seeing their current doctor while utilizing a quality, "best-in-market" TPA.

**7. Will there be one website for the Ohio Med PPO plan or will each TPA have a separate website?**

Each TPA will have a separate, unique website. Keep in mind each TPA is required to administer our medical plan (the Ohio Med PPO plan) in the same manner.

**8. When we receive medical cards will it read Ohio Med or will it have the TPA's name on it?**

The new medical cards issued prior to the start of the new plan year will identify the state plan as:

Aetna: Ohio Med Plan

Anthem: Ohio Med PPO

MMO: Ohio Med PPO

**9. Will there be different ID cards for each of the TPAs?**

Yes. Each TPA will issue their own cards, with unique member ID, customer service and group numbers.

**10. Will everyone receive new ID cards regardless of which TPA they are assigned?**

Yes.

**11. 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 begin the enrollment process, the TPA for which you are eligible based on your home ZIP code, will be listed as either Ohio Med PPO–Anthem, Ohio Med PPO-Aetna, or Ohio Med PPO-MMO.

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

Yes, the list will be included in the Open Enrollment edition of *Pathways*. The list is also available on the DAS website at: [das.ohio.gov/medicalTPA](https://das.ohio.gov/medicalTPA)

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

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

**14. Who will be the TPA for employees who currently work outside the State of Ohio?**

Anthem will be the TPA for employees whose home zip codes are outside the state of Ohio.

**15. Will employees whose home zip code is outside of the State of Ohio be able to appeal to keep UHC?**

No; these employees will automatically be enrolled in Anthem.

- 16. If someone wants to appeal their assigned TPA, how long will this process take?**  
You will not be able to appeal to pick a different TPA.
- 17. If I'm changing TPAs, how long can I access Explanations of Benefits (EOBs) from my current provider?**  
Explanations of Benefits will be accessible through June 30, 2017.
- 18. Will my handicapped child, who has been certified by my current TPA, need to be recertified by my new TPA?**  
No, at least not initially. Recertification may be required in the future.

### Providers

- 1. When will the directories for the TPAs be made available as they are a good resource for employees to determine if their doctor will be a network provider?**  
A new medical third party administrator page has been created at [das.ohio.gov/medicalTPA](http://das.ohio.gov/medicalTPA). Once on the page, users can download a provider guide for each of the medical TPAs that will help them find a doctor, hospital or urgent care facility, for example:

The medical TPA page can be accessed from the Employee Benefits home page, [das.ohio.gov/benefits](http://das.ohio.gov/benefits), and the Medical page, [das.ohio.gov/medical](http://das.ohio.gov/medical). Here are the URLs to each of those Web pages:

Medical TPA page

<http://das.ohio.gov/medicalTPA>

Employee Benefits home page

<http://das.ohio.gov/Benefits>

Medical page

<http://das.ohio.gov/Medical>

- 2. If an employee is currently enrolled with United HealthCare and has been identified as moving to Aetna (for example), will they need to select an Aetna provider for services after July 1, 2016?**  
Yes. Please note that the vast majority of employees and dependents will be able to continue seeing the same doctors as they may already exist within the newly assigned TPA's network.
- 3. If I am currently seeking treatment from a provider not covered under my new network – is there any grace period for the changeover – or will the new approved providers be effective July 1?**  
If you are currently undergoing a course of treatment, you can request for Transition of Care/Continuation of Care with the new TPA to obtain in-network coverage during the course of treatment. Please see the benefits website for future updates including the transition of care forms.
- 4. I am pregnant and my OB/GYN is not on the new TPA list. Do I have to change my doctor?**  
See the response to No. 3 above.

**5. I am undergoing cancer treatment. My doctor is not on the new TPA list. Do I have to change my doctor?**

See the response to No. 3 above.

**6. Do I have to change doctors if my doctor is not in the new TPA's network?**

No, but you will have to pay more for out-of-network costs.

**7. Will doctors be added to my TPA's provider directory?**

TPAs have ongoing efforts to recruit doctors. Their directories are updated on a regular basis.

### Rates/Deductibles

**1. When will new rates be available?**

Rates are included in the Open Enrollment Pathways.

**2. Is the increase in my medical rate due to State's recent selection of new medical TPAs?**

No, the process for developing these new rates began last fall and involved the use of two years of prior medical claims history.

**3. Are we paying more than other employees that work for other employers?**

Not necessarily; State employees are fortunate to have seen very little increase in their health insurance rates and out-of-pocket costs over the past several years. Health care premiums for state employees have increased, on average, just over one percent a year at a time when health care costs for other Americans and businesses have been skyrocketing. While a 13 percent increase is significant, it is not comparable to the drastic cost increases that most other, non-state employees have experienced in Ohio.

**4. Did my rates increase because I'm paying more of the total than I used to pay?**

No, the State of Ohio will continue to absorb the bulk of these increased costs. Your agency will pay the largest portion of the total rate, which will increase significantly in FY 2017.

The following reflects the approximate monthly state/employer share increase for FY 2017:

Single coverage monthly: \$57.44

Family coverage monthly: \$157.75

The approximate monthly employee share increase for FY 2017 is:

Single coverage monthly: \$10.14

Family coverage monthly: \$27.84

**5. Will my office copay, deductible or out-of-pocket maximum increase too?**

No, the current PPO plan design will not change.

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

Yes; there is 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 it does not include any additional costs associated with paying the difference between a brand and generic medication.

### Dependents

**1. 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).

**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 1<sup>st</sup> to your agency human resources office 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 1<sup>st</sup> 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 – 48 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](http://myohio.gov) after the agency has confirmed that the proof is approved and the system has been updated. Follow-up questions should be directed to HCM Benefits at [das.hrd.hcm.benefits@das.ohio.gov](mailto:das.hrd.hcm.benefits@das.ohio.gov)

**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, emailed or faxed directly to DAS HCM Benefits for processing.

Fax number: 614.728.3002

Mailing address: DAS HCM Benefits, 30 E. Broad Street, 28<sup>th</sup> floor, Columbus, OH 43215

Email: [das.hrd.hcm.benefits@das.ohio.gov](mailto:das.hrd.hcm.benefits@das.ohio.gov)

Please do not send any confidential information such as Social Security Number in these packets.

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

Yes. COBRA will not be offered to employees and/or dependents who are dropped from coverage as a result of changes completed during open enrollment.

**7. 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, emailed or faxed directly to DAS HCM Benefits for processing.

Fax number: 614.728.3002

Mailing address: DAS HCM Benefits, 30 E. Broad Street, 28<sup>th</sup> floor, Columbus, OH 43215

Email: [das.hrd.hcm.benefits@das.ohio.gov](mailto:das.hrd.hcm.benefits@das.ohio.gov)

**8. Do dependents aged 19 up to 26 have to live with the employee and live in the state of Ohio to be covered?**

Dependents age 19 up to 26 have no restrictions regarding residency or marital status to be covered for **medical benefits only**.

Marital and student status are conditions for dental and vision coverage only: dependents must be a student to be eligible for dental and/or vision; married dependents are not eligible for dental and/or vision. Also, dental and vision coverage for dependent students ends at the end of the month of their 23<sup>rd</sup> birthday.

**9. 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.

**10. Are dependent children or step-children who live in another state covered for medical benefits 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.

**11. 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.

**12. Why are dependents no longer eligible for HB1 status?**

As of July 1, 2016, HB1 dependents will no longer be eligible for the State of Ohio's medical benefits, due to the recently passed Amended Substitute House Bill 201 (Am. Sub. HB 201). This Bill lowered the age in which medical coverage must be extended to certain dependent children from 28 to 26. A notice with information regarding the dependent's coverage termination including COBRA rights, enrollment requirements and COBRA rates will be mailed to employees soon after an impacted dependent's loss of coverage date (July 1, 2016). If the COBRA notification is not received by July 31, 2016 employees will need to notify United Healthcare Benefits Services (UHCBS), the State's COBRA administrator, by calling 877-237-8576. (A separate plan rate applies for COBRA coverage, which includes a 2% administrative fee.)

### Prescription Coverage

**1. Will my prescription coverage change because of a change in my medical TPA?**

No, your prescription coverage and copays will remain the same.

**2. Will I be receiving new prescription cards even if I don't have any changes to my benefits?**

Yes, all members will be receiving new prescription drug cards. Catamaran recently changed its name to Optum Rx.

### 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.

## Open Enrollment | FAQs

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](http://www.deltadentaloh.com), Vision: [www.vsp.com](http://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](http://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 available for my spouse?**

Yes; enrolled spouses are also 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 they are not eligible to receive incentives.

**3. Regarding 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 who elect COBRA continuation coverage?**

Yes, if you elect COBRA you will have the same medical, dental, and vision coverage you had as an active employee. Bargaining unit employees should contact the Union Benefits Trust at 800-228-5088 or 614-508-2255 for further information on COBRA for the UBT dental and vision plans.

**2. Who do I contact regarding COBRA Open Enrollment?**

You will need to contact our COBRA Administrator, UnitedHealthcare Benefit Services (UHCBS) directly at 1.877.237.8576 regarding any questions about COBRA open enrollment, rates, billing and/or duration

of coverage. Bargaining unit employees should contact the Union Benefits Trust at 800-228-5088 or 614-508-2255 for further information on COBRA for the UBT dental and vision plans.

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

Yes, the dependent can be enrolled under their own coverage.

### Behavioral Health

**1. What TPA manages my Behavioral Health & Substance use benefits?**

Optum Behavioral Solutions (formerly United Behavioral Health) will continue to manage your behavioral health coverage and benefits.

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

No, the coverage will remain the same.

**3. Who can provide behavioral health services 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; 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](http://www.liveandworkwell.com); enter access code 00832.

### Summary of Benefits and Coverage (SBC)

**1. What is important about the SBC?**

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 SBC, visit the DAS Benefits website: <http://www.das.ohio.gov/Benefits>

## Open Enrollment | FAQs

The SBC is 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, 2016.**

### myOhio.gov Troubleshooting

- 1. When I try to enroll in benefits through [myOhio.gov](http://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 human resources office; 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 are available after logging into [myOhio.gov](http://myOhio.gov) and by navigating to myOhio.gov Job Aids (in the lower left corner). Select How to – Download documents in myOhio.gov – Text Version. If this does not work, please contact your agency IT department.