



Pathways to

Benefits



FLEXIBLE SPENDING ACCOUNTS

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my Pathways to Benefits

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myBENEFITS FALL 2011

YOUR PATH TO WELLNESS



Welcome to the fall edition of *Pathways to myBenefits*. This edition focuses on the Flexible Spending Account Open Enrollment period being held Oct. 3 through 17. Eligible employees are encouraged to enroll in a Flexible Spending Account which allows employees to set aside pre-tax dollars from their paycheck for health care and dependent care expenses.

In addition, the State of Ohio is introducing a new Win with Wellness contest and featuring updates about your prescription drug mail-order benefits and the tobacco cessation incentive, which is part of the State of Ohio employee wellness program, *Take Charge! Live Well!*

Take Charge! Live Well!



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Flexible Spending Accounts Open Enrollment Oct. 3 to 17

The State of Ohio Flexible Spending Accounts (or FSAs) are voluntary accounts established under Internal Revenue Service (IRS) Code Sections 125 and 129 that allow program participants to pay for eligible expenses on a pre-tax basis. Participants save on federal, state and some local taxes. The State of Ohio offers two types of Flexible Spending Accounts: a health care spending account for eligible health care expenses and a dependent care spending account for eligible dependent care expenses.

Program enrollment does not roll over into subsequent plan years so participants must re-enroll to participate each new calendar year.

Do you have annual health care and/or dependent care expenses? Would you like to save money on these? Check out the Health Care Spending Account example chart on Page 5 for potential savings.

Most of us have medical expenses such as prescriptions, copays for doctor's office visits, deductibles, contacts or eyewear. Some of us have dependent care expenses as well. Flexible Spending Accounts are a great way to help reduce the money that you spend on these items.

WHO IS ELIGIBLE?

Permanent employees who are not in a probationary period are eligible for enrollment in a Health Care Spending Account. Permanent employees may participate in a Dependent Care Spending Account upon employment at the state.

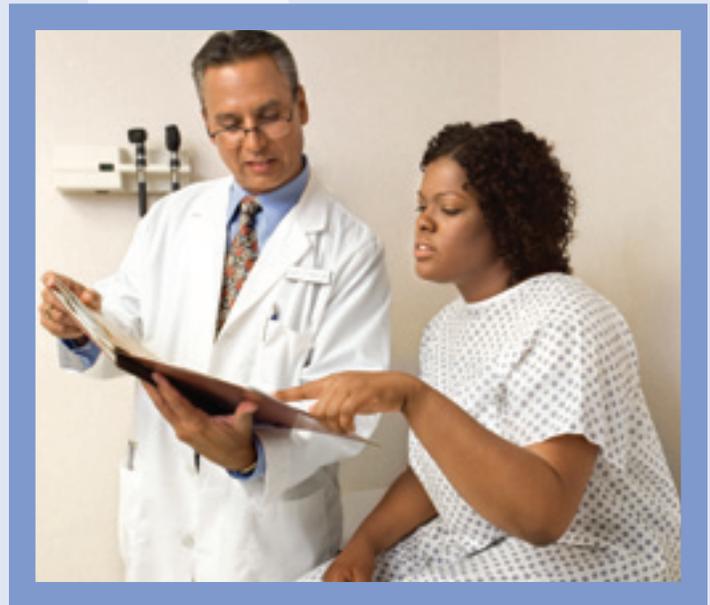
HOW DOES IT WORK?

For the Health Care Spending Account, look at what you've spent in the past for health care expenses to help determine what you may need for the coming year up to a \$3,000 limit.

For the Dependent Care Spending Account the IRS limit is \$5,000.

Elect an amount for one or both accounts during the open enrollment period. The total amounts designated to be placed in these accounts will be deducted in equal amounts – before federal and state taxes – over the first 24 pay periods of calendar year 2012 and is put into your account(s). You get to use the money in the account(s) without paying taxes on it!

The money in the account(s) will be available for use during the 2012 calendar year. Funds in the account must be used to pay for the eligible expenses for that account only. In other words, you cannot pay for dependent care costs with your health care spending account funds. Once a service has been provided, you submit the required documentation for reimbursement.



WHAT ARE CONSIDERED ELIGIBLE EXPENSES TO BE PAID BY FLEXIBLE SPENDING ACCOUNTS?*

Health Care Spending Accounts eligible expenses include but are not limited to:

- Deductibles
- Coinsurance
- Doctor's office visit copays
- Prescription drug copays
- Certain vision/dental expenses
- Certain over-the-counter products with a doctor's prescription

Dependent Care Spending Accounts eligible expenses include but are not limited to:

- Day care for children
- Day care for eligible dependent parents and grandparents

WHAT EXPENSES ARE CONSIDERED INELIGIBLE EXPENSES?

Health Care Spending Accounts ineligible expenses include but are not limited to:

- Cosmetic procedures, treatments and other services that are directed at improving appearance and that do not meaningfully promote the proper function of the body or prevent or treat illness or disease
- Illegal operations or treatments
- Health insurance premiums
- Expenses that are reimbursed or reimbursable by another source

Dependent Care Spending Accounts ineligible expenses include but are not limited to:

- Tuition and overnight camp expenses
- Clothing, food and entertainment costs
- Transportation to educational sites and institutions

USE IT OR LOSE IT?

The ‘use it or lose it’ rule requires that you must use all of the money set aside in these accounts by the close of the calendar year or the funds will be forfeited. On average, only 2 percent of the account holders leave money in their account at the end of the year, and the amounts tend to be minimal. However, to make sure your money will be completely used, carefully determine how much money you are certain you will need.

Can I withdraw from the Flexible Spending Account or increase or decrease contributions during the year?

Participation in a Flexible Spending Account is generally irrevocable for that plan year and the amounts cannot be changed unless there is a qualifying event such as a marriage, birth of a child or a change in employment. Employees may increase or decrease contributions within 30 days of a qualifying event, however, the changes must be consistent with the event. For example, a new marriage would allow an increase in your Health Care Spending Accounts deduction. And the birth of another child would allow an increase in your Dependent Care Spending Accounts.

Interested in enrolling in a Flexible Spending Account? Detailed information is being mailed to all state employees by the State of Ohio’s third-party administrator, Fringe Benefits Management Company (FBMC), a division of WageWorks.

INFORMATION ALSO IS AVAILABLE AS FOLLOWS:

- Ohio Department of Administrative Services, Office of Benefits Administration Services website: das.ohio.gov/flexiblependingaccount
- The FBMC website: myFBMC.com
- FBMC Customer Care: 1.800.342.8017

*The following URLs provide listings of medical and dependent care expenses that the IRS recognizes as eligible on tax returns or through flexible spending account arrangements:

For health care: www.irs.gov/publications/p502/index.html

For dependent care: www.irs.gov/publications/p503/index.html

This example shows a potential savings of \$440! With the Flexible Spending Account, the employee spent \$1,560 instead of \$2,000.

Health Care Savings Account Example*		
With FSA		Without FSA
31,000	Annual Gross Income	31,000
-2,000	Annual Amount Deducted for FSA	-0
29,000	Taxable Gross Income	31,000
-6,380	Federal Taxes Payable	-6,820
22,620	Annual Net Income	24,180
-0	Annual Health Care Expenses	-2,000
22,620	Spendable Income	22,180

*Based on a 22 percent flat tax rate calculated on a calendar year. Actual savings may vary based upon your individual tax situation.



Commuter Choice Program Offered

The Commuter Choice Program offered to State of Ohio employees is a qualified transportation benefit authorized by the Internal Revenue Service (IRS). By participating in the Commuter Choice Program, your eligible costs to commute to work – either by public transportation or to park – are deducted from your pay before taxes are deducted. You save money because the deduction is taken on a pre-tax basis.

There is no open enrollment period for the Commuter Choice Program. Employees may enroll or terminate the program on a month-to-month basis. The IRS limits for transit (public transportation) and for parking are each \$230 per month for calendar year 2011. You may use one or both each month up to the stated limit.

Orders may be placed online with the state’s third-party administrator, FBMC, a division of WageWorks, at www.myFBMC.com by the fifth day of each month for the following month. Deductions are taken from the last paycheck of the month. You may set up a one-time or recurring order. Transit passes (such as a COTA bus pass) are mailed to your home. Parking fees can be paid directly to the garage if you have a contract. Or you can be reimbursed for monthly parking expenses as well as daily parking expenses.

For more information, go to the Commuter Choice Program User Guide on the DAS Benefits Administration Services website at das.ohio.gov/benefits, log on to www.myFBMC.com or call FBMC Customer Care at 1.800.342.8017.

Prescription Drug Updates

Pre-Approval by Catalyst Rx Required for Certain Drug Classes

For the prescription drug classes listed in the chart, you must try a recommended alternative before a medication requiring approval will be covered.

Drug Class	Medications Requiring Approval	Recommended Alternatives	Criteria to Obtain Target Medications
Angiotension II Receptor Blockers <i>Blood Pressure</i>	Atacand/HCT, Avalide, Avapro, Benicar/HCT, Teveten/HCT, Edarbi	losartan, losartan/hctz, Diovan/HCT, Micardis HCT	Trial and failure of two recommended alternatives
Bisphosphonates <i>Osteoporosis</i>	Actonel, Actonel with Calcium, Atelvia	alendronate, Boniva, Fosamax Plus D	Trial and failure of one recommended alternative
Hypnotics <i>Sleep Aids</i>	Lunesta, Rozerem	Most generic hypnotics (except zolpidem ER 12.5mg)	Trial and failure of one recommended alternative
Intranasal Steroids <i>Nasal Allergy</i>	Beconase AQ, Nasacort AQ, Omnaris, Rhinocort Aqua, Tri-Nasal, Vancenase AQ, Veramyst	flunisolide, fluticasone propionate, Nasonex	Trial and failure of one recommended alternative
Triptans <i>Migraine</i>	Axert, Frova, Sumavel, Treximet, Zomig	naratriptan, sumatriptan, Maxalt, Maxalt-MLT, Relpax	Trial and failure of one recommended alternative
Androgens <i>Male Hormones</i>	Androderm, Testim, Axiron, Fortessa	AndroGel	Trial and failure of one recommended alternative
Growth Hormones	Nutropin, Omnitrope, Saizen, Tev-Tropin, Zorbitive	Genotropin, Humatrope, Norditropin	Trial and failure of one recommended alternative
Atypical Antipsychotics*	Abilify, Invega, Fazacio, Fanapt, Saphris, Latuda	Zyprexa/Zydis, Seroquel/XR, Geodon, Risperidone/M-Tab/ODT	Trial and failure of two recommended alternatives
Proton Pump Inhibitors <i>Gastric Acid Reducers</i>	Protonix, Zegerid, Dexilant, Aciphex, Nexium, Prilosec, Vimovo, Prevacid	pantoprazole, Zegerid OTC, Prevacid 24-hour OTC, Prilosec OTC, omeprazole OTC, omeprazole/sodium bicarb OTC, lansoprazole 30mg (Rx version)	Trial and failure of generic or OTC (OTC requires prescription for coverage)
Anti-Virals	Valtrex, valacyclovir, Famvir, Zovirax	acyclovir, famciclovir	Trial and failure of acyclovir first and then trial and failure of famciclovir second
Smoking Cessation**	Chantix	All over-the-counter (OTC) nicotine replacement products (e.g., gum, patches, lozenges) and buproprian XL 150 mg	Prior authorization required for Chantix if not used within past 365 days.
Selective Serotonin Reuptake Inhibitors* <i>Depression</i>	Lexapro, Luvox CR, Pexeva	citalopram, fluoxetine, fluoxamine, paroxetine, sertraline	Trial and failure of citalopram AND one other preferred medication

* Current users grandfathered

** Enrollment in APS Healthcare *Take Charge! Live Well!* health coaching results in \$0 copay with a prescription.

Catalyst Rx “Price & Save” Tool Available

Catalyst Rx provides an online drug pricing tool available to all employees and their dependents covered under the prescription drug plan. The tool allows you to shop for the lowest priced pharmacies and medications.

Price & Save lets you compare:

- Results from low-cost generic programs (“\$4 generics”)
- Pricing between multiple retail pharmacies
- Pricing at your mail service pharmacy, Immediate Pharmaceutical Services (IPS)
- The cost differences between brand and generic drugs (generic equivalents and therapeutic alternatives)
- Out-of-pocket payments based on the pharmacy you choose

To access Price & Save:

- Visit catalystrx.com.
- Enter your member identification number as shown on your Catalyst Rx prescription drug card, your date of birth and the group number “STOH” in the “Members” login boxes located on the right side of the screen.
- Click “Login.”
- On the member home page, click “Price & Save Drug Pricing Center” in the column of topics on the left side of the screen.
- Enter your prescription information and start saving!

Member Log-in

* Member ID:

Please enter your Member ID as it is written on your ID card.

* Date of Birth:

Rx Group #:

* = required field

Client Log-in

Specialty Drug Management Program Reminder

Specialty drugs are prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions such as cancer, hepatitis C, HIV/AIDS, multiple sclerosis, psoriasis and rheumatoid arthritis.

The Catalyst Rx Specialty Drug Management Program, supported by Walgreens Specialty Pharmacy, is included as part of your prescription benefit program. Walgreens Specialty Pharmacy provides the convenience of receiving your specialty medications through express delivery to the location of your choice. You can choose to have your medication delivered to your home, physician’s office or to your local Walgreens retail pharmacy for pick-up. In addition, program participants have access to a Specialty Care Team staffed by experienced pharmacists who are specially trained in complex health conditions and the latest medication therapies.

Please note that specialty medications must be filled through Walgreens Specialty Pharmacy in order to be eligible for coverage. You will be able to fill **one 30-day supply** of your medication at any network retail pharmacy; thereafter, you will be required to participate in the Catalyst Rx Specialty Drug Management Program and receive your medications by express delivery through Walgreens Specialty Pharmacy’s central fulfillment pharmacy. A list of covered specialty medications can be found at: das.ohio.gov/prescriptiondrug in the “Important Prescription Drug Updates” section under “Specialty Drug Management Program.”

To begin participation in this program, please contact Walgreens Specialty Pharmacy **at least 14 calendar days before** your current medication runs out by calling **1.866.823.2712**. Normal business hours are Monday through Friday, 8 a.m. to 7 p.m. EST. Please note that all specialty prescriptions are limited to a 30-day supply and are subject to your retail co-payment.



Take Charge! Live Well! Webinars

Mark your calendar for the following upcoming APS Healthcare webinars:

- **Sept. 21** – Vitamins & Minerals
- **Sept. 28** – *Take Charge! Live Well!* Overview
- **Oct. 5** – Cancer Prevention
- **Oct. 12** – So you want to quit smoking?
- **Oct. 26** – How to complete your health assessment

Don't have time to go to an APS Healthcare wellness presentation? No problem! The *Take Charge! Live Well!* program has put together a variety of fun and educational webinars to allow you to watch a presentation at any time. Go to the *Take Charge! Live Well!* website at: ohio.gov/tclw for more information on how to attend a webinar broadcast, view previously recorded webinars or learn about upcoming webinar topics.



TAKE
CHARGE

Live Well

Win with Wellness Contest!

APS Healthcare, in conjunction with the State of Ohio, will conduct an online contest to support and recognize state employees who have improved and maintained their health by participating in the *Take Charge! Live Well!* program. The contest will recognize employees who have been wellness role models for their peers.

CRITERIA FOR SUBMISSIONS FOR THE WIN WITH WELLNESS CONTEST ARE AS FOLLOWS:

- Subject of testimonial or role model nomination must be a State of Ohio employee.
- Employee must have started, are progressing or maintaining healthy choices that have had a positive impact on their health.
- Only one award per employee will be given.
- All testimonials must be submitted through the *Take Charge! Live Well!* website at: ohio.gov/tclw.
- Submission deadline is Oct. 8.

Employees will be able to vote for their favorite wellness champion from Oct. 16 through 31. The top three vote-getters in each category of the Win with Wellness contest will receive a \$20 gift certificate to the online Amazon store: amazon.com. All submissions will receive a participation certificate.



THE CATEGORIES FOR VOTING ARE AS FOLLOWS:

Most Inspirational

- The employee who motivated you to make a change
- The employee who inspired you to help someone else in your life make a change

The employee who has paid it forward

- The employee who demonstrates giving back to the community
- The employee who has helped to educate others on how to make healthy choices
- The employee who exemplifies the *Take Charge! Live Well!* vision: to assist employees in achieving optimal health and wellness through awareness, disease prevention and healthy behaviors

Here are just a few excerpts from the inspiring testimonials given by Wellness Champions that can be read on the *Take Charge! Live Well!* website:

"... I lost a total of 314 pounds. Not only is the weight off for good, but I recently went to a Take Charge! Live Well! Health fair and got amazing numbers on my health screening."

– Ohio Attorney General's Office employee

"I like the fact that walking is a form of exercise that is enjoyable and not strenuous at all. Having a competition (like the Statewide Walking Challenge) makes me try even more. I am more aware of how much I should be walking now."

– Ohio Department of Administrative Services employee

"... (I) lost more than 105 inches and 16 percent body fat. I am proud to say at age 54 I feel better than I did at age 34."

– Ohio Department of Job and Family Services employee

"I also joined the walking competition with ODNR; walk, run and bike at Sharon Woods; and I am averaging 18,000 to 20,000 steps per day along with lifting three to four days a week. This is the lightest I've been in 30-plus years. I feel I have more energy, motivation and I certainly don't feel my age."

– Ohio Department of Natural Resources employee



Watch for entry buttons on the *Take Charge! Live Well!* website at: ohio.gov/tclw.

FY12 Incentives

HOW DO I EARN WELLNESS INCENTIVE DOLLARS AND AFFECT MY HEALTH IN A POSITIVE WAY?

When you participate in *Take Charge! Live Well!* you have multiple tools at your fingertips including an APS Healthcare health coach. Health coaching gives you and your spouse the opportunity to work with a health specialist – nurse, dietitian or fitness trainer – who can help design a step-by-step plan just for you.

Tobacco Cessation

Ready to quit?

- Access to personalized support
- Eligible for free nicotine pharmaceuticals

Weight Management

BMI of 30 or more?

- Access to dietitians and fitness specialists
- Personalized program just for you

Disease Management

Newly diagnosed or existing condition?

- Help understand medications and treatment options
- Eligible for free diabetic medications and supplies

Everyone can earn \$100

Health Assessment	Completed by Nov. 30, 2011	\$25
Biometric Screening	Completed by June 30, 2012	\$75

Complete a health assessment or biometric screening and earn an additional \$100 when identified for one of the following programs:

	1st Coaching Call	4th Coaching Call completed by June 30, 2012
Tobacco Cessation*	\$25	\$75
Weight Management*	\$25	\$75
Disease Management*	\$25	\$75

*APS Healthcare will identify eligible employees and spouses based on biometric screening results, claims experience or health assessment results for these programs. For questions on whether you qualify, contact APS Healthcare at 1.866.272.5507.

To find links to the Health Risk Assessment, Biometric Physician Form and program details online, visit: obio.gov/tclw or contact APS Healthcare at 1.866.272.5507.

New Convenient Hours!

APS Healthcare has new service hours to be more available to help you *Take Charge! Live Well!*

Monday through Friday between 8 a.m. and 7 p.m.
Saturday between 9 a.m. and 2 p.m.

1.866.272.5507

Tobacco Cessation

Whether you want to stop using tobacco or have just never been able to quit for good, the *Take Charge! Live Well!* program is offering a specialized tobacco cessation initiative designed to maximize your success.

When smokers try to cut back or quit, the lack of nicotine leads to withdrawal symptoms. Withdrawal is both physical and mental. Both the physical and mental factors must be addressed for the quitting process to work.

Only about 4 to 7 percent of people are able to quit smoking on any given attempt without medication or other support. Studies in medical journals have reported that between 25 and 33 percent of smokers who use medications can stay smoke-free for more than six months. Behavioral and supportive therapies may increase success rates even further and help the person stay smoke-free, according to the American Cancer Society.

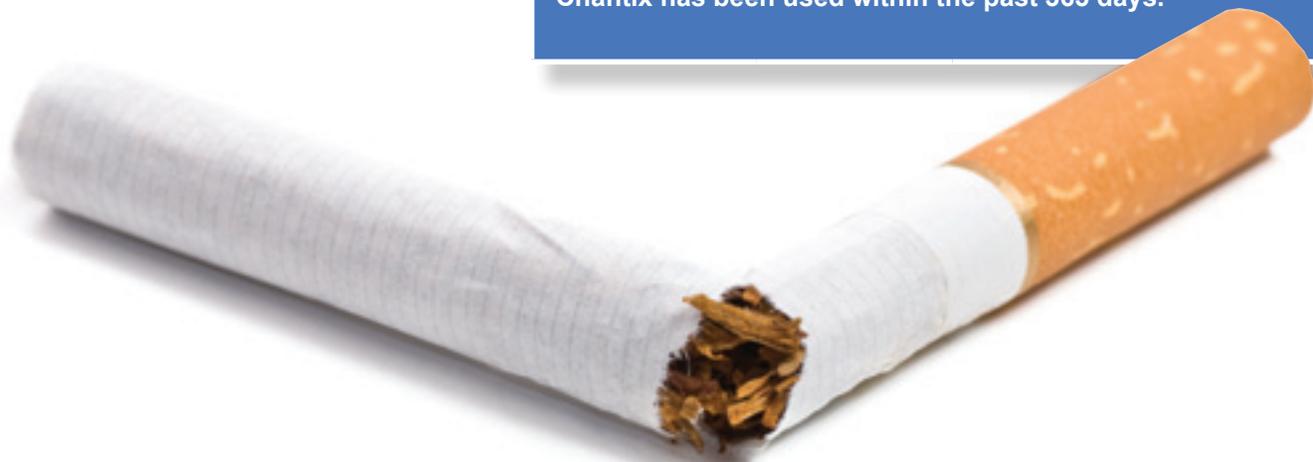
To increase your chance of success, consider asking your doctor for a prescription for one of the following tobacco cessation products and consider signing up with a health coach.

When you are enrolled in the APS Healthcare Tobacco Cessation Coaching program, all co-payments listed in the chart are waived!

Smoking Cessation Pharmaceutical Coverage		
Product*	Length of Therapy Two quit attempts per year maximum;	Monthly Copay (Not enrolled with APS Healthcare health coach)
Nicotine Gum	100 pieces per month maximum	Generic, \$10; Brand, \$50 plus difference between brand and generic cost
Nicotine Transdermal Patches	30 patches per month maximum	Generic, \$10; Brand, \$50 plus difference between brand and generic cost
Nicotine Lozenges	80 pieces per month maximum	Generic, \$10; Brand, \$50 plus difference between brand and generic cost
Bupropion HCL (generic) Zyban	60 tablets per month maximum	Generic, \$10; Brand, \$50 plus difference between brand and generic cost
**Chantix 0.5 mg, 1 mg	60 tablets per month maximum	\$25 (no generic available)

***A prescription must be submitted to the pharmacy for coverage of all products, including over-the-counter products.**

****Pre-authorization required for Chantix due to undesirable side effects and safety issues. Contact Catalyst Rx at 1.866.854.8850 to initiate the prior authorization process. Authorization not required if Chantix has been used within the past 365 days.**



myOhio.gov Website Features Benefits News

Quick access to the myBenefits portion of Employee Self Service as well as state employee benefits news are among the key features of the enhanced [myOhio.gov](#) website.

The robust site, which will be launched Sept. 19 by the Ohio Department of Administrative Services and the Ohio Office of Budget and Management, will combine the current online services employees have accessed through the Ohio Administrative Knowledge System (OAKS) along with new features such as the most up-to-date news for state employees.

This easy-to-use website will provide employees with:

News you can use, including:

- Employee benefit information
- Employee wellness program information
- Calendar of events

Hotlinks to several web pages, including:

- DAS Benefits Administration Services
- *Take Charge! Live Well!*
- Employee Assistance Program (EAP)

Single-login access to all OAKS applications for:

- Quick access to myBenefits
- Quick access to pay statements
- Quick access to travel reimbursement forms
- Helpful articles for OAKS core users
- Quick access to job aids for [myOhio.gov](#) and all OAKS applications

The single-login feature means employees who access more than one OAKS module will need only one password – the same password currently used for the Human Capital Management (HCM) module, which includes Employee Self Service applications.

Separate passwords and a separate log-in for other OAKS modules, such as the Financials (FIN) module, no longer will be needed. Users can use self-service functionality to set up their forgotten password information in the system and reset their password for all applications.

Because employees will be required to use [myOhio.gov](#) to enter any OAKS application, the current [OAKS.ohio.gov](#) website will be redirected to the [myOhio.gov](#) website.

The screenshot displays the myOhio.gov website interface. At the top left is the 'myOhio' logo. To the right is a search bar and a 'Go' button. Below the logo is a navigation menu with links for Home, my Info, Time & Money, Health & Benefits, Career Resources, Employee Phone Search, Help, and Ohio.gov. A welcome message reads: 'Welcome John Doe. You last signed in on Thursday, September 1, 2011 at 10:54 AM | [Sign Out](#)'. Below the navigation is a 'myLinks' dropdown menu. The main content area features a 'Win with Wellness Contest' article with a photo of a family playing with a football. To the right is a 'Self Service Quick Access' section with buttons for myPay, myTime, myTravel, and myBenefits. Below that is an 'OAKS Quick Access' section with links for Business Intelligence, Customer Relations Management, Enterprise Learning Management, Financials, and Human Capital Management. At the bottom left is an 'OAKS System Alerts' section with sub-sections for BI/EPM and FIN system alerts. At the bottom right is a 'My Events' calendar for Thursday, Sept 15, 2011, showing no events found. The footer contains links for Contact Us, Privacy Statement, Terms Of Use, and System Availability.

Legal Notice

Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The State of Ohio has determined that the prescription drug coverage offered by Catalyst Rx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current State of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by Catalyst Rx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. The State of Ohio prescription drug plan does not coordinate benefits with Medicare Part D.

Go to: das.ohio.gov/prescriptiondrug for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during open enrollment.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within sixty-three (63) continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- For personalized help, call your State Health Insurance Assistance Program. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call: 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Sept. 12, 2011, State of Ohio

Contact: **DAS Benefits Administration**
Attn: Prescription Drug Manager
30 E. Broad Street, 27th Floor
Columbus, OH 43215
1.800.409.1205

Health and Other Benefits Contacts

All Employees

MEDICAL MEDICAL MUTUAL

1.800.822.1152
medmutualstateohioemployee.com
Group Number: 228000

UNITEDHEALTHCARE

1.877.440.5977
myuhc.com
Group Number: 702097

PRESCRIPTION DRUG CATALYST RX

1.866.854.8850
catalystrx.com

BEHAVIORAL HEALTH & SUBSTANCE ABUSE UNITED BEHAVIORAL HEALTH

1.800.852.1091
liveandworkwell.com
Group Number: 00832
Code: 00832

EMPLOYEE ASSISTANCE PROGRAM

1.800.221.6327
www.odh.ohio.gov/eap/eap.aspx

TAKE CHARGE! LIVE WELL!

APS HEALTHCARE
1.866.272.5507
stateofohio.apshealthcare.com

24-HOUR NURSE ADVICE LINE

1.866.272.5507, option 3

FLEXIBLE SPENDING ACCOUNT FRINGE BENEFITS MANAGEMENT COMPANY (FBMC)

1.800.342.8017
www.myfbmc.com

LONG TERM CARE INSURANCE PRUDENTIAL LONG TERM CARE SOLID SOLUTIONS

1.800.732.0416
Prudential.com/GLTCWEB
Group Name: stateofohio
Access Code: buckeyes
Group Number: LT-50636-OH

Exempt Employees Only

DENTAL DELTA DENTAL OF OHIO

1.800.524.0149
deltadentaloh.com
Group Number: 9273-0001 (PPO)
Group Number: 9273-1001 (Premier)

VISION VISION SERVICE PLAN (VSP)

1.800.877.7195
vsp.com
Group Number: 12022518

EYEMED VISION CARE

1.866.723.0514
eyemedvisioncare.com
Group Number: 9676008

LIFE INSURANCE BASIC LIFE INSURANCE

The Standard
1.866.415.9518
standard.com/mybenefits/ohio

SUPPLEMENTAL LIFE INSURANCE

Prudential Life Insurance
1.800.778.3827
Group Number: LG-93046

Union-Represented Employees Only

DENTAL DELTA DENTAL OF OHIO

1.877.334.5008
Group Number: 1009

VISION VISION SERVICE PLAN

1.800.877.7195
Group Number: 12022914

EYEMED VISION CARE

1.866.723.0514
Group Number: 9674813

LIFE INSURANCE PRUDENTIAL LIFE INSURANCE

1.800.778.3827
Group Number: LG-01049

EMPLOYEE ASSISTANCE PROGRAM WORKING SOLUTIONS PROGRAM

1.800.358.8515
Group Number: 4718

LEGAL SERVICES HYATT LEGAL SERVICES

1.800.821.6400
Group Number: 49000010

UNION BENEFITS UNION BENEFITS TRUST (UBT)

614.508.2255
1.800.228.5088
Union-represented employees can
access plan information at:
benefitstrust.org

TIP: When placing your calls, please ensure you have the documentation you might need during the call:

- Group Number
- Employee ID Number
- Explanation of Benefits (EOB) if call is regarding claims.

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES HR CUSTOMER SERVICE

614.466.8857
1.800.409.1205
HRCustomerService@das.state.oh.us
das.ohio.gov/benefits

2011/2012 AT A GLANCE

2011

SEPTEMBER

- Wellness feature: Preventive Care
- Get a flu shot
- Schedule annual exam

OCTOBER

- Wellness feature: Weight Management
- Flexible Spending Account Open Enrollment

NOVEMBER

- Wellness feature: Tobacco Cessation
- *Take Charge! Live Well!* assessments must be completed by Nov. 30

DECEMBER

- Wellness feature: Stress Management
- Use your remaining Flexible Spending Account money

2012

JANUARY

- Wellness feature: Tobacco Cessation
- W-2's are coming
- New Flexible Spending Account plan year begins Jan. 1

FEBRUARY

- Wellness feature: Heart Health

MARCH

- Wellness feature: Diabetes
- Flexible Spending Account deadline for 2011 claims

APRIL

- Wellness feature: Colorectal Cancer Screening
- Visit: myOhio.gov to update your personal information

MAY

- Wellness feature: Weight Management
- Benefits Open Enrollment

JUNE

- Wellness feature: Home Safety
- *Take Charge! Live Well!* year ends June 30
- Annual exams for children

JULY

- Wellness feature: Cancer Awareness and Prevention
- New benefits year begins July 1

AUGUST

- Wellness feature: Respiratory Health

Human Resources Division
Benefits Administration Services

30 E. Broad St., 27th Floor
Columbus, Ohio 43215

