

STATE OF OHIO EMPLOYEES

# MyBenefits

July 1, 2025 – June 30, 2026

## Highlights for the Upcoming Benefit Year Effective July 1, 2025:

VSP Vision Care assumes  
management of the state's  
vision program for exempt  
employees

New: Diabetes reversal  
program offered to those  
with type 2 diabetes

The Ohio Med NN medical  
plan option will be  
renamed "Ohio Med Select"

# Open Enrollment

May 8 – May 21



Department of  
Administrative  
Services



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## Your Service to Ohioans is Greatly Appreciated

The State of Ohio is committed to providing you and your family value and quality in health care.

The state leverages its position as one of Ohio's largest employers to offer affordable, competitive health care plans that provide excellent service and coverage.

This guide offers several resources on how you can find cost-saving tools that provide the same quality care at a lower cost.

The state's health care plans are self-funded, meaning that the state directly pays for the costs of all benefit claims. Your commitment to being a conscientious consumer helps us to maintain affordable and comprehensive health care plans.

## HIGHLIGHTS FOR THE UPCOMING BENEFIT YEAR:

- New diabetes reversal program: Page 11
- VSP Vision Care to manage exempt vision program: Page 16
- The Ohio Med NN medical plan option will be renamed "Ohio Med Select" effective July 1, 2025. There are no changes to the benefits.



### Benefits Open Enrollment Information

The Open Enrollment period is Thursday, May 8 through Wednesday, May 21, 2025. This is the time to review your current health coverage and decide which plan option best meets your needs for the upcoming benefit year from July 1, 2025, through June 30, 2026.

For details and information about the benefit programs available for enrollment, below is a breakdown of where to find the information you need based on the benefit program and your job classification:

#### Medical

- All Employees: Visit [DAS.Ohio.gov/OpenEnrollment](https://das.ohio.gov/OpenEnrollment).

#### Dental and Vision

- Exempt Employees: Visit [DAS.Ohio.gov/OpenEnrollment](https://das.ohio.gov/OpenEnrollment).
- Union-Represented Employees: Visit [BenefitsTrust.org](https://BenefitsTrust.org).

#### Supplemental Life Insurance

- Exempt Employees: Visit [DAS.Ohio.gov/OpenEnrollment](https://das.ohio.gov/OpenEnrollment).
- Union-Represented Employees: Visit [BenefitsTrust.org](https://BenefitsTrust.org).

About Your State of Ohio Benefits

Benefits Provided by the State of Ohio

Your health benefits include medical, telehealth, prescription drug, behavioral health, dental, vision, and the wellness program – known as Take Charge | Live Well. The benefit year runs from July 1 through June 30, during which services are rendered and your deductible and coinsurance are accumulated.

Summary of Benefits and Coverage

A requirement of the Patient Protection and Affordable Care Act, the Summary of Benefits and Coverage (SBC) is a concise document that details simple and consistent information about health plan benefits and coverage. It describes the basics of your coverage and allows you to compare different coverage options. It summarizes the key features of each plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For each document, visit [DAS.Ohio.gov/AboutMyBenefits](https://das.ohio.gov/AboutMyBenefits) and click the Summary of Benefits and Coverage tile.

State of Ohio Health Plans are Self-Funded

All State of Ohio health plans are self-funded programs. This means the cost of benefits is funded by contributions from you and the State of Ohio. All claims for services and procedures are paid directly from these contributions. When the amount of claim payments is greater than the amount of contributions from employees and the state, medical costs to the fund increase. Increased medical costs may cause an increase in the contribution amounts needed for future years.

Employee Contributions: 15%

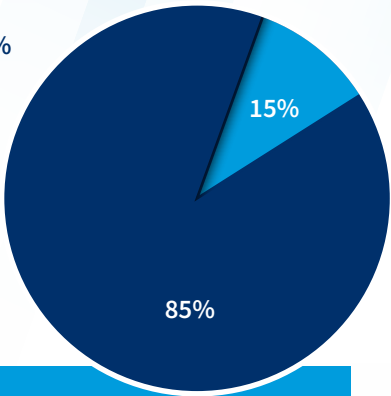
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State Contributions: 85%

=

Total Contribution Available to Pay Claims

(Example of the Ohio Med PPO medical plan option.)



ENROLLMENT PERIODS

Spring Open Enrollment May 8 through May 21, 2025

Medical: Ohio Med Plan

Your overall medical benefits are under one plan comprised of the medical program and other benefit programs, each administered by a third-party administrator that offers provider networks with negotiated rates and oversees payment of your benefits.

Employees are assigned their third-party administrator based on the region where they live but may choose the specific plan option that works best for them: The Ohio Med PPO (preferred provider organization), Ohio Med HDHP (high deductible health plan), and Ohio Med Select (name change from Ohio Med NN effective July 1, 2025). Medical plan benefits include:

- Prescription Drugs
- Wellness – known as Take Charge | Live Well
- Behavioral Health
- Telehealth

Other Benefit Programs

Additional benefit programs eligible for enrollment during spring Open Enrollment include:

- Dental
- Vision
- Supplemental Life Insurance

This guide informs you and your family about benefits available this coming benefit year, which begins July 1. Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision, and supplemental life insurance coverage during the Open Enrollment period.

If you already are enrolled in benefits:

1. Review your Benefits Summary by logging into [myOhio.gov](https://myOhio.gov) and clicking My Workspace to access benefit information for you and any dependents.
2. Ensure any dependents still meet the eligibility requirements by visiting [DAS.Ohio.gov/Eligibility](https://das.ohio.gov/Eligibility).

If you wish to waive your current health care coverage, you will need to do so during Open Enrollment.

If you do not have any changes to your coverage, no additional action is required.

To add a dependent to your coverage during Open Enrollment, you will be required to submit proof of eligibility when adding them in the system. You are encouraged to gather all documentation needed before taking action in the system, but you should take action regardless if there are changes needed to ensure that you do not miss the open enrollment period. For a list of required documentation, review the Change in Status/Qualifying Events Matrix at [DAS.Ohio.gov/AboutMyBenefits](https://das.ohio.gov/AboutMyBenefits).

Fall Open Enrollment October 14-24, 2025

Flexible Spending Accounts Only

The fall Open Enrollment period offers employees the opportunity to enroll in flexible spending accounts for the 2026 calendar year Jan. 1 through Dec. 31, which include:

- Health Care Flexible Spending Accounts
- Limited Purpose Flexible Spending Accounts
- Dependent Care Flexible Spending Accounts

Enrollment in a flexible spending account is not automatic and must be completed each year during the FSA Open Enrollment period in the fall.

Union Benefits Trust

The Union Benefits Trust (UBT) offers dental, vision, and life insurance benefits for union-represented employees after one year of continuous state service is completed. While enrollment is completed using [myOhio.gov](https://myOhio.gov), any questions about eligibility or plan design should be directed to UBT at 800-228-5088 or [CustomerService@BenefitsTrust.org](mailto:CustomerService@BenefitsTrust.org). You can also find more information at [BenefitsTrust.org](https://BenefitsTrust.org). The same benefits for exempt employees are managed by the Ohio Department of Administrative Services.

# OPEN ENROLLMENT CHECKLIST

Take the actions below to ensure you are fully prepared for Open Enrollment and to access your benefits throughout the benefit year.

- ☐ If you currently are enrolled in medical benefits with the state, review your coverage at **myOhio.gov>My Workspace>myBenefits>Benefits Summary**. Review and verify the eligibility of your dependent(s).
- ☐ Confirm your medical third-party administrator.
- ☐ Based on the first three digits of your home ZIP code as shown on the chart below, your medical third-party administrator is (check one).
  - ☐ Anthem
  - ☐ Medical Mutual of Ohio (MMO)

Medical Third-Party Administrator ZIP Code Area	
Third-Party Administrator	ZIP Code Starts With...
Anthem	437, 438, 439, 444, 445, 450, 451, 452, 453, 454, 455, 456, 457, 458, and Out of State
Medical Mutual of Ohio	430, 431, 432, 433, 434, 435, 436, 440, 441, 442, 443, 446, 447, 448, and 449

## Medical

- ☐ Anthem: [EnrollmentAnthem.com/StateofOhio](https://enrollment.anthem.com/stateofohio)
  - ☐ Download Anthem's "Sydney Health" app.
- ☐ Medical Mutual: [StateofOhio.MedMutual.com](https://stateofohio.medmutual.com)
  - ☐ Download the Medical Mutual of Ohio app.
- ☐ **Confirm your medical and other health care providers are in the network.**
  - ☐ Go to your third-party administrator's website to search for your providers.
- ☐ **Determine the medical plan option that best suits the needs of you and your family.**
  - ☐ Ohio Med PPO
  - ☐ Ohio Med Select (name change from Ohio Med NN effective July 1, 2025)
  - ☐ Ohio Med HDHP with a Health Savings Account

## Take Charge | Live Well

- ☐ Go to [DAS.Ohio.gov/Wellness](https://das.ohio.gov/Wellness) and click **The Hub** tile.
- ☐ First-time users must create a personal username and password.
- ☐ Access all of your benefits programs via the Hub, [Join.PersonifyHealth.com/StateofOhio](https://join.personifyhealth.com/StateofOhio).

## Prescription Drug

- ☐ OptumRx: [OptumRx.com](https://OptumRx.com)
  - ☐ Prescription drug coverage is included if you enroll in the medical plan.
  - ☐ Download the OptumRx app.

## Telehealth

- ☐ **Complete your registration for LiveHealth Online.** Be prepared to connect with a doctor or physician through your mobile device or webcam when the need arises.
  - ☐ To complete your registration, log in to [LiveHealthOnline.com](https://LiveHealthOnline.com) or download the LiveHealth Online mobile app.
  - ☐ You do not need to be currently enrolled or provide your payment information to register.

## Dental and Vision (For Exempt Employees)

- ☐ A printed benefit card is optional and can be requested from the respective vendor below.
- ☐ Verify dependent eligibility (see [DAS.Ohio.gov/Eligibility](https://das.ohio.gov/Eligibility)).
- ☐ Download the vendor apps.

### Dental

Delta Dental of Ohio: [DeltaDentalOh.com](https://DeltaDentalOh.com)

### Vision

VSP Vision Care: [VSP.com](https://VSP.com)

## Dental and Vision (For Union-Represented Employees)

Visit the Union Benefits Trust website: [BenefitsTrust.org](https://BenefitsTrust.org).

## Supplemental Life

### For Exempt Employees

Securian Financial: [LifeBenefits.com](https://LifeBenefits.com).

### For Union-Represented Employees

Union Benefits Trust: [BenefitsTrust.org](https://BenefitsTrust.org).





# MEDICAL

The State of Ohio is committed to offering quality comprehensive medical coverage for you and your family. The state offers one medical plan: Ohio Med. To provide you with medical coverage that best meets your needs, there are three medical plan options from which to choose. The following chart lists the differences between the medical plan options. To help you decide which plan is right for your family, go to [DAS.Ohio.gov/Medical](https://DAS.Ohio.gov/Medical) and click the **Compare the Medical Plan Options** tile.

Medical Plan Ohio Med is the one plan for those who enroll in medical benefits.	Ohio Med		
Medical Plan Administrators Determined by your home ZIP code	Anthem and Medical Mutual of Ohio		
Medical Plan Options Three plan options available to you.	Ohio Med PPO Preferred Provider Organization	Ohio Med Select Smaller plan with higher quality service	Ohio Med HDHP High Deductible Health Plan
<b>Covered Services</b>	Same across all plans	Same across all plans	Same across all plans
<b>Premium: Biweekly or monthly employee contribution</b>	Highest	Lowest; but there is no out-of-network benefit	Lower than PPO, but there are no copays, only coinsurance
<b>Deductible: Amount that must be paid by employee before plan pays for some portion</b>	Lower	Lowest	Highest
<b>Out-of-network Access</b>	Yes	No, only in emergency	Yes
<b>Copay: Amount employee must pay for a specific service until the out-of-pocket maximum is met (e.g., visit to doctor)</b>	Same as Select plan	Same as PPO plan	None; employee must pay the entire amount of service until the deductible is met
<b>Deductible in family plan</b>	Each person in family plan must first meet the individual deductible, or the combined family deductible, before plan pays	Each person in family plan must first meet the individual deductible, or the combined family deductible, before plan pays	Entire family deductible must be met before plan pays; one member can meet the entire family deductible
<b>Prescription out-of-pocket maximum</b>	Separate from medical	Separate from medical	Combined with medical
<b>Prescription costs</b>	Do not count toward medical out-of-pocket maximum	Do not count toward medical out-of-pocket maximum	Count toward the out-of-pocket maximum
<b>Network</b>	Large network	Smaller network committed to higher coordination of services	Large network
<b>Health savings account with employer contribution</b>	No	No	Yes

## Medical Plan Options

### Why Your Medical Plan Option Decision Matters

The state offers three medical plan options. Your decision could have a direct effect on your flexible spending account (FSA) options, should you choose to enroll in an FSA in the fall of 2025 for the 2026 calendar year.

**Depending on the needs of you and your family, it is strongly recommended that you search the network of your administrator.** To help determine whether your primary care provider, specialist, or hospital system is included in the medical plan option, visit the websites below for your medical plan administrator:

**Medical Mutual of Ohio:** [StateofOhio.MedMutual.com](https://StateofOhio.MedMutual.com)

1. Click **Find a Provider** in the top menu.
2. Under Search By Plan, choose your preferred medical plan option.

**Anthem:** [Anthem.com/Find-Care](https://Anthem.com/Find-Care)

1. Click the **Guests** tile
2. From the dropdown questions, select:
  - **Medical**
  - **Ohio**
  - **Medical (Employer-sponsored)**
  - **Blue Access PPO or Blue Connection (BLUEHPN)**

## Important Points About the Ohio Med HDHP

The deductible must be reached first before the plan pays toward any of your medical, pharmacy, or behavioral health costs. If you have family coverage, the plan will begin to pay only after your entire family deductible has been met. This is especially important to understand if a major medical expense or a high-cost specialty drug needs to be covered within the first few days, weeks, or months of the Ohio Med HDHP plan taking effect.

For an in-network example, if your medical coverage begins July 1 and a health care emergency occurs in July, you should ensure you can pay the full out-of-pocket cost (including the deductible) for the plan option that you selected: either single coverage at \$3,500 or family coverage at \$7,000. After you meet your deductible (either \$2,000 or \$4,000 in-network), the plan would cover expenses at 80%. After the full amount of the out-of-pocket maximum is paid, the plan would cover expenses at 100%. It is important to note that unlike the Select and PPO plan options, prescription costs are combined with medical to meet your out-of-pocket maximum under the HDHP.

Specialty drugs could have a high cost (even into the thousands of dollars). Your deductible is used to pay for the specialty drug before the plan will pay. To help you pay for any initial health care costs, the State of Ohio will make contributions to your HSA every pay period during the upcoming benefit year.

For eligibility details, visit [DAS.Ohio.gov/Eligibility](https://DAS.Ohio.gov/Eligibility).





# HEALTH SAVINGS ACCOUNT

## Available With the Ohio Med HDHP Plan

### Save Smart With a Health Savings Account

The Health Savings Account (HSA) is funded by employer and employee contributions on a pre-tax basis to help pay for eligible medical expenses, including deductibles and coinsurance. The HSA is only available as part of the Ohio Med HDHP option and automatically comes with the HDHP.

An HSA is set up online through Baker Tilly Vantage, [myFlexDollars.com](https://myFlexDollars.com), similar to an account at a brick-and-mortar bank. An HSA is your personal bank account and allows you to manage your funds.

- HSA funds are yours to keep.
- There is no “use it or lose it” rule at the end of the year.
- HSA funds stay with you even if you change jobs, leave employment with the State of Ohio, or retire.
- After reaching an investment threshold of \$2,100, you can:
  - Invest in the mutual funds offered from Baker Tilly Vantage.
  - Move investments from various funds.
  - Transfer money between your HSA and your investment account.

### HSA Employee Contribution

From Jan. 1, through Dec. 31, 2025, the HSA contribution limit for individual coverage is \$4,300 and the limit for family coverage is \$8,550. If you are 55 years of age or older, you may make a catch-up contribution up to \$1,000. You can use these savings to contribute to the HSA.

### HSA Employer Contribution

To help get your HSA started, the State of Ohio will make contributions to your HSA if you select the Ohio Med HDHP option. You could receive up to \$1,000 for single coverage and up to \$2,000 for family coverage, paid in installments during the benefit year. The employer contribution is prorated for new hires. If you are eligible for, and enroll in, the Ohio Med HDHP option, you will receive the employer contribution for each year you are enrolled. The employer contribution counts toward your annual maximum.

### State of Ohio's Contributions to Help Start Your HSA

The 2025 installment schedule is  
**\$1,000 for single and \$2,000 for family**  
and is distributed per pay throughout the year.

For example, if enrolled in the family HDHP, approximately \$76 will be deposited in your HSA account per biweekly pay period.

\*Employees who choose the PPO or Select medical plan options are not eligible for an HSA but may choose to enroll in a flexible savings account (FSA). FSAs are tax exempt and are funded solely by employee contributions. Open Enrollment for Flexible Spending Accounts is in the fall.

### Three Ways to Receive Tax Savings

Typically, you:

- Won't pay tax on money deposited in the HSA (although the IRS limits how much can be contributed each year).
- Won't pay tax on qualified medical expenses, including dental and vision expenses.
- Grow your savings tax-free, which can be used for expenses now or in retirement.

### Easy Access to Your Account

Through the myFlexDollars mobile app or website, you can:

- Track balances and transactions.
- Make an HSA contribution.
- Capture and submit receipts.
- Learn how to maximize your HSA.

For more information, go to [myFlexDollars.com](https://myFlexDollars.com).



When comparing the Ohio Med PPO and Ohio Med Select medical plan options, the Ohio Med Select only covers in-network providers for non-emergency events. Regardless of the plan you choose, you can access cost-comparison tools found on your medical and prescription drug third-party administrator websites. Use these tools to determine how you can save on expenses for services such as nurse lines, telehealth, doctor visits, retail clinics, and urgent care clinics.

Comparing Medical Plan Options					
		Ohio Med PPO and Ohio Med Select		Ohio Med HDHP	
		In-Network Providers (PPO and Select)	Out-of-Network Providers (PPO Only)	In-Network Providers	Out-of-Network Providers
<b>Deductible</b>	Single	\$400	\$800	\$2,000	\$4,000
	Family	\$800	\$1,600	\$4,000	\$8,000
<b>Office Visits</b>	Doctor	\$30	\$50	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
	Specialist	\$35	\$55	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
<b>Out-of-Pocket Maximum</b>	Single	\$2,500 Medical/ Behavioral Health Combined	\$5,000 Medical/ Behavioral Health Combined	\$3,500 Medical/ Behavioral Health/ Pharmacy Combined	\$7,000 Medical/Pharmacy/ Behavioral Health Combined
	Family	\$5,000 Medical/ Behavioral Health Combined	\$10,000 Medical/ Behavioral Health Combined	\$7,000 Medical/ Behavioral Health/ Pharmacy Combined	\$14,000 Medical/Pharmacy/ Behavioral Health Combined
<b>Prescription Drugs</b>	Retail (30-day supply)	\$10 / \$40 / \$75	N/A	Deductible/ 20% Coinsurance	N/A
	Home Delivery (90-day supply)	\$25 / \$100 / \$187.50	N/A	Deductible/ 20% Coinsurance	N/A
	Pharmacy Out-of-pocket Limit	\$3,500 / \$7,000	N/A	Included in Medical	Included in Medical

Medical Care Comparison - Where To Go For Care			
	Ohio Med PPO and Ohio Med Select	Ohio Med HDHP	
	Doctors in Your Plan	Doctors in Your Plan	Average Cost
<b>Preventive Care</b>	100%	100%	\$0
<b>Telehealth Services</b>	\$15	Deductible/Coinsurance	\$59
<b>Doctor Visits</b>	\$30	Deductible/Coinsurance	\$127
<b>Specialist Visits</b>	\$35	Deductible/Coinsurance	\$152
<b>Retail Health Clinics</b>	\$30	Deductible/Coinsurance	\$55
<b>Urgent Care Clinic</b>	\$40	Deductible/Coinsurance	\$107
<b>Free Standing or Hospital Emergency Room</b>	\$150 / 20%	Deductible/Coinsurance	\$1,540



Ohio Med Contributions						
	Ohio Med PPO Contributions		Ohio Med Select Contributions		Ohio Med HDHP Contributions	
Employee/State Contributions <sup>2</sup> (Work 30 or more hours a week, full-time, paid bi-weekly)						
	Employee Share	State Share	Employee Share	State Share	Employee Share	State Share
Single	\$74.65	\$421.93	\$49.19	\$421.93	\$50.00	\$448.20
Family Minus Spouse	\$204.60	\$1,158.32	\$134.69	\$1,158.32	\$87.34	\$784.18
Family Plus Spouse <sup>1</sup>	\$213.83	\$1,158.32	\$143.92	\$1,158.32	\$149.55	\$1,344.13
Single Plus Spouse	N/A	N/A	N/A	N/A	\$112.22	\$1,008.16
Employee/State Contributions 50% (Work 20-29.99 hours a week, paid bi-weekly)						
	Employee Share	State Share	Employee Share	State Share	Employee Share	State Share
Single	\$248.29	\$248.29	\$235.56	\$235.56	\$249.10	\$249.10
Family Minus Spouse	\$681.46	\$681.46	\$646.50	\$646.51	\$435.76	\$435.76
Family Plus Spouse <sup>1</sup>	\$690.69	\$681.46	\$655.73	\$646.51	\$746.84	\$746.84
Single Plus Spouse	N/A	N/A	N/A	N/A	\$560.19	\$560.19
Employee/State Contributions <sup>2</sup> (Work 30 or more hours a week, full-time, paid monthly)						
	Employee Share	State Share	Employee Share	State Share	Employee Share	State Share
Single	\$161.74	\$914.19	\$106.55	\$914.19	\$108.34	\$971.11
Family Minus Spouse	\$443.29	\$2,509.65	\$291.86	\$2,509.65	\$189.23	\$1,699.03
Family Plus Spouse <sup>1</sup>	\$463.29	\$2,509.65	\$311.86	\$2,509.65	\$324.03	\$2,912.29
Single Plus Spouse	N/A	N/A	N/A	N/A	\$243.15	\$2,184.34
Employee Contributions at 100% (Work up to 19.99 hours a week, paid bi-weekly)						
	Employee Share		Employee Share		Employee Share	
Single	\$496.58		\$471.12		\$498.20	
Family Minus Spouse	\$1,362.92		\$1,293.01		\$871.52	
Family Plus Spouse <sup>1</sup>	\$1,372.15		\$1,302.24		\$1,493.68	
Single Plus Spouse	N/A		N/A		\$1,120.38	
Employee Contributions at 100% (Work up to 19.99 hours a week, paid monthly)						
	Employee Share		Employee Share		Employee Share	
Single	\$1,075.93		\$1,020.74		\$1,079.45	
Family Minus Spouse	\$2,952.94		\$2,801.51		\$1,888.26	
Family Plus Spouse <sup>1</sup>	\$2,972.94		\$2,821.51		\$3,236.32	
Single Plus Spouse	N/A		N/A		\$2,427.49	

These employee rates represent the total amount that will be contributed from your paycheck.

<sup>1</sup> The Ohio Med PPO and Ohio Med Select Family Plus Spouse rates include a \$20 per month charge to cover a spouse. For those who receive paychecks biweekly, the Family Plus Spouse rates include a \$9.23 per pay charge to cover a spouse.

<sup>2</sup> The Ohio Med PPO employee contributions are set at 15% and the Ohio Med Select state share contributions are the same as the Ohio Med PPO. The Ohio Med HDHP employee contributions are set at 10%.

# COST-SAVINGS TOOLS

## Be a Better Health Care Consumer

Being a smart consumer and making informed choices are ways to keep your cost and the state's cost of medical claims down. You can start by choosing a primary care physician and keeping regular visits. Developing a relationship with your physician can reduce trips to the emergency room or urgent care facility. Taking advantage of preventive care coverage is another way to stay healthy.

**Recommended:** To determine which plan design best fits your needs, use the cost comparison tools from your medical third-party administrator (Anthem or Medical Mutual of Ohio) to determine your annual health care spending needs and trends. For the cost comparison tools provided by Anthem and Medical Mutual of Ohio, see the Did You Know section to the right.

## Did You Know...

Providers in your network may charge significantly different rates for the same procedure. Similar to searching for a new car, to find the best price, it's best to do comparison shopping.

Whether you're needing lab work, X-rays, or a medical procedure, researching the costs at different providers could help you save money.

To best manage your health care spend, go to your third-party administrator's website and use the cost comparison tool.

### Anthem:

[EnrollmentAnthem.com/StateofOhio](https://enrollment.anthem.com/stateofohio)

### Medical Mutual of Ohio:

[StateofOhio.MedMutual.com](https://stateofohio.medmutual.com)

### OptumRx

[OptumRx.com](https://OptumRx.com)

## Shopping for the Right Care:

### How to Save Money and Ensure Quality Standards

Finding The Right Care		
Options	What It Is	Best For
24-Hour Nurse Lines (Free)	Talk with a nurse Anthem: 800-337-4770 Medical Mutual: 888-912-0636	Non-life-threatening health-related questions or concerns
Telehealth Services \$	Visiting with a doctor, therapist, or psychiatrist via a smartphone, tablet, or computer with a webcam using LiveHealth Online	Getting care 24/7 easily and conveniently for cold/flu, sinus infections, coughs, sore throats, and behavioral health services
Doctor's Office \$\$	Visiting your primary care physician or a physician within your third-party administrator's network	Check-ups, physicals, infections, minor sprains, sore/strep throat, coughs, cold/flu, vaccines
Walk-in Clinic \$\$	Clinic in retail store or pharmacy staffed by nurse practitioners	Basic care: Ear/sinus infections, sore/strep throat, minor sprains, bronchitis, coughs, cold/flu, vaccines
Urgent Care Center \$\$\$	Self-standing center or located in health facility; staffed by physicians and nurses	Serious, non-life-threatening care: Fractures or sprains needing X-rays, deep cuts needing stitches, severe rashes
Emergency Room \$\$\$\$	Free-standing or hospital department open 24/7; staffed and equipped for life-threatening care	Threats to life or limb: Chest pain, difficulty breathing, seizures, major fracture, head trauma, bleeding, allergic reaction, loss of consciousness

## Where to Get Care

### Non-Emergency

Your third-party administrator can assist with finding quality in-network care at a lower cost.

- Anthem: 800-337-4770
- Medical Mutual: 888-912-0636

### Home/Local

- Call your primary doctor.
- He/she knows you and your health best.

### After-Hours or Traveling

- Call your doctor for advice, if possible.
- Ask questions and understand your options if he/she isn't able to see you.
- Contact LiveHealth Online via the app or your webcam.

## Need Surgery? Choose Wisely

### Compare Hospitals

- Leapfrog Group Hospital Safety Score: [HospitalSafetyGrade.org](https://HospitalSafetyGrade.org).
- Gold standard: Measures quality, safety, performance, and transparency.
- Review results online at no cost.
- Medicare: [Medicare.gov/HospitalCompare](https://www.medicare.gov/hospitalcompare)
- Find and compare providers near you.

Source: Health Action Council





## NEW: DIABETES REVERSAL PROGRAM

Get control of your health — lose weight and reverse type 2 diabetes with Virta.

The new diabetes reversal program will be available July 1, 2025, for state employees and their family members with type 2 diabetes.

Virta is your guided nutrition program to lower your blood sugar, potentially reverse diabetes\*, and get you off unwanted medications — available at no cost to you.

Personalized and flexible to your lifestyle, learn to eat foods that are right for you. No injections, fad diets, or extra gym visits necessary.

Get ongoing, expert support from Virta, including:

- A one-on-one health coach and medical provider
- A digital weight scale and connected meter that syncs with your phone
- A personalized nutrition plan backed by clinical research

According to Virta, about 49% of the adult population in the U.S. suffers from diabetes or prediabetes. If you are within that statistic, you can make the decision to change your life — and Virta can help.

Transform your health and begin to live the life you want — without medication.

# 49%

**About 49% of the adult population in the U.S. is suffering from diabetes or prediabetes**

\*Reversal on Virta is defined by reaching HbA1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

### Centers of Excellence: Get Specialized Care and Save

**What it is:** A center of excellence is a program within a health care institution assembled to have a high concentration of expertise and related resources centered on a particular area of medicine, delivering associated care in a comprehensive, interdisciplinary fashion to work toward improving patient outcomes.

**Why it's important:** At a center of excellence, a team of health care providers who specialize in one medical area work together to provide a higher level of service, demonstrate patient safety practices, and deliver better results and outcomes.

**Specialized procedures:** The following procedures are covered by the third-party administrators under the centers of excellence designation:

- Bariatric surgery
- Transplants
- Cardiac
- Spine surgery
- Cancer

**How you can benefit:** Because the medical team specializes in a specific area of care, costs may be less, and there may be a value-added benefit to improve overall health care outcomes.

## SUICIDE PREVENTION

### You could save a life ... possibly your own

If you are, or someone you know is, contemplating or may be at risk of attempting suicide, there is hope. Call the 988 Suicide & Crisis Lifeline available 24/7. Call, text, or chat 988 to be connected to trained counselors who are part of the Lifeline network. If there is an emergency or you think you may harm yourself, call 911 immediately.

**For resources about suicide prevention, visit and enter the Web ID: OhioEAP.**



# TELEHEALTH

## Get the Medical Treatment and Advice You Need Quicker for Minimal Cost

### Telehealth Services – Livehealth Online

Don't have time to go to the doctor? Feeling under the weather? Don't want to fight traffic to get to the doctor? Searching for care after hours?

Without leaving your home, LiveHealth Online allows you to:

- Visit with a doctor through live video chat 24/7.
- Select your choice of U.S. board-certified doctors from among those available at the time of service.

**Video chat with a board-certified doctor or psychiatrist, or licensed therapist.** The doctor can assess your condition, recommend a treatment plan, and even prescribe basic medications (not narcotics or controlled substances) for pickup at a nearby pharmacy.

Visit with a licensed therapist or board-certified psychiatrist. When stress, anxiety, or depression occurs, talking with a therapist online may be the most convenient solution. In most cases, an appointment can be made to talk with a therapist in four days or less.

**Save time and money.** Download the free LiveHealth Online app on your mobile device to get the care you need by video chatting with a doctor online for the following conditions and more:

- Flu
- Allergies
- Headache
- Cold
- Fever
- Pink eye
- Sore throat
- Skin infection
- Tooth pain
- Minor rash
- Behavioral health
- Stress
- Anxiety
- Depression

With just a \$15 copay for the Ohio Med Select and Ohio Med PPO or \$59 or less for the Ohio Med HDHP, LiveHealth Online costs much less than a trip to an emergency room, an urgent care center, or even a walk-in clinic. Prices vary for behavioral health visits for HDHP members: up to \$80 for a therapist, \$95 for a psychologist, \$175 for an initial visit with a psychiatrist, and \$75 for follow-up visits. For details about the state's telehealth services, visit [DAS.Ohio.gov/Telehealth](https://das.ohio.gov/Telehealth).

### LiveHealth Online Registration

Employees enrolled in the State of Ohio medical plan have been pre-registered in LiveHealth Online. Go to the LiveHealth Online website, [LiveHealthOnline.com](https://LiveHealthOnline.com), or the mobile app. Complete the registration process so you're ready to use telehealth when it's needed. Spouses will need to create their own account.

For life-threatening health situations, call 9-1-1 or go to an emergency room for immediate assessment and treatment.



## 24-Hour Nurse Lines Offer Free Consultation

For non-life-threatening health-related questions, employees enrolled in the State of Ohio medical plan may contact the 24-Hour Nurse Line provided by your medical third-party administrator.

**Anthem: 800-337-4770**

**Medical Mutual of Ohio: 888-912-0636**

Calling the free nurse line can help you obtain the answers to your health-related questions wherever you are, whenever you need it.

## Preventive Care: Stay Healthy, Save Money

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important healthy actions you can take is to schedule regular check-ups and screenings with your primary care physician.

The Ohio Med Select, Ohio Med PPO, and Ohio Med HDHP medical plan options offer many services with no deductible, no copayment, and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance, and deductible amounts.

For a list of exams, screenings, and immunizations covered at no cost, visit [DAS.Ohio.gov/Medical](https://das.ohio.gov/Medical), and click the **Preventive Care** tile.



# ABOUT YOUR COMPLETE MEDICAL COVERAGE

As an eligible employee enrolling in medical coverage – whether you choose the Ohio Med PPO, Ohio Med Select, or the Ohio Med HDHP – you automatically receive coverage in the following benefit programs and services:

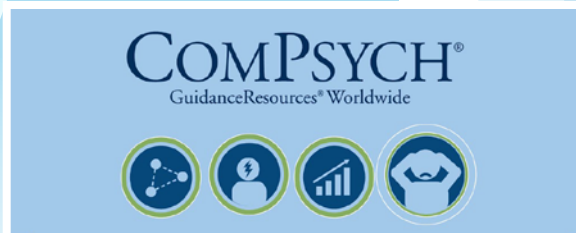
- Behavioral Health (administered by Optum Behavioral Health).
- Prescription Drug (administered by OptumRx).
- Wellness – known as Take Charge | Live Well (administered by Personify Health).
- Telehealth services (administered by LiveHealth Online).

## BEHAVIORAL HEALTH

Specialized mental health and substance use services are included with your selected medical plan and provided under a single program administered by Optum Behavioral Health.

Confidential phone assessments and referral services are available to enrolled employees and dependents 24/7 for a variety of behavioral health issues.

To compare the deductible and out-of-pocket costs in the Ohio Med Select, Ohio Med PPO, and Ohio Med HDHP options, go to [DAS.Ohio.gov/BehavioralHealth](https://das.ohio.gov/BehavioralHealth).



### YOUR MENTAL HEALTH AND WELL-BEING DESERVE AN ANNUAL CHECK-UP, TOO

Your health and well-being journey is important, and now you can get personalized care through a new digital experience.

You can now get an enhanced experience to get the tailored support you need for your personal well-being journey that will allow you to:

- **Get connected:** Connect immediately with an expert or schedule appointments for services.
- **Get guidance:** Assesses your area of need and directs you to the care options, tools, and resources most appropriate to your focus area.
- **Get assessed:** Evaluate your needs across six primary care pillars and get personalized results and well-being plans to your specific needs.

ComPsych, the Ohio Employee Assistance Program's third-party administrator, has a digital experience available on their [GuidanceResources.com](https://GuidanceResources.com) portal at [GuidanceResources.com](https://GuidanceResources.com) or on their [GuidanceNow](https://GuidanceNow.com) app.



### Get Support for Behavioral Health Concerns

The Ohio Employee Assistance Program (Ohio EAP) is managed by ComPsych and is available 24/7 to all state employees and their family members. The Ohio EAP helps employees, managers, and agencies meet the many life challenges while remaining healthy, engaged, and productive. The Ohio EAP can assist employees in coping with personal problems such as family, and parenting issues, alcohol, substance use, and emotional concerns (such as anxiety, anger, grief, or depression), as well as provide referral information when an employee may be experiencing legal difficulties. Personal problems can affect your health and well-being as well as your job performance.

Visit the ComPsych website at [GuidanceResources.com](https://GuidanceResources.com) and enter the Web ID: OhioEAP, or download ComPsych's app: [GuidanceNow](https://GuidanceNow.com).

### EAP Program Offers More Services 24/7

As a result of requests for more privacy, clinician availability, and a more robust EAP program, the State of Ohio has worked with ComPsych to deliver the following services, which are available 24/7 to all state employees and their family members.

- **24/7 access to behavioral health clinicians:** You have 24/7 access to speak immediately with a behavioral health clinician regarding mental health and substance use concerns. Services are available via a variety of modalities (i.e., telephone, web, mobile, chat) for counseling and crisis intervention by licensed, master's-level clinicians. Calls are routed to the appropriate call center to ensure prompt service at all hours.
- **Six sessions per incident per year:** You can receive up to six sessions per incident per year at no cost. For example, if you are meeting with a behavioral health clinician about one incident (such as stress management) when there is a need to connect with a clinician about another concern (such as grief), you can get six additional sessions with a counselor at no cost for any other incidents throughout the year.
- **Well-being coaching program:** You can meet with a ComPsych well-being coach to help work through your concerns, including mental health and wellness issues, from a holistic approach. Coaching sessions are unlimited; although coaching is often completed in about 5-7 sessions. The ComPsych well-being coach is different from working with a well-being coach from Personify Health, the state's wellness administrator.

For more information, visit [DAS.Ohio.gov/EAP](https://das.ohio.gov/EAP).

# PRESCRIPTION DRUGS

Included with your selected medical plan, OptumRx provides prescription drug benefits for enrolled State of Ohio employees and their dependents.

## Diabetes Management Program

Members may be eligible for free diabetic supplies and medication if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO or Ohio Med Select plan options. Specific test values and results are not required, only that the member has had the test. Members enrolled in the Ohio Med HDHP are not eligible for free diabetic supplies. Certain diabetic supplies and equipment are covered by your medical third-party administrator. Beginning July 1, 2025, your plan will offer an additional no-cost program to help higher-risk members manage their diabetes. If you are eligible, you will receive a letter with details.

## Specialty Drug Management Program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis, and rheumatoid arthritis must be obtained from Optum Specialty (the specialty pharmacy) and can only be filled for 30 days or less. Your order may be shipped to your home or workplace, if permitted. A program description and a list of medications are at [DAS.Ohio.gov/PrescriptionDrug](https://das.ohio.gov/PrescriptionDrug), under “Specialty Drug Updates.”

## Drug Coverage Limitations

**Effective July 1, 2025, new prescriptions for GLP-1 medications for weight loss, including Wegovy, Zepbound, and Saxenda, etc., will no longer be covered.** Active prior authorizations will be honored through the approval period.

Some drugs are not covered at all, and some require the use of alternative medications before being approved. This is known as “step therapy.” Examples include, but are not limited to, medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances, and high blood pressure. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program description and a list of medications are at [DAS.Ohio.gov/PrescriptionDrug](https://das.ohio.gov/PrescriptionDrug), under “Prescription Drug Updates.”

## OptumRx Offers Price and Save, Tracking Tools

Important information is available at [OptumRx.com](https://OptumRx.com). You will need your pharmacy member ID number located on your OptumRx card to log in. Your ID begins with the letter “A.” For questions, contact OptumRx at 866-854-8850. Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies.
- Find your lowest copay.
- Locate a pharmacy and get driving directions.
- Manage your mail-order prescriptions, including options to request a refill or track an order.

## Prescription Costs

Type of Medication	Ohio Med PPO and Ohio Med Select Copayment Costs				Ohio Med HDHP Coinsurance Costs
	30-Day Supply at Retail Copayment	30-Day Supply Specialty Copayment	90-Day Supply at Retail Copayment	90-Day Supply at Mail-order Copayment	All Types of Medication
<b>Generic</b>	\$10	\$10	\$30	\$25	<p>You pay 100% until the deductible is met, then 20% until the out-of-pocket limit is met.</p> <p>Deductible amounts: \$2,000 single/ \$4,000 family</p> <p>Shared with medical claims for overall out-of-pocket maximum</p>
<b>Preferred Brand-Name</b>	\$40	\$40	\$120	\$100	
<b>Non-Preferred Brand-Name, Generic Unavailable</b>	\$75	\$75	\$225	\$187.50	
<b>Non-Preferred Brand-Name, Generic Available</b>	\$75 plus the difference between the cost of the brand-name and generic drug	\$75 plus the difference between the cost of the brand-name and generic drug	\$225 plus the difference between the cost of the brand-name and generic drug	\$187.50 plus the difference between the cost of the brand-name and generic drug	
<b>Out-of-Pocket Maximum*</b>	\$3,500 single/\$7,000 family Separate from the medical claims out-of-pocket maximum.				\$3,500 single/\$7,000 family

The amount charged to the individual for generic, preferred brand, and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.

The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit [DAS.Ohio.gov/PrescriptionDrug](https://das.ohio.gov/PrescriptionDrug).

\* Pharmacy copays do not apply toward the medical/behavioral health plan deductibles and the annual out-of-pocket maximum for the Ohio Med PPO and the Ohio Med Select plan options.



# A HEALTHY LIFE STARTS HERE

**Get the support you need. Today is the day!**

**Take Charge | Live Well**, the state's wellness program, and Personify Health, the wellness administrator, are committed to helping you improve your health and wellness.

Knowing your numbers, developing a plan, and committing to a healthy lifestyle are important to maintaining good health or improving your health. Take Charge | Live Well has the resources, tips, and support you need to help you achieve your goals.

Invite your spouse to join you in the wellness journey! Take Charge | Live Well is available to employees and spouses enrolled in the state's medical program.

For incentive and program details, visit [DAS.Ohio.gov/Wellness](https://das.ohio.gov/Wellness).

Through Personify Health, the wellness program's administrator, you get:

- Health coaching
- Wellbeats — Online fitness (all levels), stress relief exercises, and nutrition classes
- Nutrition Guide
- Sleep Guide
- Journeys — Self-guided, online mindfulness, stress relief, financial well-being courses and more to help you build healthy habits
- RethinkCare — A mindfulness program



## Biometric Screening Incentives

Required Steps	Actions	Deadline	Recipient Incentive	Spouse Incentive
Step 1	<b>Health Risk Check Survey</b> <ul style="list-style-type: none"><li>• Online questionnaire completed through the Personify Health Hub.</li></ul>	Complete all three steps by December 31, 2025	<b>\$1,000</b> Paid in April 2026*	<b>\$350</b> Paid in April 2026*
Step 2	<b>Biometric Screening</b> Biometric screening options: <ul style="list-style-type: none"><li>• State worksites.</li><li>• Physician form.</li></ul>			
Step 3	<b>Next-Steps Consult Call or Preventive Care Screening</b> <b>Next-Steps Consult Call Option</b> Next-Steps Consult call through Personify Health. To make this call, visit <a href="https://das.ohio.gov/Wellness">DAS.Ohio.gov/Wellness</a> , click The Hub and log in > Programs > View All > Next-Steps Consult. <b>Preventive Care Screening Option</b> Could include a wellness visit/annual physical or other preventative screening(s), such as a mammogram, colonoscopy, and/or other screenings, as recommended. <b>IMPORTANT:</b> Complete your Next-Steps Consult call or preventative care screening between July 1 through December 31, 2025, and Personify Health will automatically process your incentive. It could take up to 90 days for Personify Health to receive your claim data.		*Payment date is approximate based on when claims data is received by Personify Health	



Take Care of Your Overall Health

# DENTAL AND VISION

For Exempt Employees

Beyond the health care benefits offered through the state’s medical plan, consider taking care of your overall health with dental and vision coverage.

**Dental**

The Delta Dental PPO POS plan, offered at no cost to employees through Delta Dental of Ohio, provides exempt employees with access to two networks of dentists: the Delta Dental PPO network and the Delta Dental Premier network. Delta Dental pays the least for out-of-network dentists.

Why dental insurance? Maintaining overall good health and well-being includes getting essential preventive care, which lowers your costs for other dental and oral health procedures. Having quality dental coverage leads to regular dental care, which is important to your general health. Smile confidently with good oral care.

Although you can go to any licensed dentist of your choice and receive benefits, you will generally pay less when you go to a dentist within the Delta Dental PPO or Delta Dental Premier network.

Dental coverage includes diagnostic and preventive services (such as cleanings and X-rays), basic restorative services (such as fillings), major restorative services (such as crowns and bridges), and orthodontia.

To learn more, visit the dental webpage: [DAS.Ohio.gov/Dental](https://DAS.Ohio.gov/Dental).

**Vision**

Vision benefits provide much more than eye exams. Vision wellness, offered at no cost to employees, includes correction needs, especially as you age, and can help to monitor your vision to be prepared when changes to your vision may occur. Taking care of your vision is also a part of your overall health. At times during an exam, a doctor can detect other health issues such as diabetes, high blood pressure, some cancers, and more. With your vision benefit, the plan includes coverage for prescription eyeglasses and contacts, LASIK eye surgery, and low vision aids.

Vision coverage is offered to exempt employees through VSP Vision Care. The VSP Advantage network encompasses many providers. Employees and their family members who choose to receive services outside of the vision plan network may be subject to a reduction in benefits. Whether you need a vision exam, glasses or contacts, or other vision services, VSP’s comprehensive vision plan has you covered.

In addition, the benefit plan also offers a discount for hearing care.

To learn more, visit the vision webpage: [DAS.Ohio.gov/Vision](https://DAS.Ohio.gov/Vision).

**New Vision Program Administrator: VSP**

VSP Vision Care assumes management of the state’s vision program for exempt employees effective July 1, 2025.

VSP has a large network, is one of the most widely accepted vision insurance providers, and offers coverage with a large number of independent eye care professionals.

VSP has been an administrator of the state’s program for exempt employees in the past and currently provides coverage for union-represented employees.

The state’s robust vision plan remains the same with quality coverage for lenses, eye-wear, eye exams, and more.

Visit the vision webpage, [DAS.Ohio.gov/Vision](https://DAS.Ohio.gov/Vision), for full details about the vision program.

**Dental, Vision, and Life Insurance for Union-Represented Employees**

The Union Benefits Trust (UBT) offers dental, vision, and life insurance benefits for union-represented employees after one year of continuous state service is completed.

For dental, vision, and life insurance program details, eligibility, and enrollment information, visit [BenefitsTrust.org](https://BenefitsTrust.org).



# SUPPLEMENTAL LIFE INSURANCE

## For Exempt Employees

Exempt employees are eligible to enroll in a supplemental life insurance program at their own cost for employee, spouse, and/or eligible child/children coverage. This benefit is administered by Securian Financial.

During Open Enrollment, you can enroll in coverage for:

- **Employee** – The minimum electable benefit is \$10,000. The maximum benefit available is up to eight times your annualized rate of pay, or \$600,000, whichever is less. You must provide Evidence of Insurability (EOI) if you request an amount of insurance over the non-medical limit – the lesser of two times your annualized earnings or \$150,000.
- **Spouse** – Elect \$10,000 or increase existing coverage by \$10,000 without having to provide EOI. The plan maximum is \$40,000.
- **Child (eligible to age 26)** – Elect the \$7,000 benefit (**elections are always guaranteed**).
- Coverage below the non-medical limit amount will be effective July 1, 2025.
- Coverage above the non-medical amount, which is subject EOI, will be effective July 1, 2025, or the date EOI is approved by Securian Financial, whichever is later.
- Make changes to your supplemental life insurance coverage, including updating beneficiaries or your coverage level.
- Visit the Life Insurance webpage at: [DAS.Ohio.gov/LifeInsurance](https://das.ohio.gov/LifeInsurance).





# BENEFITS ENROLLMENT INSTRUCTIONS

## Medical, Dental, and Vision Enrollment

You can enroll in coverage for medical, dental, and/or vision, if eligible, online at [myOhio.gov](https://myOhio.gov).

If you are a new employee who has not already received your OHID Workforce User ID in a letter or email, contact your agency human resources representative.

If you do not have your password for [myOhio.gov](https://myOhio.gov) or need your password reset, contact the OAKS Help Desk by calling toll-free, 800-409-1205, option 1, or email [OAKS.HelpDesk@DAS.Ohio.gov](mailto:HelpDesk@DAS.Ohio.gov).

## Online Enrollment

Login instructions for [myOhio.gov](https://myOhio.gov):

- Go to [myOhio.gov](https://myOhio.gov).
- Enter your OHID Workforce User ID and password.
- Click the **My Workspace** tab in the top menu.
- Click the **myBenefits** link under Self Service Quick Access heading.
- Click the **Enrollment Opportunity** button and make the necessary changes or updates.

## Benefits System Availability via myOhio.gov

[MyOhio.gov](https://myOhio.gov) is available 24/7 for benefits-related transactions.

Make and submit your selections through [myOhio.gov](https://myOhio.gov) by the end of the Open Enrollment period, within 31 days of your hire date or within 31 days of a change in status/qualifying event. Make sure your online elections are correctly submitted. At the end of the process, you will have access to a confirmation letter that is stored in the system for future review.



## Supplemental Life Enrollment for Exempt Employees

To enroll in supplemental life insurance for exempt employees, visit the Securian Financial website at [LifeBenefits.com](https://LifeBenefits.com). The initial user ID is "OH" plus your OHID Workforce User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number. You also may obtain a supplemental life enrollment form in the Supplemental Life Insurance section at [DAS.Ohio.gov/LifeInsurance](https://DAS.Ohio.gov/LifeInsurance).

## Supplemental Life Enrollment for Union-Represented Employees

To enroll in supplemental life insurance for union-represented employees, review the instructions at [BenefitsTrust.org](https://BenefitsTrust.org).





# BENEFITS CONTACTS

## All Employees

### Medical

[Anthem](#)

844-891-8359 / Nurse Line: 800-337-4770

[EnrollmentAnthem.com/StateofOhio](#)

Group Number: W59989

[Medical Mutual of Ohio](#)

800-822-1152 / Nurse Line: 888-912-0636

[StateofOhio.MedMutual.com](#)

Group Number: 228000

### Health Savings Account

[Baker Tilly Vantagen](#)

833-559-0002

Available 8 a.m. to 8 p.m.

Monday through Friday

[myFlexDollars.com](#)

[Support@myFlexDollars.com](#)

### Prescription Drug

[OptumRx](#)

866-854-8850

[OptumRx.com](#)

Rx Group Number: STOH

### Behavioral Health

[Optum Behavioral Health](#)

800-852-1091

[LiveAndWorkWell.com](#)

Group Number: 1507

Website Access Code: 00832

### Telehealth

[LiveHealth Online](#)

888-548-3432

[LiveHealthOnline.com](#)

### Ohio Employee Assistance Program

[ComPsych](#)

800-221-6327

[GuidanceResources.com](#)

Web ID: OhioEAP

### Take Charge | Live Well

[Personify Health](#)

833-977-2074

[Join.PersonifyHealth.com/StateofOhio](#)

### Flexible Spending Accounts and Commuter Benefits

[Baker Tilly Vantagen](#)

833-559-0002

Available 8 a.m. to 8 p.m.

Monday through Friday

[myFlexDollars.com](#)

[Support@myFlexDollars.com](#)

## Exempt Employees Only

### Dental

[Delta Dental of Ohio](#)

800-524-0149

[DeltaDentalOH.com](#)

Delta Dental PPO POS

Group Number: 9273-0001

### Vision

[VSP Vision Care](#)

800-877-7195

[VSP.com](#)

Group Number: 40163620

### Basic and Supplemental Life Insurance

[Securian Financial, a policy underwritten by Minnesota Life](#)

1-866-416-8832

[LifeBenefits.com](#)

Group Number: 34301

Initial logon credentials for life

insurance: The initial user ID is "OH"

plus your OHID Workforce User ID. The

initial password is your date of birth

(MMDDYYYY) plus the last four digits of

your Social Security number.



## All Employees

### Ohio Department of Administrative Services

myBenefits Support Center Team

614-466-8857, option 2

800-409-1205, option 2

[DAS.Ohio.gov/Benefits](#)

[myBenefits@DAS.Ohio.gov](#)

## Union-Represented Employees Only

### Union Benefits Trust

614-508-2255

800-228-5088

[CustomerService@BenefitsTrust.org](#)

[BenefitsTrust.org](#)

The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.

### Dental

[Delta Dental of Ohio](#)

877-334-5008

Group Number: 1009

### Vision

[EyeMed Vision Care](#)

866-723-0514

Group Number: 9674813

[VSP Vision Care](#)

800-877-7195

Group Number: 12022914

### Basic and Supplemental Life Insurance

[Prudential Life Insurance](#)

844-533-4UBT (4828)

Group Number: LG-01049

### Legal Services

[MetLife Legal Services](#)

800-821-6400

Group Number: 4900010

### TIP:

When placing a call, please ensure you have the documentation you might need during the call:

- Group Number.
- OHID Workforce User ID.
- Explanation of Benefits if call is regarding a claim.

**Ohio Department of Administrative Services**

State Human Resources Division

30 E. Broad St., 40th Floor

Columbus, OH 43215

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**SUMMARY OF LEGAL NOTICES**

Your legal rights to protect your privacy and health coverage are important to us. Please take a moment to review the following information and visit [DAS.Ohio.gov/Benefits](https://das.ohio.gov/Benefits) > **About my Benefits** > **Legal Notices**.

- **HIPAA Privacy Notice** | You have the right of privacy and access to your personal health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA), including the right to request restrictions, amendments, and confidential communication. The State, including its Health Plans and Business Associates, may only use and disclose your PHI as authorized by law or legal purposes, for your health services or treatment, for payment or Plan operation, or for public health administration. The State is required to provide a notice to you if a breach of your PHI has occurred.
- **HIPAA Special Enrollment Notice** | HIPAA requires a special enrollment period for the following situations: 1) when a covered individual loses eligibility or if the employer stops contributing toward the other coverage from another plan; or, 2) when there is a new dependent because of marriage, birth, adoption, or placement for adoption. Enrollment must be requested within 31 days after the coverage ends or the qualifying event occurred.
- **COBRA Notice** | Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you experience a qualifying event that results in the termination of your health coverage, the State is required to provide you an opportunity to temporarily extend coverage for a certain period, at your expense.
- **Notice on Creditable Coverage (Medicare Part D: Prescription Drug Coverage)** | The State has determined that its prescription drug coverage is, on average, expected to pay out as much as standard Medicare prescription drug coverage and is considered Creditable Coverage. Because of this, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. If you do decide to join, you may be required to provide a copy of the full notice to prove you maintained creditable coverage.
- **Health Insurance Marketplace Coverage Options** | The Patient Protection and Affordable Care Act (PPACA) requires the State to issue a notice to all employees informing them that they can purchase medical coverage from the Health Insurance Marketplace. This coverage option is in addition to the State medical coverage.
- **Wellness Program Notice** | Take Charge | Live Well is a voluntary wellness program available to those enrolled in the State Plan. You have rights under Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and HIPAA, including requesting a reasonable alternative for incentives paid for health-related activities.
- **Notice of Non-Discrimination** | The State of Ohio is an equal opportunity employer, disability inclusive state, and model employer of individuals with disabilities. The State does not discriminate based on protected statuses established by Federal Law, Ohio Law, and Executive Order of the Governor in employment-related decisions. If you believed you have experienced discrimination, you have a right to file a complaint.
- **Women's Health and Cancer Rights Act of 1998 Notice** | The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that requires coverage to patients who choose to have breast reconstruction in connection with a mastectomy.
- **Patient Protection Disclosures** | The Affordable Care Act (ACA) requires the State to provide the following disclosures:
  - **Designation of Primary Care Provider:** You have the right to designate any primary care provider, including a pediatrician, who participates in our network and who is available to accept you or your family members.
  - **OBGYN Care Without Prior Authorization:** You have the right to obtain obstetrical or gynecological care without prior authorization.
- **Newborns' and Mothers' Health Protection Act Notice** | Under the Newborns' Act, the State cannot restrict benefits or require prior authorization for mothers or newborns for a hospital stay in connection with childbirth of less than 48 hours after vaginal delivery or 96 hours after cesarean section. The attending provider, after consultation with the mother, may discharge earlier but cannot receive incentive or disincentive for this decision.
- **Michelle's Law Notice** | The State permits dental/vision coverage for dependent children who are under age 23, unmarried, and a full-time student enrolled at an accredited institution of learning on a full-time basis. Michelle's Law requires an extension of eligibility where a dependent loses their full-time student status due to a medical leave of absence.
- **MHPAEA Notice** | The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health insurers and group health plans that offer mental health and substance use disorder benefits to provide the same level of benefits for mental and/or substance use treatment and services that they do for medical/surgical care.