

FOR STATE OF OHIO EMPLOYEES / JULY 1, 2023–JUNE 30, 2024

MyBenefits

A photograph of a man carrying a young girl on his shoulders. The man is wearing a blue and white checkered shirt over a white t-shirt and blue jeans. The girl is wearing a pink shirt and blue jeans with pink sneakers. They are both smiling and appear to be in a field of tall grass under a clear blue sky.

HIGHLIGHTS FOR THE UPCOMING BENEFIT YEAR:

- New medical benefits, and some benefit enhancements, including:
 - Hearing aids
 - Infertility services
 - Orthotics
 - Dietician/nutritional counseling visits
 - Skin cancer screenings
- The dental plan for exempt employees will also include some enhancements.
- ComPsych is now managing the Ohio Employee Assistance Program.

**Open
Enrollment**
May 11 – May 24, 2023



Department of
Administrative Services

CONTENTS

Highlights for the Upcoming Benefit Year . . .	2
About your State of Ohio Benefits and Enrollment Periods	3
Open Enrollment Checklist.	4
Medical	5
Medical Plan Comparison Charts	8
Ohio Med Contributions	9
Centers of Excellence and the No Surprises Act	10
Telehealth Services, Nurse Lines and Preventive Care	11
Cost Savings Tools	12
Behavioral Health Program and the Ohio EAP	13
Prescription Drug Program	14
Wellness Program	15
Dental	16
Vision, Supplemental Life Insurance and Union Benefits Trust	17
Benefits Enrollment Instructions	18
Benefits Contacts	19
Summary of Legal Notices.	20

Your Service to Ohioans is Greatly Appreciated

The State of Ohio is committed to providing value and quality in health care to you and your family. The state leverages its position as one of Ohio's largest employers to offer health plans that provide excellent service and coverage.

We are committed to working with our health care partners to offer you affordable and comprehensive health care plans.

This guide offers several resources on how you can find cost-saving tools that provide the same quality care at 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 be a conscientious consumer helps us to maintain affordable and comprehensive health care plans.

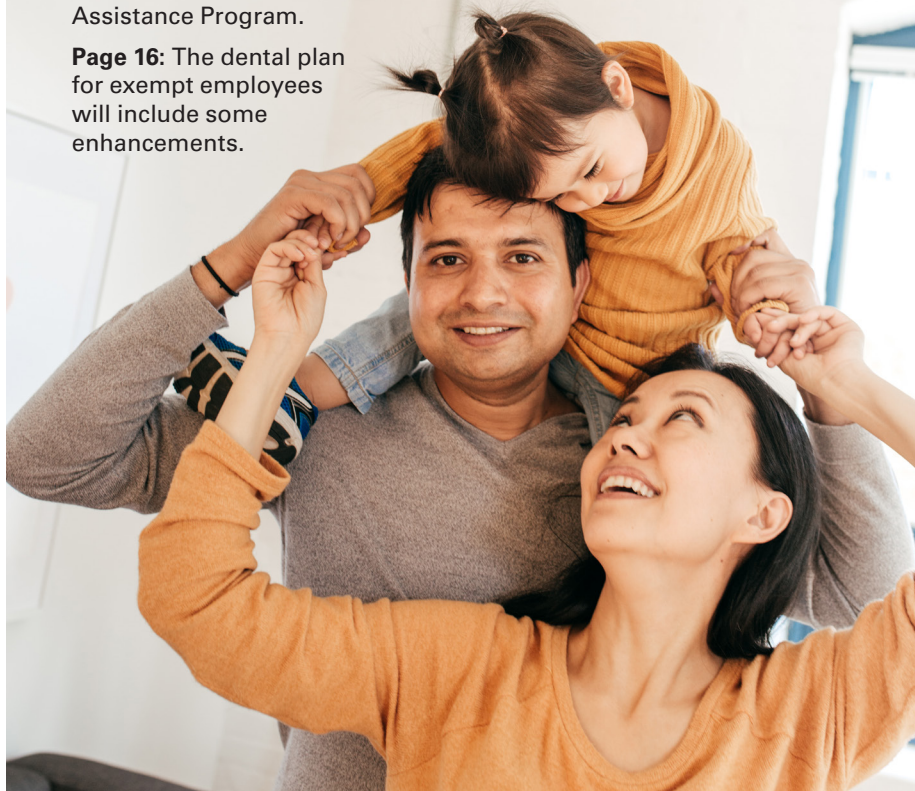
Highlights for the Upcoming Benefit Year:

Page 6: New medical benefits, and some benefit enhancements, including:

- Hearing aids
- Infertility services
- Orthotics
- Dietician/nutritional counseling visits
- Skin cancer screenings
- Otoplasty (ear surgery)

Page 13: ComPsych is now managing the Ohio Employee Assistance Program.

Page 16: The dental plan for exempt employees will include some enhancements.



Benefits Open Enrollment Information

The Open Enrollment period is Thursday, May 11 through Wednesday, May 24, 2023. 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, 2023, through June 30, 2024.

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.

Dental and Vision

- Exempt Employees: Visit das.ohio.gov/OpenEnrollment.
- Union-Represented Employees: Visit BenefitsTrust.org.

Supplemental Life Insurance

- Exempt Employees: Visit das.ohio.gov/OpenEnrollment.
- Union-Represented Employees: Visit BenefitsTrust.org.

About Your State of Ohio 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 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 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%

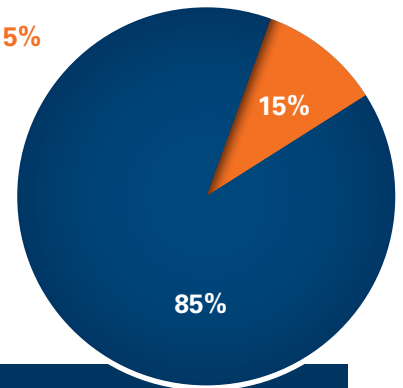
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State Contributions: 85%

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Total Contribution Available to Pay Claims

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



ENROLLMENT PERIODS

Spring Open Enrollment May 11 through May 24

Medical

Your overall medical benefits are 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.

Medical benefits under the Ohio Med PPO (preferred provider organization), Ohio Med HDHP (high deductible health plan), and the Ohio Med NN (narrow network) medical plan options 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 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.

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. For a list of required documentation, review the Change in Status/Qualifying Events Matrix at das.ohio.gov/AboutMyBenefits.

Fall Open Enrollment October 2–16, 2023

Flexible Spending Accounts Only

The fall Open Enrollment period offers employees the opportunity to enroll in the Flexible Spending Accounts for the calendar year Jan. 1 through Dec. 31, which include:

- Health Care Spending Account
- Limited Purpose Spending Account
- Dependent Care Spending Account

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, any questions about eligibility or plan design should be directed to UBT at 800-228-5088 or CustomerService@BenefitsTrust.org. You can also find more information at 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.

- 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>myBenefits>Benefits Summary**.
- 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 that your medical and other healthcare providers are in network** – including your physician, dentist and optometrist.
 - Go to the third-party administrator websites to search for your providers.
- Determine the medical plan option that best suits the needs of you and your family.**
 - Ohio NN
 - Ohio Med PPO
 - Ohio Med HDHP with a Health Savings Account

Take Charge | Live Well

- Go to 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.VirginPulse.com/StateofOhio](https://join.virginpulse.com/stateofohio).

Prescription Drug

- OptumRx: [OptumRx.com](https://optumrx.com)
 - Prescription Drug coverage is included if you enroll in the Ohio Med plan.
 - You can 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.

For Dental and Vision:

- A printed benefit card is optional and can be requested from the respective vendor below.
- Check student status (see das.ohio.gov/Eligibility).
- Download the vendor apps.

Dental (For Exempt Employees)

Delta Dental of Ohio: [DeltaDentaloh.com](https://dental.dentaloh.com)

Vision (For Exempt Employees)

EyeMed Vision Care: [EyeMed.com](https://eyemed.com)

Dental and Vision

(For Union-Represented Employees)

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

Supplemental Life

For Exempt Employees

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

For Union-Represented Employees

Union Benefits Trust: [BenefitsTrust.org](https://benefits-trust.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, including the narrow network called Ohio Med NN. 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 and click the **Compare the Ohio Med plan options** tile.

Medical Plan Ohio Med is the one plan for those who enroll in medical benefits.	<h1>Ohio Med</h1>		
Medical Plan Administrators Your administrator is determined by your home ZIP code.	<h2>Anthem and Medical Mutual of Ohio</h2>		
Medical Plan Options There are three options available to you.	Ohio Med NN Narrow Network	Ohio Med PPO Preferred Provider Organization	Ohio Med HDHP High Deductible Health Plan
Medical Plan Option Definitions	<p>A narrow network plan is a medical plan that offers benefits only at in-network levels with set copay amounts for certain services. When you enroll in the Ohio Med NN, you may only visit providers within the network.</p> <p>IMPORTANT: If you go to a provider that is out of network for non-emergency services, there is no coverage, and you will be responsible for the entire cost.</p>	<p>A preferred provider organization (PPO) is a medical plan that offers benefits at both in-network and out-of-network levels with set copay amounts for certain services. 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 in-network providers.</p>	<p>A high deductible health plan (HDHP) is a medical plan that offers benefits at both in-network and out-of-network levels typically with a higher deductible and out-of-pocket maximums 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 includes a health savings account (HSA), which allows you to pay for certain medical expenses with money free from federal taxes. With the HSA, the state offers \$1,000 or \$2,000 for you to apply to your health care costs.</p>
Medical Plan Option Details	<ul style="list-style-type: none"> • In most instances, the narrow network plan has a lower contribution amount than the Ohio Med PPO and HDHP. • Covered services will be the same as the PPO. • Network-level copays, coinsurance, deductibles, and out-of-pocket amounts will also be the same as the Ohio Med PPO. • The narrow network has a smaller network of primary care providers, specialists, and hospitals that are committed to providing a higher quality of care with improved care coordination at a more affordable price. • There is no out-of-network benefit, except for emergencies. • Third-party administrator plan names: <ul style="list-style-type: none"> • Medical Mutual of Ohio refers to this plan as "MedFlex." • Anthem refers to this plan as "BlueHPN." 	<ul style="list-style-type: none"> • This plan has a higher employee contribution, but a lower deductible; members must pay the full amount until the deductible is met. • Each person covered in a family plan must meet the individual deductible or the combined family deductible, whichever occurs first, before the plan begins to pay. • Copay amounts are set for medical services such as a visit to the doctor and for prescriptions. • There is a separate \$3,500 single or \$7,000 family out-of-pocket maximum that must be met before prescription costs may be paid at 100%. • Prescription costs are not combined with medical to meet your out-of-pocket maximum. 	<ul style="list-style-type: none"> • Has a lower employee contribution than the PPO, but a higher deductible; members must pay the full amount until the deductible is met. • The HDHP includes an HSA with a state contribution to your account. • If you are in a family plan, the plan will begin to pay only after the entire family deductible has been met. • Initial expenses can be paid by you using the HSA, or you could be reimbursed after a claim has been submitted. • Prescription costs are combined with medical to meet your out-of-pocket maximum. • Neither you nor your spouse can currently be enrolled in or have a carryover balance from the previous calendar year in any Health Care Spending Account. • You can enroll in a Limited Purpose Spending Account.

NEW EXPANDED MEDICAL BENEFITS

Benefits Enhancements Now Effective

For the current benefit year, the following benefits were added retroactive to the beginning of the plan year, July 1, 2022:

- One cold cap with a maximum cost of \$150.
- One wig with a maximum cost of \$600 per benefit period for hair loss due treatment for cancer, chemotherapy, radiation, alopecia, thyroid disease, anemia, pregnancy, medical burns, or ongoing drug treatment plans.

Any claims submitted to the medical third-party administrators that were denied have been reprocessed by Anthem and Medical Mutual and no action is required. For any claims that were not submitted by providers due to the benefit exclusion, members will need to contact their providers and have them submit a claim to their third-party administrator.

The State of Ohio has expanded maternity benefits available to state employees enrolled in the Ohio Med PPO and Ohio Med NN medical plan options. Many prenatal, childbirth, and post-childbirth services are provided at no cost to employees utilizing network providers. For details, go to das.ohio.gov/medical and click the **Maternity Benefits** tile.

Medical Benefit Changes Beginning July 1, 2023

A summary of the benefit changes is listed below – some are new benefits, and some are enhancements to existing benefits.

- Hearing aids – All hearing aids will be covered at 80/20 with a limit of new/replacement every three years, excluding over-the-counter devices.
- Infertility services – Coverage of procedures, up to a lifetime maximum of \$20,000.
- Orthotics – Coverage of one pair of shoe inserts per every three years for adults and one pair per year for children under the age of 18.
- Skin cancer screenings – One screening every 12 months covered at 100%.
- Dietician/nutritional counseling visits – The number of annual visits has been increased to six.
- Otoplasty (ear surgery) – To address disproportionate, asymmetrical, or misshapen ears resulting from accident, illness, or birth defect.

Medical Plan Option

Why Your Medical Plan Option Decision Matters

The state offers three medical plan options, including Ohio Med NN, the newest medical plan option. Your decision could have a direct effect on your flexible spending account (FSA) decision, should you choose to enroll in an FSA in the fall of 2023 for the 2024 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 narrow network option, visit the websites below for your medical plan administrator:

Medical Mutual of Ohio: StateofOhio.MedMutual.com

1. Click **Find a Provider** in the top menu.
2. Click the **OhioMed Narrow Network** link.
3. Click the **Don't See Your Network? View More** link.
4. Choose **MedFlex**, enter **Your Location**, and click the **Next** button.
5. Choose the desired provider type.

Anthem: Anthem.com/Find-Care

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

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 only after the 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 on Aug. 4, 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 (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%.

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. If you or a dependent already are taking, or could be taking, a specialty drug, use a cost comparison tool at OptumBank.com/myOhioHSA to determine which is the best medical plan for you. To help you pay for any initial health care costs, the State of Ohio will make a contribution to your HSA during the upcoming benefit year.

Enrollment in the HDHP is online only. Because the federal guideline for the HSA requires a personal bank account (provided by Optum Bank, which is part of Optum Financial) 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.

For eligibility details, visit das.ohio.gov/Eligibility.

HEALTH SAVINGS ACCOUNT

Save Smart with a Health Savings Account

The Health Savings Account (HSA) is an account that 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 Optum Bank (a part of Optum Financial), [OptumBank.com](https://www.optumbank.com), similar 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.

Employees enrolled in the Ohio Med HDHP can access their HSA as well as utilize the following:

- HSA calculators.
- A health savings checkup tool.
- A health account comparison tool.
- Videos and webinars.

HSA Employee Contribution

From Jan. 1, through Dec. 31, 2023, the HSA contribution limit for individual coverage is \$3,850 and the limit for family coverage is \$7,750. 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 in the single HDHP and up to \$2,000 in the family, 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	
2023-24 Plan Year Installment Schedule	Single/Family
July 2023	\$500/\$1,000 Total amount: Distributed at one time.
January 2024	\$500/\$1,000 Total amount: Distributed per pay throughout the year.

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 Optum Bank 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 [OptumBank.com/myOhioHSA](https://www.optumbank.com/myOhioHSA).



When comparing the Ohio Med PPO and Ohio Med NN medical plan options, the Ohio Med NN only covers in-network providers and does not cover out-of-network providers. **In the Ohio Med NN, if you go to a provider that is out of network for non-emergency services, there is no coverage and you will be responsible for the entire cost.** Knowing the services you can obtain through preventative care, nurse lines, telehealth, doctor visits, and retail clinics, and urgent care clinics can make a major difference in the costs you and the health care fund incur when using benefits.

Comparing Medical Plan Options					
		Ohio Med PPO and Ohio Med NN		Ohio Med HDHP	
		In-Network Providers <i>(PPO and Narrow Network)</i>	Out-of-Network Providers <i>(PPO Only)</i>	In-Network Providers	Out-of-Network Providers
Deductible	Single	\$400	\$800	\$2,000	\$4,000
	Family	\$800	\$1,600	\$4,000	\$8,000
Office Visits	Doctor	\$30	\$50	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
	Specialist	\$35	\$55	Deductible/ 20% Coinsurance	Deductible/ 40% Coinsurance
Out-of-Pocket Maximum	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
Prescription Drugs	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 NN	Ohio Med HDHP	
	Doctors in Your Plan	Doctors in Your Plan	Average Cost
Preventive Care	100%	100%	\$0
Telehealth Services	\$10	Deductible/Coinsurance	\$59
Doctor Visits	\$30	Deductible/Coinsurance	\$127
Specialist Visits	\$35	Deductible/Coinsurance	\$152
Retail Health Clinics	\$30	Deductible/Coinsurance	\$55
Urgent Care Clinic	\$40	Deductible/Coinsurance	\$107
Free Standing or Hospital Emergency Room	\$150 / 80%	Deductible/Coinsurance	\$1,540

Ohio Med Contributions

	Ohio Med NN Contributions		Ohio Med PPO Contributions		Ohio Med HDHP Contributions	
Employee/State Contributions² (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	\$36.92	\$316.29	\$56.00	\$316.29	\$37.53	\$335.98
Family Minus Spouse	\$101.00	\$868.20	\$153.40	\$868.20	\$65.51	\$587.79
Family Plus Spouse ¹	\$110.23	\$868.20	\$162.63	\$868.20	\$112.14	\$1,007.46
Single Plus Spouse	N/A	N/A	N/A	N/A	\$84.17	\$755.65
Employee/State Contributions 50% (Work 20-29.99 a week, paid bi-weekly)						
	Employee Share	State Share	Employee Share	State Share	Employee Share	State Share
Single	\$176.60	\$176.61	\$186.14	\$186.15	\$186.75	\$186.76
Family Minus Spouse	\$484.60	\$484.60	\$510.80	\$510.80	\$326.65	\$326.65
Family Plus Spouse ¹	\$493.83	\$484.60	\$520.03	\$510.80	\$559.80	\$559.80
Single Plus Spouse	N/A	N/A	N/A	N/A	\$419.91	\$419.91
Employee/State Contributions² (Work 30 or more hours a week, full-time, paid monthly)						
	Employee Share	State Share	Employee Share	State Share	Employee Share	State Share
Single	\$79.99	\$685.29	\$121.35	\$685.29	\$81.33	\$727.95
Family Minus Spouse	\$218.87	\$1,881.06	\$332.36	\$1,881.06	\$141.95	\$1,273.52
Family Plus Spouse ¹	\$238.87	\$1,881.06	\$352.36	\$1,881.06	\$242.98	\$2,182.83
Single Plus Spouse	N/A	N/A	N/A	N/A	\$182.36	\$1,637.25
Employee Contributions at 100% (Work up to 19.99 hours a week, paid bi-weekly)						
	Employee Share		Employee Share		Employee Share	
Single	\$353.21		\$372.29		\$373.51	
Family Minus Spouse	\$969.20		\$1,021.60		\$653.30	
Family Plus Spouse ¹	\$978.43		\$1,030.83		\$1,119.60	
Single Plus Spouse	N/A		N/A		\$839.82	
Employee Contributions at 100% (Work up to 19.99 hours a week, paid monthly)						
	Employee Share		Employee Share		Employee Share	
Single	\$765.28		\$806.64		\$809.28	
Family Minus Spouse	\$2,099.93		\$2,213.42		\$1,415.47	
Family Plus Spouse ¹	\$2,119.93		\$2,233.42		\$2,425.81	
Single Plus Spouse	N/A		N/A		\$1,819.61	

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

¹ The Ohio Med PPO and Ohio Med NN 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.

² The Ohio Med PPO employee contributions are set at 15% and the Ohio Med NN state share for contributions are the same as the Ohio Med PPO. The Ohio Med HDHP employee contributions are set at 10%.

Centers of Excellence: Get Specialized Care and Save

What it is: A center of excellence is a program within a healthcare institution that is 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.

Stay Connected 24/7 with These Apps

Download the following apps from the Apple Store or Google Play:

- Anthem: Sydney Health
- Medical Mutual of Ohio
- LiveHealth Online (Telehealth)
- OptumRx (Prescription Drug)
- Virgin Pulse (Take Charge | Live Well)
- Optum: myLiveandworkwell (Behavioral Health)
- Delta Dental
- EyeMed Vision Care
- Optum Financial
- ComPsych: *GuidanceResources.com* (Ohio EAP)



No Surprises Act Ensures Billing Protection

With the federal No Surprises Act, you have billing protections from most unexpected medical bills, especially in the case of emergency care.

No longer can doctors, health care facilities, and insurance companies charge you for out-of-network care that you didn't authorize ahead of time.

The No Surprises Act Highlights:

- Bans surprise bills for most emergency services, even if you get them out-of-network and without authorization beforehand.
- Bans out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- Bans out-of-network charges and balance bills for certain additional services (like anesthesiology or radiology) furnished by out-of-network providers as part of a patient's visit to an in-network facility.
- Requires that health care providers and facilities give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections (i.e., you must receive notice of and consent to being balance billed by an out-of-network provider).

For more information, visit the U.S. Centers for Medicare & Medicaid Services website at [CMS.gov](https://www.cms.gov) or contact your third-party administrator.

Source: U.S. Centers for Medicare and Medicaid Services.

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? Bring the doctor to you with LiveHealth Online.

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

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:

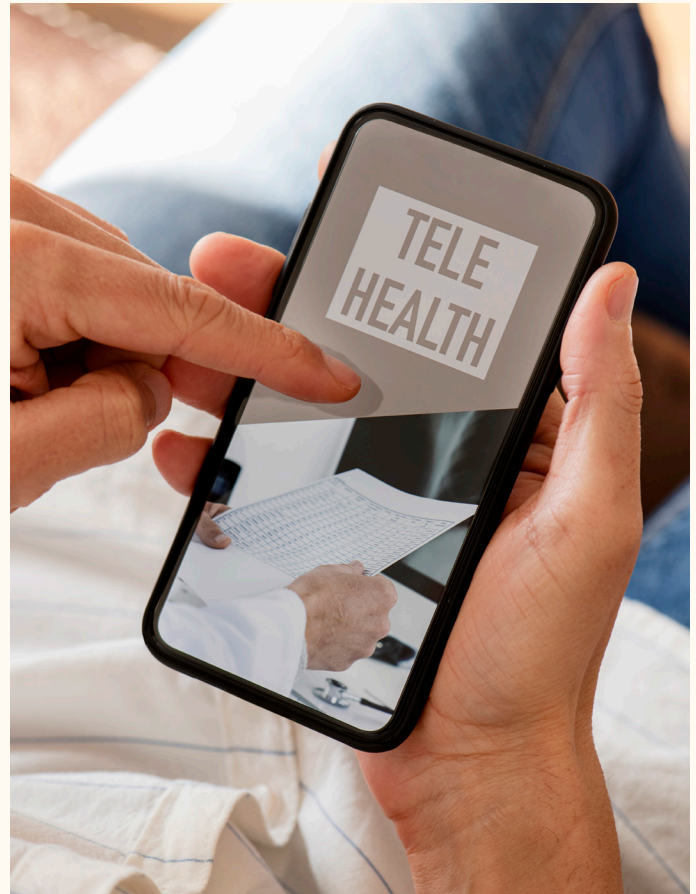
- Flu
- Allergies
- Headache
- Cold
- Fever
- Pink eye
- Sore throat
- Skin infection
- Tooth pain
- Minor rash
- Behavioral health
- Stress
- Anxiety
- Depression

With just a \$10 copay for the Ohio Med NN 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.

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, 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 NN, 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.

Additionally, employees can receive wellness incentives by submitting an attestation of preventive care screenings.

For a list of exams, screenings, and immunizations covered at no cost, visit das.ohio.gov/Medical, and click the **Preventive Care** tile.

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.

Shopping for the Right Care: How to Save Money and Ensure Quality Standards

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

Medical Mutual of Ohio:

StateofOhio.MedMutual.com

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.
- Gold standard: Measures quality, safety, performance and transparency.
- Review results online at no cost.

Hospital Compare: Medicare.gov/HospitalCompare

- Summarizes up to 64 quality measures.

Source: Health Action Council

ABOUT YOUR COMPLETE MEDICAL COVERAGE

As an eligible employee enrolling in medical coverage – no matter whether you choose the Ohio Med NN, Ohio Med PPO, 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 Virgin Pulse).
- 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 Solutions.

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 NN, Ohio Med PPO, and Ohio Med HDHP options, go to das.ohio.gov/BehavioralHealth.

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 [OhioEAP.com](https://www.ohioeap.com) and enter the Web ID:

OhioEAP.

SUICIDE
PREVENTION



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://www.guidanceresources.com) and enter the Web ID: OhioEAP, or download ComPsych's app: GuidanceNow.

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 new services, which will be 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 Virgin Pulse, the state's wellness administrator.

For more information, visit [ohio.gov/EAP](https://www.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 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 or Ohio Med NN. 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.

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, under “Specialty Drug Updates.”

Not All Drugs are Covered

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, under “Prescription Drug Updates.”

OptumRx Offers Price and Save, Tracking Tools

All your pharmacy plan information is available at your fingertips 24/7 and can be accessed on the OptumRx private, secure website at OptumRx.com. You will need your pharmacy member ID number located on your OptumRx card to log in. The number 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.
- Learn more about your prescription drugs.

Prescription Costs					
	Ohio Med PPO and Ohio Med NN Copayment Costs				Ohio Med HDHP Coinsurance Costs
Type of Medication	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	\$40	\$40	\$120	\$100	
Non-Preferred Brand-Name, Generic Unavailable	\$75	\$75	\$225	\$187.50	
Non-Preferred Brand-Name, Generic Available	\$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	Deductible amounts: \$2,000 single/ \$4,000 family
Out-of-Pocket Maximum*	\$3,500 single/\$7,000 family				\$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.

* 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 NN.

WELLNESS - TAKE CHARGE | LIVE WELL

Employees Can Earn Up to \$1,500 in Rewards By Taking Health-Improvement Steps

Living your healthiest life may involve maintaining your workout routine and eating a healthy diet, or it could involve making the decision to take the small, yet important steps on your journey toward making healthy living a part of your daily routine.

Being engaged in the Take Charge | Live Well program means you're more likely to stick to your program, build healthy habits, and experience the lifelong rewards of better health and well-being.

Participation-Based Incentives

Enrolled employees can earn up to \$900 for completing activities to improve your health.

Among the incentives, you could earn \$50 per month for:

- Tracking healthy habits 20 days in a month.
- Completing a RethinkCare program to help relieve stress.

Outcome-Based Incentives

Enrolled employees earn an additional \$600

- Register a blood glucose (standard value for fasting glucose is less than 126 or 5% reduction): \$200. (Spouses can earn \$100.) A reasonable alternative is offered for this benefit.
- Maintain a body mass index (BMI) between 18.5 - 29.9, reduce your BMI by at least 5%, or complete a reasonable alternative: \$200. (Spouses can earn \$100).

Spouses, including employees who are enrolled as a spouse, can continue to earn up to a total of \$550 in wellness incentives.

To get started, go to das.ohio.gov/Wellness. Click **The Hub** link to go to the Virgin Pulse Hub to access via a web portal or smart device. **The Hub**, hosted by Virgin Pulse, serves as the central point of contact for all benefit services.

Virgin Pulse Tools and Resources

Members receive helpful services such as telephonic coaching and wellness challenges to support you in your quest for better health. Through Virgin Pulse, Take Charge | Live Well offers the following tools and resources to help you be your best self. Available wellness resources include but are not limited to:

- Wellbeats (Virtual fitness app)
- Nutrition Guide
- Sleep Guide
- Transform for Prediabetes program
- RethinkCare (Mindfulness program)
- Journeys® Digital Coaching
- Telephonic Coaching
- Fitness and other challenges

Visit the Take Charge | Live Well webpage at: das.ohio.gov/Wellness.



Earn Rewards for Hitting the Gym or Fitness Facility

Looking to cut costs at your gym? As part of your incentives, employees enrolled in the state's medical plan can also be reimbursed up to \$20 per month for expenses toward your gym and fitness facility fees. After going to your gym or fitness facility for at least eight visits in a month, you can get your reward by completing an attestation form via the Virgin Pulse Hub.

Eligible fitness facilities:

- Local recreation centers
- YMCA/YWCA
- Boutique studios (yoga, Pilates, spin, etc.)
- Health club chains (Planet Fitness, LifeTime, and more)
- Local/private fitness centers
- Crossfit studios

Take Care of Your Overall Health With

DENTAL, VISION & SUPPLEMENTAL LIFE INSURANCE

For Exempt Employees Only

Beyond the health care benefits offered through the state’s medical plan, consider taking care of your overall health with dental and vision coverage. In addition, supplemental life insurance offers a cost-effective option and peace of mind knowing you’re covered in the event of a tragedy.

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.

Dental benefit changes for exempt employees beginning July 1, 2023

A summary of the dental benefit changes for exempt employees is listed below and on the attached chart – all are enhancements to existing benefits and will be effective July 1, 2023.

- The coverage levels for the premier dental network will align with the preferred provider organization dental network coverage levels.
- The new plan will have a \$75 deductible maximum per family.
- The annual benefit maximum will be increased to \$2,000.
- Implant and stent costs now count toward the annual maximum. There is no longer a separate lifetime maximum for implants and stents.
- Preventive and diagnostic services will no longer count toward the annual benefit maximum.
- The lifetime orthodontia maximum will be increased to \$2,500.

Visit the Dental webpage: das.ohio.gov/Dental.

Bold text indicates a change for the 2023-24 benefit year.		
Dental Changes Beginning July 1		
	PPO/ Premier	OON
Prev. / Diag. (I)	100%	
Basic Services (II)	100%	65%
Major Services (III)	60%	50%
Deductible ¹	\$25 per person; \$75 per family maximum	
Annual Max ²	\$2,000	
Implant/Stent Lifetime Max	Count toward annual maximum	
Orthodontia (IV) ³	50%	
Ortho Deductible	\$0	
Lifetime Ortho Max	\$2,500	
Notes: 1. Deductible applies to Types II and III. 2. Annual maximum applies to Types II and III; waive preventive and diagnostic type I. 3. Orthodontics available to subscriber and all enrolled dependents.		

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 EyeMed Vision Care. The EyeMed Insight 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, EyeMed'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.

Union-Represented Employees Receive Most Benefits Through Union Benefits Trust

The Union Benefits Trust (UBT) offers dental, vision, life insurance benefits, and voluntary benefits, including the legal service plan, to union-represented state employees. UBT is the product of several years of work by the unions serving state employees. OCSEA, the largest union for Ohio's state employees, established UBT through collective bargaining in its 1992-1994 agreement with the state. The unions believed that they could administer benefits more effectively and efficiently for union-represented state employees, and UBT today is proof of that belief.

Union-represented employees should visit the Union Benefits Trust portal at: BenefitsTrust.org.

SUPPLEMENTAL LIFE INSURANCE

Exempt employees are eligible to enroll in a supplemental life insurance program at their own cost. This benefit, administered by Securian Financial, is available upon hire (there is no waiting period). 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.

During Open Enrollment:

- You must provide Evidence of Insurability (EOI) if you request an amount of insurance over the nonmedical limit – the lesser of two times your annualized earnings or \$150,000.
- Coverage below the non-medical limit amount will be effective July 1, 2023.
- Coverage above the non-medical amount, which is subject EOI, will be effective July 1, 2023, 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.

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.

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 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.

Online Enrollment

Login instructions for myOhio.gov:

- Go to myOhio.gov.
- Enter your OH|ID 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 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. The initial user ID is "OH" plus your OH|ID 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.

Supplemental Life Enrollment for Union-Represented Employees

To enroll in supplemental life for union-represented employees, review the instructions at 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

Optum Bank, a part of

Optum Financial

844-449-4540

OptumBank.com/myOhioHSA

Telehealth

LiveHealth Online

888-548-3432

LiveHealthOnline.com

Prescription Drug

OptumRx

866-854-8850

OptumRx.com

Rx Group Number: STOH

Behavioral Health

Optum Behavioral Solutions

800-852-1091

LiveAndWorkWell.com

Group Number: 1507

Website Access Code: 00832

Ohio Employee Assistance Program

ComPsych

800-221-6327

GuidanceResources.com

Web ID: OhioEAP

Take Charge | Live Well

Virgin Pulse

833-977-2074

Join.VirginPulse.com/StateofOhio

Flexible Spending Accounts and Commuter Benefits

Optum Financial

844-881-7147

MyOptumFinancial.com/StateofOhio

OFOhio@Optum.com

Exempt Employees Only

Dental

Delta Dental of Ohio

800-524-0149

DeltaDentalOH.com

Delta Dental PPO POS

Group Number: 9273-0001

Vision

EyeMed Vision Care

888-838-4033

EyeMed.com

Group Number: 1016475

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 OH|ID Workforce 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

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

All Employees

Ohio Department of Administrative Services

DAS Employee Benefits Management Team

614-466-8857 (option 2) or

800-409-1205 (option 2)

das.ohio.gov/Benefits

myBenefits@das.ohio.gov

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.

TTY phone numbers will be available in the online version of the MyBenefits Guide.



Ohio Department of Administrative Services

State Human Resources Division
30 E. Broad St., 40th Floor
Columbus, OH 43215

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 > **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.