

### Open Enrollment

1. What are the dates for Open Enrollment?

May 6, 2013 – May 20, 2013.

2. Will myBenefits be available after May 20<sup>th</sup>?

No, myBenefits for Open Enrollment will close at 11:59 p.m. on May 20<sup>th</sup>.

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

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

4. 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.

5. What happens if I can 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 make as many changes as you like between May 6 and May 20. You should contact your agency benefits specialist if you have specific questions rather than making multiple changes.

7. If an employee enrolls for the first time during Open Enrollment (on-line) will the system automatically put the employee into the correct TPA based on their home zip code?

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.

## Open Enrollment | Question and Answers

8. 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).

9. Is the 2013 Pathways a good guide for employees to use as a reference for the Ohio Med Plan that will be in effect July 1, 2013?

Yes, this is a good starting point. Updated charts and descriptions are included in the 2013 Pathways (pp. 7-9). Detailed information is contained in the plan documents on the Benefits Administration web page.

10. 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](http://www.medmutualstateohioemployee.com); for United Healthcare, [www.welcometouhc.com/ohio](http://www.welcometouhc.com/ohio).

11. 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.

12. Will everyone receive new ID cards?

No, only Medical Mutual will be sending out new ID cards this year to all of their enrollees. The cards will change from a 4-sided, folded paper card to a plastic card.

Everyone enrolled in medical will receive new Catamaran ID cards after Open Enrollment ends.

13. Will I be able to print out cards from the TPA website?

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

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

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

15. When will new rates be available?

The rates are included in the Open Enrollment edition of Pathways (p. 8).

16. Have the rates increased for this year?

Yes, employees will experience a slight rate increase.

17. 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.

18. Is the Pharmacy mail order program changing?

No, there are no changes to the pharmacy mail order benefit through Catamaran, formerly Catalyst Rx.

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

UnitedHealthcare.

20. 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.

21. 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).

## **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, 2013.

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 31<sup>st</sup> 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 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 each year for dependents age 20 to 22 enrolled in dental and/or vision coverage.

Submission of student certification is not 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. Do I need to wait on the birth certificate?

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.

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8. 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 coverage 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.

9. What is HB1? Where can I find more information on HB1 and the Federal Health Care Reform?

Ohio House Bill 1 of the 128th General Assembly created a new category of eligibility for the state medical plan. HBI 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/EligibilityRequirements/EligibilityrequirementseffectiveJuly12012.aspx>.

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

Yes.

11. 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.

12. 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 3<sup>rd</sup> 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. Any documents received and approved after June 3<sup>rd</sup> will be processed with coverage effective date of July 1.

13. 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.

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14. 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.

15. 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.

16. My dependent recently got a job; can I drop them from my 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.)

17. 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.

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

No.

19. 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?

Dental and vision plans for exempt employees – The state is consolidating plans by eliminating the following plans with low enrollment: Delta Dental Premier and EyeMed Vision Care. As a result, current enrollees who wish to maintain dental coverage will be enrolled automatically in the Delta Dental PPO. Likewise, current enrollees who wish to maintain vision coverage will be enrolled automatically in the Vision Service Plan (VSP). However, current enrollees who wish to waive coverage will need to dis-enroll during the open enrollment period.

Dental and vision plans for bargaining unit employees – There are no changes to dental and/or vision coverage for bargaining unit employees. For dental and/or vision coverage information on bargaining unit employees, please go to [www.benefitstrust.org](http://www.benefitstrust.org).

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

If you would like an enrollment card to present to your dental or vision provider, you 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.

## *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. 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 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.

**Long-Term Care Insurance**

1. Are there any changes to long-term care insurance?

Yes. The Prudential Insurance Company of America is not accepting new enrollments after June 30, 2013. Current enrollees can continue to stay on the plan. (p. 13)

2. Will deductions still come out of my pay?

Long-term care premiums are not deducted through payroll. Long-term care premiums are billed direct to the individual enrollee's home.

**Summary of Benefits and Coverage**

1. What is important about this new document?

The federal Affordable Care Act 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 at <http://www.das.ohio.gov/Divisions/HumanResources/BenefitsAdministration.aspx>.

**Autism**

Information will be provided at a later date.