



Open Enrollment 2009 At a Glance

May 4-17, 2009

das.ohio.gov/benefits



Ohio The State of Perfect Balance

OhioDAS
Ohio Department of Administrative Services

Open Enrollment Fast Facts

- The 2009 Open Enrollment will be May 4-17, 2009.
- Each year during Open Enrollment, you have the opportunity to elect coverage, waive coverage or make changes for the following benefits: medical (which includes prescription drug, *Take Charge! Live Well!* and mental-health coverage); dental; vision; life insurance including supplemental, spouse and child life insurance.
- If you are not making any changes to your elections or dependents, you do not need to take any action during Open Enrollment.
- The benefits you elect during Open Enrollment will begin July 1, 2009. After Open Enrollment, you can make changes only if you have a qualifying life event – such as a marriage, birth of a child, or job or status change.
- To enroll in 2009 Benefits visit das.ohio.gov/benefits or contact your agency human resources office for a paper enrollment form.
- For detailed rate and plan changes visit das.ohio.gov/benefits or review your Spring Edition Open Enrollment *Pathways* delivered to your mailing address.
- Bargaining unit employees can find additional information regarding benefits by accessing the Union Benefits Trust Web site at benefitstrust.org.
- Please look for a confirmation letter verifying your elections once Open Enrollment is completed.



Medical Plans

- Deductibles of \$200 single/\$400 family will now apply to all plans.
- Out-of-pocket maximums will increase to \$1,500 single/\$3,000 family for all plans (\$3,000 single/\$6,000 family for non-network Ohio Med plan participants).
- Office visit copayment will increase from \$15 to \$20.
- Insulin - in addition to diabetic supplies - will be covered at 100% if the patient is actively enrolled in the *Take Charge! Live Well!* chronic condition management program.
- Mail order will be optional, not mandatory, for Ohio Med plan participants. Use the mail service option to save money on your prescriptions.
- Most preventive care including office visits, some screenings, and immunizations will be covered at 100% with no deductible, copayment or coinsurance if performed in-network. This will include routine prenatal care visits at no copayment (ancillary tests, ultrasounds and delivery will continue to be paid at 80%).
 - Non-immunization preventive care coverage is subject to the U.S. Preventive Services Task Force guidelines.
 - Immunization coverage is subject to the Centers For Disease Control and Prevention guidelines.
- Tobacco cessation assistance has been expanded. In addition to telephone coaching and online tobacco cessation services available through the *Take Charge! Live Well!* program, health plan participants are eligible for coverage of tobacco cessation products such as medication, patches, gum and lozenges.
- Copays for prescriptions will not change for fiscal year 2010.

Take Charge! Live Well!

- Beginning July 1, 2009, APS Healthcare will be the sole provider for the *Take Charge! Live Well!* program. For details, visit ohio.gov/tclw.
- You may contact APS Healthcare at: stateofohio.apshealthcare.com or 1-866-272-5507.
- The free Nurse Advice Line is available 24-hours a day, seven days a week. Call 1-866-272-5507 option 3.
- Employees and spouses enrolled in a state health plan are eligible to earn a \$100 incentive for participating in the program:
 - \$50 for completion of a health assessment
 - \$50 for working with a health coach
 - \$25 for participation in an online lifestyle change program
 - \$25 for participation in a worksite health screening

Mental Health and Substance Abuse

- Office visit copays will increase from \$15 to \$20.
- Inpatient copay is \$100 per admission.
- No dollar limits or visit limits on necessary care.
- United Behavioral Health is now also known as OptumHealth Behavioral Solutions.

Dental Plan - Exempt Employees Only

- There are no changes for the dental plans in fiscal year 2010.
- You have the choice to participate in either the Delta Preferred or Delta Premier plan.
- Both plans cover the same type of dental services, but have different levels of out-of-pocket expenses.
- The dental plan is administered through Delta Dental. You receive the highest level of benefits when you use a dentist who participates in the Delta Dental network. For a list of participating providers, link through deltadentaloh.com.

Dental Plan - Union-represented Employees Only

- There are no changes in the dental coverage at this time.
- You have the choice to participate in either the Preferred Choice Plan (a Preferred Provider Plan/PPO) or the Quality Dental Plan (an indemnity plan). The dental plans are administered through MetLife.
- Both plans cover the same dental services; out-of-pocket expenses vary depending on the plan.
- Both plans' diagnostic and preventive services are covered at 100% in-network or 100% of reasonable and customary non-network.
- For a list of participating providers, link through benefitstrust.org to MetLife's provider locator.

Vision Plans - Exempt Employees Only

- There are no changes for the vision plans for fiscal year 2010.
- You have the option to participate in either EyeMed Vision Care or Vision Service Plan.
- The vision plans cover vision examinations, lenses, frames and contact lenses from a network of providers.

- If you are enrolled in either plan, you may call any participating provider and directly schedule an appointment.
- A list of participating providers is available at vsp.com or eyemedvisioncare.com. The vision plans will pay the participating provider directly for covered services and materials.

UBT Vision Plans - Union-represented Employees Only

- There are no changes in the vision coverage at this time.
- You have the option to participate in either EyeMed Vision Care or Vision Service Plan.
- In-network benefits offer the best value and include a \$5 or \$10 copay (depending on the plan) for an annual routine vision examination. The plans also cover many lens options, frames and contact lenses.
- If you are enrolled in either plan, you may call any participating provider and schedule an appointment. To view a list of both plans' providers, link through benefitstrust.org to the vision provider network.

Basic and Supplemental, Spouse and Child Life Insurance - Exempt Employees Only

- The State of Ohio pays for Basic Life Insurance (including Occupational Accidental Death and Dismemberment Insurance) for all benefit eligible employees at one times your base annual salary after one year of continuous service.
- Recognizing you may need additional coverage, the State of Ohio also offers you the opportunity to purchase supplemental life insurance coverage through the Prudential Insurance Company of America.
- You may elect supplemental life insurance for yourself in increments of \$10,000 up to a maximum of \$500,000 or six times your annual salary, whichever is less. Some amounts require that you provide evidence of good health.



- As a new employee, you have 90 days from your date of hire to purchase coverage up to three times your Basic Annual Earnings or \$150,000, whichever is less without evidence of insurability.
- At Open Enrollment: if you are purchasing supplemental life insurance for the first time, you may buy up to two times your Basic Annual Earnings or \$150,000 whichever is less. Once enrolled, during each subsequent open enrollment period you may increase your coverage by up to two times your Basic Annual Earnings in \$10,000 increments.
- You may elect life insurance for your spouse at \$10,000 without evidence of insurability, or \$20,000, \$30,000 or \$40,000 with evidence of insurability.
- You may elect \$7,000 of life insurance coverage for each child for one monthly \$0.99 deduction.
- Premiums are payroll deducted.



UBT Life Insurance – Union-represented Employees Only

- Union Benefits Trust (UBT) provides Basic Life Insurance (including Accidental Death and Dismemberment) for all eligible employees at one times your Basic Annual Earnings after one year of continuous service.
- If you would like additional coverage, UBT offers the opportunity to purchase supplemental insurance through the Prudential Insurance Company of America. Rates and an enrollment form will be mailed to your home.
- Online enrollment is available through the UBT Web site at benefitstrust.org.
- You may elect supplemental life insurance for yourself in increments of \$10,000 up to a maximum of \$500,000 or six times your annual earnings, whichever is less.
- During open enrollment you may elect (or increase your coverage) in \$10,000 increments up to two times your Basic Annual Earnings without evidence of insurability.
- You may elect \$10,000 of life insurance for your spouse without evidence of insurability, or with evidence of insurability \$20,000, \$30,000 or \$40,000.
- You may elect \$7,000 of life insurance coverage for each child for one monthly \$0.99 deduction.
- Premiums are payroll deducted.

UBT Legal Plan - Union-represented Employees Only

- The legal service plan through Hyatt Legal Services offers members and their dependents comprehensive legal coverage with a few exceptions.
- Covered services include wills, bankruptcy and identity theft. For a full list of covered services visit benefitstrust.org or look for the enrollment guide to arrive at your home May 1.
- Single or family coverage is available and premiums are payroll deducted.
- Online enrollment is available through the UBT Web site at benefitstrust.org.

Dependent Eligibility Verification

- If you are adding new dependents to your benefit coverage during Open Enrollment, you will be required to provide verification of their dependent status to your agency human resources representative.
- If you do not submit verification for an added dependent, that person will not be covered for fiscal year 2010.
- For a list of the documentation required to verify dependent status, visit das.ohio.gov/benefits.
- If you have a dependent over age 19, you will be required to provide student status documentation.
- A comprehensive dependent eligibility verification will be done in fiscal year 2010. Plan participants with dependents on a state health plan will be required to submit documentation regarding eligibility.

Plan Information

- This information is designed to help you understand the State of Ohio Benefits Program and your Union Benefits Trust-sponsored benefits. It is only an overview and not intended to be a detailed description of the benefits. The summary plan descriptions and official plan documents cover these plans in more detail. If a discrepancy exists between this information and the official plan documents, the official plan guideline should be followed. To view the official summary plan documents, visit das.ohio.gov/benefits.
- To view the official summary plan documents for the Union Benefits Trust, visit benefitstrust.org.

Questions?

The DAS Benefits team is happy to answer your questions.
Contact HCM Customer Service by email at
benefits@das.state.oh.us or
from 7:30 a.m to 5 p.m. at (614) 466-8857 or 1-800-409-1205.

The Union Benefits Trust Customer Service is available to
assist you with enrollment options and answer your questions
by email at webmaster@benefitstrust.org or
from 8 a.m. to 5 p.m.

Employees located in the Columbus area,
please call (614) 508-2255.

Employees located in other parts of Ohio,
please call 1-800-228-5088.