

### Open Enrollment

1. What are the dates for Open Enrollment?

May 5, 2014 – May 16, 2014.

2. Will myBenefits be available online after May 16<sup>th</sup>?

No, the Open Enrollment period (myBenefits) will close at 6:59 p.m. on May 16<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 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 5 and May 16. You should contact your agency benefits specialist if you have specific questions rather than making multiple changes.

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

PLAN refers to the level and type of benefits provided (Ohio Med). THIRD PARTY ADMINISTRATOR refers to which vendor processes the claims; UnitedHealthcare or Medical Mutual.

8. 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.

9. 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](http://www.medmutualstateohioemployee.com); for UnitedHealthcare, [www.welcometouhc.com/ohio](http://www.welcometouhc.com/ohio)

## Open Enrollment | Question and Answers

10. 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.

11. 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.

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

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

13. When will new rates be available?

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

14. Have the rates increased for this year?

No, the rates are remaining the same for the upcoming plan year July 1, 2014 through June 30, 2015.

15. 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: [www.medmutualstateohioemployee.com](http://www.medmutualstateohioemployee.com), UnitedHealthcare: [www.welcometouhc.com/ohio](http://www.welcometouhc.com/ohio)

16. Is the pharmacy mail order program changing?

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

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

UnitedHealthcare.

18. 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.

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

Dependents with June and July birthdays and 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 31<sup>st</sup> in order to be enrolled with coverage effective July 1.

2. Are dependent social security numbers required?

Yes, social security numbers (SSN) 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. You should submit documentation to your 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 submitted.

3. 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.

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. 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.

## Open Enrollment | Question and Answers

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](http://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. 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.

7. 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.

8. 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.

9. 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.

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

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.

## Open Enrollment | Question and Answers

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 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 3<sup>rd</sup> will be processed and updates sent to the vendors on subsequent files; this may or may not be before 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.

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. Fax number: (614) 728-3002. Mailing address: DAS HCM Benefits, 30 E. Broad Street, 28<sup>th</sup> floor, Columbus, OH 43215.

15. 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, 28<sup>th</sup> floor, Columbus, OH 43215.

16. 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.)

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

Yes.

### 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?

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](http://www.deltadentaloh.com), Vision: [www.vsp.com](http://www.vsp.com)

### 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, your benefit is through Prudential.

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

Yes.

3. I am an exempt employee and I did not update my beneficiary by the deadline of April 1<sup>st</sup>; can I update it during Open Enrollment?

Yes, in fact, you can update your beneficiary at any time, even after Open Enrollment has ended. However, it is important to understand that if you did not update your beneficiary by April 1; your beneficiary designation is set to the plan default until it is changed by you. 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>

4. Will I receive confirmation from Minnesota Life once I make coverage election or changes to my supplemental life insurance during Open Enrollment?

No. If you would like to confirm how much coverage you have, you can either call Minnesota Life at 1-866-293-6047 or login to Minnesota Life's website at [www.LifeBenefits.com](http://www.LifeBenefits.com)

***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 COBRA offer the same two TPAs and plan as the active population?

Yes.

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.

**Long-Term Care Insurance**

1. Is Long-Term Care insurance available for new enrollments?

No. Due to the lack of responses to the state's request for proposals, the state will not be offering group Long-Term Care replacement coverage at this time.

## 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 MHSA services and benefits.

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

No, they will remain the same.

3. Who will provide MHSA services to me and my dependents?

Optum maintains a large and diverse network of licensed and certified professionals who will help you overcome the difficulty you are facing. 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 do the plans differentiate between “medical” and behavioral health services?

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](http://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, 2014.**

## 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 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](http://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.