

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES AND THE JOINT HEALTH CARE COMMITTEE

MyBenefits

FOR STATE OF OHIO EMPLOYEES / JULY 1, 2019 – JUNE 30, 2020



BENEFITS OPEN ENROLLMENT. MAY 20-31

HIGHLIGHTS FOR OPEN ENROLLMENT:

- **NEW:** Two options under the medical plan
- **NEW:** LiveHealth Online telehealth service and more
- **Employer and employee contributions for the medical plans**

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AS A VALUED MEMBER OF THE STATE OF OHIO WORKFORCE, YOUR SERVICE TO OHIOANS IS GREATLY APPRECIATED.

The State of Ohio is committed to offering you value and quality in health care. To that end, the State has used its power as one of Ohio's largest employers to establish health plans that provide excellent service to you and your family. Because the State operates a self-funded plan, it is important that each of us has the information needed to choose medical plan options and to be good consumers of health care. This guide is an important tool to help you make informed decisions during Open Enrollment and throughout the benefit year. You can use its many tools and resources to become a better consumer of your health benefits and to better understand and manage your financial contributions for care.

Benefits Open Enrollment

The Open Enrollment period is May 20-31, 2019. 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, 2019, through June 30, 2020.

Important changes for the upcoming benefit year

Two plan options: Select the one that best meets your needs

- Ohio Med PPO (Preferred Provider Organization)
- Ohio Med HDHP (High Deductible Health Plan) with a Health Savings Account (HSA) – New this year

For details about each plan option, see Pages 5-12.

Medical Mutual to replace Aetna. Effective July 1, Medical Mutual of Ohio will replace Aetna as the third-party administrator for the State's medical plan in the Columbus and Toledo markets. To see if your providers are in the Medical Mutual of Ohio network, visit <https://stateofohio.medmutual.com> and click **Find a Doctor**. To check if you are affected by this change, see the Medical Third-Party Administrator ZIP Code Zone Chart on Page 4.

Can't go to the doctor? Bring the doctor to you with LiveHealth Online.

Use your mobile device or computer to visit a doctor or therapist using LiveHealth Online. Get registered today to begin using July 1. Learn how on Page 14.

Find out your "RealAge." Discover how to maximize your health and wellness by making your "RealAge" younger. Beginning July 15, you will be able to take the RealAge test online or on the mobile app to get tips about how to improve your health through the State's wellness program – known as *Take Charge! Live Well!* Learn more on Page 16.

24-Hour Nurse Lines will be administered by Anthem and Medical Mutual of Ohio.

Beginning July 1, to use a 24-Hour Nurse Line, employees enrolled in the State's medical plan should contact the 24-Hour Nurse Line provided by your medical third-party administrator, either Anthem or Medical Mutual of Ohio. The Nurse Line by Sharecare will end June 30, 2019. See Page 14.

The Diabetes Management program will be administered by Anthem and Medical Mutual of Ohio. Beginning July 1, check with your medical third-party administrator, either Anthem or Medical Mutual of Ohio, for information.

Pharmacy copays will be changing in the new benefit year. See details in the Prescription Costs chart on Page 15.

OPEN ENROLLMENT PERIOD: MAY 20-31, 2019

Medical, Dental, Vision and Supplemental Life Insurance

This Open Enrollment period is the time to review your current health coverage and decide which plan options best meet your needs for the upcoming benefit year from July 1, 2019, through June 30, 2020. You have the opportunity to enroll or make election changes to the following benefits:

- Medical, including Behavioral Health, Prescription Drug and Wellness (known as the *Take Charge! Live Well!* Program)
- Dental
- Vision
- Supplemental Life Insurance

Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision, and/or 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 to access benefit information for you as well as your dependents, if applicable.
2. Ensure your dependents still meet the eligibility requirements by visiting das.ohio.gov/eligibilityrequirements.

If you do not have any changes to your coverage, your coverage will automatically continue. No additional action is required.

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

Any newly added dependent who is pending approval during Open Enrollment will not be enrolled until the required documentation is received by your agency or the Ohio Department of Administrative Services. **You also will need to be prepared to provide proof of newly enrolled dependents to your human resources representative the same day you make your elections.** We recommend you submit all required documentation as soon as possible.

HEALTH CARE BENEFITS

Benefits provided by the State of Ohio

Your health benefits include medical, prescription drug, behavioral health, dental, vision, and the wellness program – known as *Take Charge! Live Well!* The benefit year is the 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

State of Ohio health plans are self-funded

All of the State of Ohio health plans are self-funded programs. This means that 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 to be set for future years.

Employee Contributions + State Contributions = TOTAL CONTRIBUTIONS AVAILABLE TO PAY CLAIMS

Be a better health care consumer

Being a smart consumer and making informed choices is one way 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.

Union Benefits Trust

Open Enrollment for union-represented employees will be managed by Union Benefits Trust.

- The Union Benefits Trust (UBT) Open Enrollment Guide for union-represented employees is available at benefitstrust.org.
- For questions, call UBT at 800-228-5088 or email customerservice@benefitstrust.org



OPEN ENROLLMENT CHECKLIST

For your convenience, tear out this page at the perforation and use it throughout your decision-making process.

- Decide who you want to cover with your medical insurance.** If you currently are enrolled in medical benefits with the State, review your coverage at [myOhio.gov/My Workspace/My Benefits/Benefits Summary](http://myOhio.gov/MyWorkspace/MyBenefits/BenefitsSummary).
- 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 ZONE CHART	
Third-Party Administrator	ZIP Code Area
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

- Determine the medical plan option that best suits the needs of you and your family.** See Pages 5-12 for details, cost comparison charts, and other resources.
 - Ohio Med PPO
 - Ohio Med HDHP with a Health Savings Account (HSA)
- Enroll quickly and easily online**
 - Log in to myOhio.gov
 - Enter your OH|ID Workforce User ID/Password
 - Click **MY WORKSPACE**
 - Under Self Service Quick Access, click myBenefits
 - Click **Enroll in Benefits**
 - If you choose the Ohio Med HDHP – the high deductible plan with a Health Savings Account – you will need to be prepared to enter your annual contribution amount when you enroll to begin your personal HSA. You also will need to be prepared to provide proof of newly enrolled dependents to your human resources representative the same day you make your elections.

For paper enrollment, visit your human resources representative. Paper enrollment is only available to those who are choosing the Ohio Med PPO plan option. Enrollment in the Ohio Med HDHP option must be completed online.

- Confirm that your medical and other health care providers are in network** – including your physician, dentist, and optometrist. Go to the third-party administrator websites to search for your provider. Also, download your medical third-party administrator’s mobile app if you currently are, or will be, enrolled with that third-party administrator. The mobile app is an easy and convenient way to manage your health care.

Medical

- Anthem: <https://enrollment.anthem.com/stateofohio>
 - Download the Anthem mobile app
- Medical Mutual: <https://stateofohio.medmutual.com>
 - Download the Medical Mutual of Ohio mobile app

Prescription Drug

- OptumRx: optumrx.com
 - Download the OptumRx app

Dental (for exempt employees)*

- Delta Dental of Ohio: deltadentaloh.com
 - Download the Delta Dental mobile app

Vision (for exempt employees)*

- EyeMed Vision Care: eyemed.com
 - Print your EyeMed Vision Care card (not required)
 - Download the EyeMed Vision Care app

*Union-represented employees should visit benefitstrust.org for Open Enrollment details

- Register for LiveHealth Online.** Be prepared to connect with a doctor or physician through your mobile device or computer when the need arises. Service with LiveHealth Online begins July 1, 2019, but you can register now. Any use of LiveHealth Online prior to July 1, 2019, must be paid in full by the employee.
 - To register, log in to livehealthonline.com or download the LiveHealth Online mobile app from the Apple Store or Google Play. You do not need to be currently enrolled or provide your payment information to register.

NEW: YOU WILL HAVE TWO OPTIONS UNDER THE MEDICAL PLAN*

The State of Ohio offers one plan: Ohio Med with two options.

What is covered in each plan is similar. What is different is how the plan is administered as well as costs.

Ohio Med PPO

- The plan currently offered by the State of Ohio, which is a Preferred Provider Organization (PPO)
- Has a higher employee contribution, but a lower deductible
- Copay amounts are set for medical services such as a visit to the doctor or hospital, and prescriptions
- Available to eligible employees

Ohio Med HDHP

- New High Deductible Health Plan (HDHP) that includes a Health Savings Account (HSA) with a State contribution to your account
- Has a lower employee contribution, but a higher deductible
- Initial expenses are paid by you, the HSA, or you could be reimbursed after a claim has been submitted
- Available to eligible employees. Neither you nor your spouse can currently be enrolled in or have a carryover balance in any Flexible Spending Account – Health Care Spending Account

**Your medical third-party administrator is determined by your home ZIP code (either Anthem or Medical Mutual of Ohio). See the Third-Party Administrator ZIP Code Zone Chart on Page 4.*

What is a Preferred Provider Organization?

A Preferred Provider Organization (PPO) is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the coverage amount is greater when you use network providers.

What is a High Deductible Health Plan?

A High Deductible Health Plan (HDHP) is a medical plan that offers benefits at both network and non-network levels with a higher deductible and out-of-pocket maximum than the PPO plan. The contribution is usually lower, but you pay more health care costs before the medical third-party administrator starts to pay its share. The HDHP comes with a Health Savings Account (HSA), which allows you to pay for certain medical expenses with money free from federal taxes. For more information on the HSA, see Page 7.

Exclusions from HDHP: If you or your spouse are currently enrolled in any Flexible Spending Account – Health Care Spending Account for calendar year 2019, neither you nor your spouse are eligible to enroll in the Ohio Med HDHP. This also applies if you have a carryover balance from 2018 as of December 31. You also cannot enroll in the HDHP if you are currently enrolled in Medicare or Tricare. You may enroll or remain enrolled in the Ohio Med PPO.

Which plan is best for you and your family?

Ohio Med PPO could be the best option if you:

- Prefer to know in advance the cost of your copayments, including doctor visits, prescriptions, hospital stays, and medical services
- Anticipate a high-cost medical expense, such as surgery
- Have a chronic condition or a need for frequent doctor visits
- Take a high-cost specialty drug or take multiple prescriptions

Ohio Med HDHP could be the best option if you:

- Prefer to actively manage your health care spending by regularly comparing costs and saving for future medical expenses
- Are healthy and rarely need doctor visits
- Have the ability to pay, up front, the full deductible and out-of-pocket costs for medical expenses at the time that you incur these costs
- Are able to contribute to your Health Savings Account and prefer to save for future medical expenses including expenses after you retire

Source: Medical Mutual of Ohio

HIGHLY RECOMMENDED: To determine which plan best fits your needs, use the cost comparison tools from your medical third-party administrator to determine your annual health care spending needs and trends. For the cost comparison tools provided by Anthem and Medical Mutual of Ohio, go to das.ohio.gov/medical.

IMPORTANT POINTS ABOUT THE 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 after the 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 example, if an accident would occur on July 4, 2019, you should ensure that 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, 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%.

Specialty drugs could have a high cost (even into the thousands of dollars). If you or a dependent already are taking, or soon could be taking, a specialty drug,

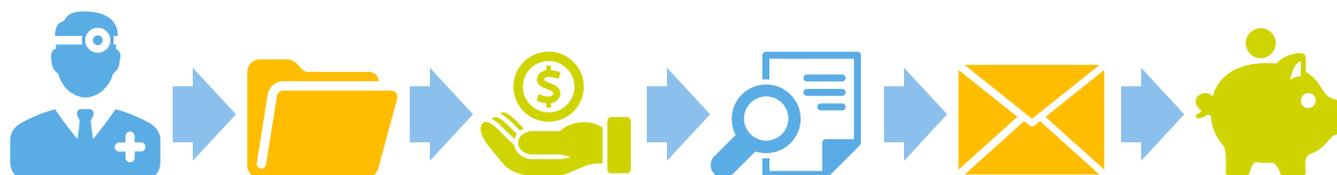
use a cost comparison tool to determine which is the best medical plan for you. Your deductible is used to pay for the specialty drug before the plan will pay.

Enrollment in the HDHP is online only. Because the federal guideline for the HSA requires a personal bank account (provided by Optum Bank) managed by you, and because contributions to the HSA are determined by you, enrollment in the Ohio Med HDHP only can be completed online through myOhio.gov.

Employees enrolling in, or changing from single to family coverage in the Ohio Med HDHP, you must provide documentation to your human resources representative by Friday, May 31, 2019, at 2 p.m. to receive the employee and employer contribution to the HSA in early July. For eligibility details, visit das.ohio.gov/eligibilityrequirements.

Source: Anthem

HOW HDHP CLAIMS ARE PAID



Doctor's Visit

Medical Claim

Plan Pays

Explanation of Benefits

Medical Bill

HSA

You go to the doctor.

The doctor sends a claim to your medical third-party administrator with a list of services you received. The claim is reviewed and processed based on your plan benefits.

Your medical third-party administrator lets the doctor know how much is being paid for covered medical services and how much, if anything, you have to pay.

Your medical third-party administrator sends an explanation of benefits to you. It's not a bill; it's a summary of how the claim was processed and what, if anything, you owe the doctor.

If you owe the doctor any money, the doctor will bill you for it and you can pay the doctor directly.

You can use any available funds in your HSA to pay the doctor if you have money in your Health Savings Account (HSA).

Source: Anthem

SAVE SMART WITH A HEALTH SAVINGS ACCOUNT

The Health Savings Account (HSA) is an account that is funded by 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; the two cannot be separated.

An HSA is set up through Optum Bank similarly to a bank 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 Optum Bank
 - Move investments from various funds
 - Transfer money between your HSA and your investment account

Through Optum Bank (optumbank.com), employees enrolled in the Ohio Med HDHP will be able to access their HSA as well as utilize the following:

- HSA Calculators
- A Health Savings Checkup tool
- A health account comparison tool
- Videos and webinars

EXCLUSION

High Deductible Health Plan - Health Savings Account

If you or your spouse are currently enrolled in any Flexible Spending Account – Health Care Spending Account for calendar year 2019, neither you nor your spouse is eligible to enroll in the Ohio Med HDHP with an HSA. You may enroll or remain enrolled in the Ohio Med PPO. This also applies if you have a carryover balance from 2018 as of December 31.

HSA 2019 Employee Contribution

The 2019 HSA contribution limit for individual coverage is \$3,500, and the limit for family coverage is \$7,000. (If you are 55 years of age or older, you may make a catch-up contribution of \$1,000.)

HSA 2019 Employer Contribution

Employer contribution to your HSA will get you started

To help get your HSA started, the State of Ohio will make contributions to your HSA if you select the Ohio Med HDHP option during the May 2019 Open Enrollment period. If you are eligible to, 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.

The State does not plan to make any future HSA contributions beyond those shown below.

HSA EMPLOYER CONTRIBUTION SCHEDULE

First Plan Year	Single/Family
July 2019	\$500/\$1,000
January 2020	\$500/\$1,000
Second Plan Year	Single/Family
July 2020	\$250/\$500
January 2021	\$250/\$500

3 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 Optum Bank mobile app, 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 optumbank.com/myohiohsa.

COMPARING MEDICAL PLAN OPTIONS

		OHIO MED PPO		OHIO MED HDHP	
		Providers in Network	Providers Out of Network	Providers in Network	Providers Out of Network
Deductible	Single	\$250	\$500	\$2,000	\$4,000
	Family	\$500	\$1,000	\$4,000	\$8,000
Office Visits	Doctor	\$20	\$30	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
	Specialist	\$25	\$30	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
Out-of-pocket Maximum	Single	\$1,500 Medical/ Behavioral Health Combined	\$3,000 Medical/ Behavioral Health Combined	\$3,500 Medical/ Behavioral Health/ Pharmacy Combined	\$7,000 Medical/Pharmacy/ Behavioral Health Combined
	Family	\$3,000 Medical/ Behavioral Health Combined	\$6,000 Medical/ Behavioral Health Combined	\$7,000 Medical/ Behavioral Health/ Pharmacy Combined	\$14,000 Medical/Pharmacy/ Behavioral Health Combined
Prescription Drugs	Retail (30-day supply)	\$10 / \$35 / \$60	N/A	Deductible/ 20% Coinsurance	N/A
	Home Delivery (90-day supply)	\$25 / \$87.50 / \$150	N/A	Deductible/ 20% Coinsurance	N/A
	Pharmacy Out-of-pocket Limit	\$2,500/\$5,000	\$2,500/\$5,000	Included in Medical	Included in Medical

MEDICAL CARE COMPARISON – WHERE TO GO FOR CARE

	OHIO MED PPO	OHIO MED HDHP	Average Cost
	Doctors in your plan	Doctors in your plan	
Preventive Care	100%	100%	
Telehealth	\$10	Deductible/Coinsurance	\$49
Doctor Visits	\$20	Deductible/Coinsurance	\$127
Specialist Visits	\$25	Deductible/Coinsurance	\$152
Retail Health Clinics	\$30	Deductible/Coinsurance	\$55
Urgent Care Clinic	\$30	Deductible/Coinsurance	\$107
Emergency Room	\$100 / 80%	Deductible/Coinsurance	\$1,540



OHIO MED PPO CONTRIBUTIONS: EMPLOYEE / EMPLOYER SHARE

OHIO MED PPO CONTRIBUTIONS						
FULL-TIME EMPLOYEE CONTRIBUTIONS						
BIWEEKLY PAID EMPLOYEE CONTRIBUTIONS ¹ 15% TIER FULL-TIME PERMANENT PART-TIME PERMANENT (30 OR MORE HOURS A WEEK) PART-TIME TEMPORARY (30 OR MORE HOURS A WEEK)				MONTHLY PAID EMPLOYEE CONTRIBUTIONS ¹ 15% TIER FULL-TIME EMPLOYEES		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$53.34	\$301.17	\$354.51	\$115.57	\$652.54	\$768.11
Family Minus Spouse	\$146.08	\$826.69	\$972.77	\$316.49	\$1,791.13	\$2,107.62
Family Plus Spouse ²	\$151.85	\$826.69	\$978.54	\$328.99	\$1,791.13	\$2,120.12
PART-TIME EMPLOYEE CONTRIBUTIONS						
BIWEEKLY PAID EMPLOYEE CONTRIBUTIONS ¹ 50% TIER PART-TIME PERMANENT (20.00 - 29.99 HOURS A WEEK)				BIWEEKLY PAID EMPLOYEE CONTRIBUTIONS ¹ 100% TIER PART-TIME PERMANENT EMPLOYEES (UPTO 19.99 HOURS A WEEK)		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$177.25	\$177.26	\$354.51	\$354.51	\$0.00	\$354.51
Family Minus Spouse	\$486.38	\$486.39	\$972.77	\$972.77	\$0.00	\$972.77
Family Plus Spouse ²	\$492.15	\$486.39	\$978.54	\$978.54	\$0.00	\$978.54

¹ These rates represent the total amount that will be contributed from your paycheck.
² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

OHIO MED HDHP CONTRIBUTIONS: EMPLOYEE / EMPLOYER SHARE

OHIO MED HDHP CONTRIBUTIONS						
FULL-TIME EMPLOYEE CONTRIBUTIONS						
BIWEEKLY PAID EMPLOYEE CONTRIBUTIONS ¹ 10% TIER FULL-TIME PERMANENT PART-TIME PERMANENT (30 OR MORE HOURS A WEEK) PART-TIME TEMPORARY (30 OR MORE HOURS A WEEK)				MONTHLY PAID EMPLOYEE CONTRIBUTIONS ¹ 10% TIER FULL-TIME EMPLOYEES		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$35.75	\$319.92	\$355.67	\$77.46	\$693.16	\$770.62
Single Plus Spouse	\$80.15	\$719.53	\$799.68	\$173.66	\$1,558.98	\$1,732.64
Family Minus Spouse	\$62.39	\$559.69	\$622.08	\$135.18	\$1,212.65	\$1,347.83
Family Plus Spouse	\$106.79	\$959.29	\$1,066.08	\$231.38	\$2,078.47	\$2,309.85
PART-TIME EMPLOYEE CONTRIBUTIONS						
BIWEEKLY PAID EMPLOYEE CONTRIBUTIONS ¹ 50% TIER PART-TIME PERMANENT (20.00 - 29.99 HOURS A WEEK)				BIWEEKLY PAID EMPLOYEE CONTRIBUTIONS ¹ 100% TIER PART-TIME PERMANENT EMPLOYEES (UPTO 19.99 HOURS A WEEK)		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$177.83	\$177.84	\$355.67	\$355.67	\$0.00	\$355.67
Single Plus Spouse	\$399.84	\$399.84	\$799.68	\$799.68	\$0.00	\$799.68
Family Minus Spouse	\$311.04	\$311.04	\$622.08	\$622.08	\$0.00	\$622.08
Family Plus Spouse	\$533.04	\$533.04	\$1,066.08	\$1,066.08	\$0.00	\$1,066.08
¹ These rates represent the total amount that will be contributed from your paycheck.						

Board and commission members who submit direct payments to their agency human resources representative for their medical contributions cannot contribute to the HSA through payroll. For questions, contact your agency human resources representative.

IN-NETWORK AND OUT-OF-NETWORK COSTS FOR MEDICAL PLANS

IN-NETWORK AND OUT-OF-NETWORK ¹ COSTS		
	Ohio Med PPO	Ohio Med HDHP
Annual Deductible	\$250 single, \$500 family in-network; \$500 single, \$1,000 family out-of-network.	\$2,000 single/\$4,000 family in-network \$4,000 single/\$8,000 family out-of-network
Your Copayments (Office Visits)	Primary care physician: \$20 in-network, \$30 out-of-network; Specialist: \$25 in-network: \$30 out-of-network. Outpatient office visit, intensive outpatient care: \$20 in network; \$30 out-of-network (balance billing applies).	80% after deductible in-network 60% after deductible out-of-network
Coinsurance	Medical: You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60% out-of-network. Behavioral Health: Outpatient in-network: 100% after office visit copay; 80% of other services; <ul style="list-style-type: none"> Outpatient out-of-network: 60% of contracted allowable amount after copayment (balance billing applies) Inpatient in-network: 80% after deductible Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized 	80% after deductible in-network 60% after deductible out-of-network
Your Out-of-Pocket Maximum²	\$1,500 single, \$3,000 family in-network; \$3,000 single, \$6,000 family out-of-network. This deductible is combined with behavioral health.	\$3,500 single/\$7,000 family in-network \$7,000 single/\$14,000 family out-of-network
Behavioral Health	No day, annual or lifetime limits. Some benefit limits may apply: for details, visit das.ohio.gov/behavioralhealth , click the Summary Plan Descriptions tab and select the current summary plan.	Same as PPO

BENEFIT/SERVICE	COVERAGE LEVELS	
Chiropractic Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network Unlimited visits (review required after 25 visits) 	80% after deductible in-network 60% after deductible out-of-network
Diagnostic, X-Ray and Lab Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network 	80% after deductible in-network 60% after deductible out-of-network
Durable Medical Equipment	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network 	80% after deductible in-network 60% after deductible out-of-network
Emergency Room	<ul style="list-style-type: none"> Covered at 80%; \$100 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency 	80% after deductible; 60% after deductible out-of-network for non-emergency
Immunizations	<ul style="list-style-type: none"> Most are covered at 100% in-network; 60% out-of-network 	Same as PPO
Maternity – Delivery	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network 	80% after deductible in-network 60% after deductible out-of-network
Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network Unlimited visits (review required after 25 visits) Includes coverage for Autism Spectrum Disorder 	80% after deductible in-network 60% after deductible out-of-network
Preventive Exams and Screenings³	<ul style="list-style-type: none"> Most preventive care covered at 100% in-network; 60% out-of-network Age restrictions may apply 	Same as PPO
Urgent Care	<ul style="list-style-type: none"> \$30 copay in-network; \$35 copay out-of-network Covered at 80% in-network; 60% out-of-network 	80% after deductible in-network 60% after deductible out-of-network

¹ Plan pays 60% of Ohio Med PPO and Ohio Med HDHP contracted allowable amount and you pay any remaining balance (subject to balance billing)

² If your out-of-network charge is greater than the contracted allowable amount, your out-of-pocket costs will be more

³ For a list of immunizations paid at 100%, see Page 13

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 PPO and Ohio Med HDHP offer the following services with no deductible, no copayment, and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance, and deductible amounts.

FREE EXAMS AND SCREENINGS		FREE IMMUNIZATIONS	
Clinical breast exam	1/plan year	Diphtheria, tetanus, pertussis (DTap)	2/4/6/15-18 months; 4-6 years
Colonoscopy	Every 10 years starting at age 50	Haemophilus influenza b (Hib)	2/4/6/12-15 months
Flexible sigmoidoscopy	Every 10 years starting at age 50	Hepatitis A (HepA)	2 doses between 1-2 years
Glucose	1/plan year	Hepatitis B (HepB)	Birth; 1-2 months; 6-18 months
Gynecological Exam	1/plan year	Human Papillomavirus (HPV)	3 doses for 9-26 years
Hemoglobin, hematocrit or CBC	1/plan year	Influenza	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year	Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Mammogram	1 routine and 1 medically necessary/plan year	Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services	Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Stool for occult blood	1/plan year	Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Urinalysis	1/plan year	Rotavirus (Rota)	2/4/6 months
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21	Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Well-person exam (annual physical)	1/plan year	Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
		Zoster (shingles)	1 dose for age 19 and older

GET THE MEDICAL TREATMENT AND ADVICE YOU NEED QUICKER FOR MINIMAL COST

Visit with a doctor 24/7 using the new telehealth service

Don't have time to go to the doctor? Bring the doctor to you with LiveHealth Online.

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

Chat with a board-certified doctor. 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 chatting with a doctor online for the following conditions and more:

- Flu
- Allergies
- Headache
- Cold and fever
- Sore throat
- Tooth pain
- Minor rash
- Skin Infection
- Pink eye

With just a \$10 copay for the Ohio Med PPO or \$49 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.

Register with LiveHealth Online now for use beginning July 1, 2019. Registration takes approximately 10 minutes. Any use of LiveHealth Online prior to July 1, 2019, must be paid in full by the employee.

For videos about how LiveHealth Online works and its benefits, visit livehealthonline.com.

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



NEW: 24-Hour Nurse Lines

Beginning July 1, 2019, for non-life-threatening health-related questions, employees enrolled in the State's medical plan (either Ohio Med PPO or Ohio Med HDHP) 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.

The Nurse Line administered by Sharecare will end June 30, 2019.

ABOUT YOUR COMPLETE MEDICAL COVERAGE

As an eligible employee enrolling in medical coverage – no matter whether you choose the Ohio Med PPO or the Ohio Med HDHP – you automatically receive coverage in the following benefit programs and services:

- Prescription Drug (administered by OptumRx)
- Behavioral Health (administered by Optum Behavioral Health)
- Wellness – known as *Take Charge! Live Well!* (administered by Sharecare)
- NEW: LiveHealth Online telehealth services. Beginning July 1, you will be able to use your smartphone, tablet, or computer via video chat to visit with a doctor or therapist anytime, anywhere in the U.S.

PRESCRIPTION DRUG

Included with your selected medical plan, OptumRx provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled. Among the programs offered are:

- Specialty Drug Management
- StepTherapy

Members are 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. Specific test values and results are not required, only that the member had the test. Members enrolled in the Ohio Med HDHP are not eligible for free diabetic supplies.

Cut costs by using the OptumRx Price and Save tool to compare the price of your prescriptions at local retail pharmacies and through mail service. Also, you can order and track your medications online. Keep up to date on when a brand-name drug becomes generic.

PRESCRIPTION COSTS					
TYPE OF MEDICATION	OHIO MED PPO 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
Generic	\$10	\$10	\$30	\$25	You pay 100% until the deductible is met, then 20% until the out-of-pocket limit is met.
Preferred Brand-Name	\$35	\$35	\$105	\$87.50	
Non-Preferred Brand-Name, Generic Unavailable	\$60	\$60	\$180	\$150	
Non-Preferred Brand-Name, Generic Available	\$60 plus the difference between the cost of the brand-name and generic drug	\$60 plus the difference between the cost of the brand-name and generic drug	\$180 plus the difference between the cost of the brand-name and generic drug	\$150 plus the difference between the cost of the brand-name and generic drug	Deductible amounts: \$2,000 single/ \$4,000 family
Out-of-Pocket Maximum*	\$2,500 single/\$5,000 family				\$3,500 single/\$7,000 family
<p>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.</p> <p>The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit das.ohio.gov/prescriptiondrug.</p> <p>* Pharmacy copays do not apply toward the medical/behavioral health plan deductibles and the annual out-of-pocket maximum for the Ohio Med PPO.</p>					

BEHAVIORAL HEALTH

Specialized mental health and substance use services are included with your selected medical plan (either Ohio Med PPO or Ohio Med HDHP) and provided under a single program administered by Optum Behavioral Solutions.

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

- Substance use disorders
- Depression
- Autism Spectrum Disorder
- Grief and loss
- Marital, family, and relational issues
- Mental health illnesses
- Stress
- And more

To compare the deductible and out-of-pocket costs in the Ohio Med PPO and Ohio Med HDHP options, see Page 12.



WELLNESS – TAKE CHARGE! LIVE WELL!

In your effort to become healthier, *Take Charge! Live Well!* – the State’s Wellness program for employees and spouses – is there for you with programs and other resources such as wellness challenges and rewards to encourage you in your wellness efforts.

NEW: Discover your RealAge – Beginning July 15, 2019

Take the RealAgeTest by Sharecare to learn your body’s actual age compared to your calendar age. Get personalized recommendations with targeted suggestions that you can do to live younger and improve your health. You can access the RealAgeTest



through the Sharecare app or website. The app is a comprehensive health and well-being solution that is free to use.

Track your wellness online and on your mobile device

Online or through the Sharecare mobile app, beginning July 15, 2019, you will be able to take the RealAgeTest and get started on improving your health. The Sharecare website and app have helpful resources and tools, such as:

- Wellness Challenges – with the opportunity for financial rewards for taking steps to improve your wellbeing
- Health Care Navigational Tools
- Goals trackers that sync with wearable fitness gear for weight, fitness, diet, and blood pressure
- Complete eight trackable actions a day to earn a “Green day” and watch your progress add up

In addition to the tools, a live health coach can help you set your goals and objectives for wellness. Whether your goal is to lose weight, quit using tobacco, manage stress, improve your sleep habit, or incorporate more vegetables in your diet, a health coach can provide the structure and motivation to get you started and sustain your progress. To access the Sharecare website, visit das.ohio.gov/wellness and click the Sharecare image.

ADDITIONAL BENEFITS AVAILABLE TO COVER THE NEEDS OF YOU AND YOUR FAMILY

Additional benefit election choices available for exempt employees during Open Enrollment include dental, vision, and supplemental life insurance.



The State pays the entire contribution for the dental and vision benefits.

Dental (For exempt employees)

Through Delta Dental of Ohio, eligible exempt employees who have more than one year of continuous State service have access to two networks of dentists – the Delta Dental PPO network and the Delta Dental Premier network. You typically will pay less when you go to an in-network dentist. For most covered services, Delta Dental pays a higher percentage if you go to a dentist in its PPO network versus its Premier network. Check with your dentist to determine whether he or she belongs to the Delta Dental PPO or Delta Dental Premier network to understand your costs.

To find a participating Delta Dental dentist near you, visit deltadentaloh.com. For plan specifics, deductible information, and eligibility information, visit the State's Dental webpage, das.ohio.gov/dental.

Vision (For exempt employees)

Through EyeMed Vision Care, eligible exempt employees who have more than one year of continuous State service can receive vision benefits. EyeMed's Insight network includes many providers. Employees and their family members who choose to receive services outside of the EyeMed Insight network may be subject to a reduction in benefits.

To find a participating EyeMed vision provider near you, visit eyemed.com. For plan specifics, deductible information, and eligibility information, visit the State's Vision webpage, das.ohio.gov/vision.

For participation in the Supplemental Life Insurance program, the employee pays the full cost of premium.

Supplemental Life Insurance (For exempt employees)

Through Securian Financial, a policy underwritten by Minnesota Life, eligible exempt employees and their dependents are eligible to purchase supplemental life insurance coverage. The coverage is entirely employee-paid; the State does not pay any share of the premium. Premiums depend on age and the amount of coverage purchased.

For coverage details and eligibility information, visit the State's Life Insurance webpage, das.ohio.gov/lifeinsurance.

Union Benefits Trust

Open Enrollment for union-represented employees will be managed by Union Benefits Trust.

- The Union Benefits Trust (UBT) Open Enrollment Guide and forms for union-represented employees are available at benefitstrust.org under Forms & Info
- For questions, call UBT 800-228-5088 or email customerservice@benefitstrust.org



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 or via paper enrollment.

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

If you have not obtained your password for myOhio.gov, contact the OAKS Help Desk by calling toll-free, 800-409-1205 (in Columbus, 614-466-8857), option 1, or email oaks.helpdesk@das.ohio.gov.

A. Online Enrollment

Login instructions for myOhio.gov:

- Go to myOhio.gov
- Enter your OH|ID Workforce User ID and password
- Click on **quick links** (four square icon) in the upper right corner of the page
- Click on **myBenefits** under Self Service Quick Access on the left side of the page
- Click on the **Benefits Summary** link
- Click on **Enroll** in Benefits and make the necessary changes or updates

Benefits System Availability via myOhio.gov

Non-Payday Week

Monday – Thursday..... Available 24 hours/day

Friday..... All day until 7 p.m.
(myPay unavailable all day)

Saturday and Sunday..... Unavailable

Payday Week

Monday – Friday Available 24 hours/day

Saturday All day except 4 to 6 p.m.

Sunday..... Unavailable

Deadline May 31, 2019: Make and submit your election changes through myOhio.gov by the end of the Open Enrollment period. Make sure your online elections are correctly submitted. At the end of the process you will receive a confirmation message.

B. Paper Enrollment*

Obtain a paper Benefit Enrollment/Change Form (Form ADM 4717) on the Benefits Administration website at das.ohio.gov/forms or from your agency human resources representative.

Deadline – Give your completed and signed Benefit Enrollment/Change Form (Form ADM 4717) to your agency human resources representative by 2 p.m. on May 31. Your agency representative needs time to enter your elections before 5 p.m.

Bargaining unit employees must complete separate vision and dental forms; they must also be submitted by the deadline stated before to your agency human resources representative.

***Please note, you cannot enroll in the Ohio Med HDHP via paper. Enrollment must be completed online.**

Supplemental Life Enrollment for Exempt Employees

How to Enroll in Supplemental Life

To enroll in supplemental life insurance for exempt employees, visit the Securian Financial website at lifebenefits.com. For login instructions, the initial user ID is "OH" plus your State of Ohio 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 Forms section of the Benefits Administration website at das.ohio.gov/forms.



HEALTH AND OTHER BENEFITS CONTACTS

ALL EMPLOYEES

Medical

Anthem

844-891-8359

Nurse Line: 800-337-4770

enrollment.anthem.com/stateofohio

Group Number: 004007521

Medical Mutual of Ohio

800-822-1152

Nurse Line: 888-912-0636

stateofohio.medmutual.com

Group Number: 228000

Health Savings Account

Optum Bank

optumbank.com/myohiohsa

Telehealth

LiveHealth Online

livehealthonline.com

Prescription Drug

OptumRx

866-854-8850

optumrx.com

Rx Group Number: STOH

Behavioral Health and Substance Use

Optum Behavioral Solutions

800-852-1091

liveandworkwell.com

Group Number: 1507

Website Access Code: 00832

Ohio Employee Assistance Program

800-221-6327

ohio.gov/eap

Take Charge! Live Well!

Sharecare

866-556-2288

das.ohio.gov/wellness

Click the Sharecare website button.

Flexible Spending Accounts and Commuter Choice

WageWorks

855-428-0446

wageworks.com

EXEMPT EMPLOYEES ONLY

Dental

Delta Dental of Ohio

800-524-0149

deltadentaloh.com

Delta Dental PPO

Group Number: 9273-0001

Vision

EyeMed Vision Care

888-838-4033

eyemed.com

Group Number: 1016475

Life Insurance

Basic Life Insurance 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 State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number.

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

Vision Service Plan (VSP)

800-877-7195

Group Number: 12022914

Life Insurance

Prudential Life Insurance

800-778-3827

Group Number: LG-01049

Legal Services

Hyatt Legal Services

800-821-6400

Group Number: 4900010

ALL EMPLOYEES

Ohio Department of Administrative Services

DAS Employee Benefits Management Team

614-466-8857 (option 2) or

800-409-1205 (option 2)

Email:

mybenefits@das.ohio.gov

Website: das.ohio.gov/benefits

TIP:

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

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

Ohio Department of Administrative Services

Human Resources Division
30 E. Broad St., 28th Floor
Columbus, OH 43215

