

Although the user group presentation covered multiple topics, the majority of the questions raised were regarding Open Enrollment and/or benefits processing. The answers are grouped below.

Open Enrollment

1. Can you explain what the difference between plan and administrator means to employees, specifically?

PLAN refers to the level and type of benefits provided (Ohio Med). ADMINISTRATOR refers to which vendor pays the claims (UHC or Medical Mutual).

2. If an employee enrolls for the first time during OE (on-line) will the system automatically put the employee into the correct plan based on zip code. So, they won't have an option to choose the wrong plan.

Correct. When the employee logs into the Benefits Enrollment screen, they will see only the TPA for which they are eligible based on their home zip code.

3. Will eBenefits be available after May 16th for the extended enrollment period?

No, eBenefits for Open Enrollment will close on May 16th. Employees wishing to enroll a dependent during the extended enrollment period (through May 25) must coordinate with their agency benefits specialist.

4. Does an employee who is not making any changes need to do anything during Open Enrollment?

No, employees will be automatically assigned to their new TPA based on home zip code.

5. Is the 2010 Pathways a good guide for employees to use as a reference for the Ohio Med Plan that will be in effective July 1, 2011?

Yes, this is a good starting point; updated charts and descriptions will be included in the 2011 Pathways.

6. Will there be one website for Ohio Med or will each TPA have a separate website?

Each TPA will have a separate website.

7. When we receive medical cards will it read Ohio Med or United Health?

The new medical cards issued prior to the start of the new plan year will identify the state plan, Ohio Med, and the appropriate administrator (either UHC or Medical Mutual) based on the first three digits of your home zip code.

8. Will there be different ID cards for the 2 TPAs?

Yes. Each TPA has a unique card, customer service number and group number.

9. Will everyone receive new ID cards?

Yes.

10. Is there a zip code list for TPA assignments?

Yes, the list was included with the January 2011 TPA letter and will be included in the Open Enrollment edition of Pathways.

11. When will new rates be available?

Rates will be included in the Open Enrollment Pathways.

12. Have the rates increased by a certain percentage?

Due to the multiple plans offered prior to July 1, 2011, employees may experience either a rate increase or decrease.

13. If an employee is currently enrolled in Ohio Med (Medical Mutual) and has been identified as moving to the UHC TPA, will they need to select a UHC provider for services after July 1, 2011?

Yes. If their current doctor is not part of the UHC network, the employee may be able to file an appeal; specific procedures related to the appeals process are not yet available. Also note that it has been identified that a vast majority of employees will be able to continue seeing the same doctors as both are in the Medical Mutual and UHC networks.

14. Are the current UHC and Medical Mutual directories a good resource for employees to determine if their doctor will be a network provider?

Yes. Online directories provide current providers.

15. Is the Pharmacy mail order program changing from IPS to Walgreens?

No, general mail order remains with IPS, only specific speciality drugs (information is available on the BAS website) are required to utilize the Walgreens mail order.

16. What if someone is in need of surgery in July and their doctor is not in their TPA?

Requirements are currently being developed.

17. Who will be the third party administrator for employees that currently work **outside** the State of Ohio?

United Healthcare

18. Will employees that work **outside** of the State of Ohio be able to appeal to keep Medical Mutual or have their third party administrator changed from United Healthcare to Medical Mutual?

Yes, however, keep in mind that if the appeal is approved, their TPA will revert to UHC beginning July 1, 2012.

19. If someone wants to appeal the TPA, how long will this process take?

Requirements are currently being developed.

20. Page 19 – Glossary COPAY – Copays do not count towards you annual deductible. OUT OF-POCKET MAXIMUM – Check with your medical plan to determine if medical plan copays apply toward your out-of-pocket maximum How can copays not count towards you annual deductible but possibly could count towards of out-of-pocket maximum?

The deductible is a separate amount that must be met before any benefit is paid.

Dependents

1. Are student verifications required now thru June 30? What is the process for students whose birthdays are in June?

Student certifications are still needed for dependents ages 19 to 23 for dental/vision coverage only. While submission of documentation is no longer required, the requirement of student status remains for dental/vision coverage and employees should still collect the student certification documentation on behalf of the dependent.

Submission of student certification will no longer be required for medical coverage beginning with the July 1 plan year.

Random audits will be conducted by HRD in the future. Details will be shared soon.

2. Will dependents who have June birthdays need to supply documents?

Dependents with June birthdays currently on the medical plan will automatically be included for July 1, 2011. Dependents in the dental/vision plans will automatically maintain coverage, but documentation of student status must be submitted by June 30th in order to continue with coverage.

3. Are dependent social security numbers required? I think I remember being told last year that if employees did not want to provide socials for their dependent children, they didn't have to. I could be wrong just would like clarification.

Yes, social security numbers for dependents are still required. The employee should submit documentation to their agency benefits specialist as soon as it is available for newborns/adoptions; for all other dependents the SSN should be submitted at the time pending proof documentation is turned in.

Note: DAS will be working with agencies in the coming weeks to clean up the ~5,000 dependents showing in the system without a valid SSN.

4. Will dependents 19 thru 24 have to live with the employee and live in the state of Ohio?

Overage dependents age 19 to 26 have no restrictions regarding residency or marital status to be covered for health benefits.

5. Is student verification needed for under age of 26?

Student certifications are still needed for dependents ages 19 to 23 for dental/vision coverage only. While submission of documentation is no longer required, the requirement of student status remains for dental/vision coverage and employees should still collect the student certification documentation on behalf of the dependent.

Submission of student certification will no longer be required for medical coverage beginning with the July 1 plan year.

Random audits will be conducted by HRD in the future. Details will be shared soon.

6. Can you please explain about the 31 days for HB1 dependents in May.

The 31 days for dependents for Open Enrollment does not apply to HB1. The time extension is for dependents up to the age of 26 and is required under Federal health care reform to add dependents on to the employee's health care.

7. Vital Statistics in Franklin County is advising parents that their newborns' birth certificates may not be received until 8-10 weeks out. If we wait on this documentation to enroll a newborn, they may not have coverage for, literally, months.

A letter from the hospital certifying the birth may be used to add a newborn dependent until a birth certificate is received.

8. So dependent children that live in another state are NOT covered up to age 26 for medical but step-children are?

Dependent children, whether biological or step, are not required to reside in Ohio for coverage to age 26 for health benefits.

9. If a dependent is married, is it a stipulation that the spouse does not have job that offers insurance?

A dependent may be added to the plan up to age 26 regardless of marital status, residency, or the eligibility for other insurance.

10. Do dependents 19 - 25 have to be a student to be covered under medical?

It depends. Student certifications are still needed for dependents ages 19 to 23 with for dental/vision coverage only. While submission of documentation is no longer required, the requirement of student status remains for dental/vision coverage and employees should still collect the student certification documentation on behalf of the dependent.

Submission of student certification will no longer be required for medical coverage beginning with the July 1 plan year.

Random audits will be conducted by HRD in the future. Details will be shared soon.

11. Currently under House Bill 1, there is a rather large additional premium for each overage dependent . In regard to the Reform changes, are dependents between the ages of 19 thru 25 able to be added at no additional premium cost or are there additional premiums for each overage dependent under the Reform as is under the House Bill?

Dependents aged 19 through 25 may be added to existing family coverage for no additional premium. If the policy holder is under Single coverage, there will be an additional cost to move to Family coverage. If currently covered under HB1, covered dependents that are under age 26 will automatically be enrolled.

12. Regarding dependent eligibility - slide 5 indicates HB1 can be enrolled through the end of the month that the dependent turns 28. Is this correct?

Yes.

13. Are dependents required to be Ohio residents?

Not if under the age of 26; dependents could be required to be Ohio residents for purposes of HB1 coverage.

14. When are eligibility documents for added dependents due?

Eligibility documents may be submitted up to July 29, however, we recommend that the documents be provided by June 3 the agency benefits specialist to ensure that dependents are included on the initial eligibility file to the TPAs for the start of the plan year.

15. How long does it take to approve eligibility documents for added dependents after submission?

It is recommended that all eligibilty documents be provided by June 3 to the agency benefits specialist to ensure that they are included on the initial eligibility file for the beginning of the new plan year. Eligibility documents should be provided in a complete packet to and approved by the agency within 24 hours of submission by the employee.

16. Will it be the employee's responsibility to add those dependents 25 and under who had been removed from coverage because they did not qualify as a student?

Yes.

Dental/Vision Coverage

1. Is vision and dental coverage staying the same for all for all employees?

There is no change to vision and dental for exempt or bargaining unit.

Take Charge! Live Well!

1. Is this [new *Take Charge! Live Well!* Incentive] for your spouse also \$75.00?

Spouses are eligible to receive incentives as well.

2. Regarding TCLW incentives; if I am not a smoker, how will I qualify for the 2nd \$100 incentive?

After completing the HRA or Biometric screening, the employee would be eligible to participate in the health coaching programs (diabetes, weight mgmt, smoking cessation if eligiible). Employees will receive \$25 after first health coaching call and the remaining \$75 after completing 3 additional calls; the 3 remaining calls are completed in one program not one call in each of the 3 programs. This is for four calls in one program area. The state is focusing incentives to assist employees that diabetic, overweight or are smokers. Not all employees may be eligible for the second \$100 incentive.

3. Regarding the health coaching, what if you are receiving coaching currently as part of a program, such as a registered dietician or through Central Ohio Nutrition Center? Does this count?

The coaching can only be through APS.

Cobra

1. How does the Health Care Reform effect Cobra for dependents up to age 26?

Dependents who turn age 26 will have two options in relation to medical coverage; one option would be to enroll as an HB1 Dependent for medical or the other option would be to elect COBRA for medical.

2. Does Cobra cover the same rules for the TPA letter?

If this question is referring to whether there will only be two medical carriers in relation to COBRA coverage the answer to that question is "Yes". COBRA will have the same two TPAs and plans as the active population.

3. COBRA benefits will only be provided to those dependents who were student dependents before July 1, 2011. New dependents at the age of 19 through 26 will not have dental or vision coverage.

Dependents who are removed from coverage during Open Enrollment are not eligible for COBRA coverage. The following are qualifying events for a spouse and dependent child of a covered employee if they cause the spouse or dependent child to lose coverage: Termination of the covered employee's employment for any reason other than "gross misconduct"; reduction in hours worked by the covered employee; covered employee becomes entitled to Medicare; divorce or legal separation of the spouse from the covered employee; or death of covered employee. In addition to these items the following is a qualifying event for a dependent child of a covered employee if it causes the child to lose coverage: Lose of "dependent child" status under the plan rules.

New dependents age 19 through 23 will need to be a student in order to continue coverage under the dental or vision plans. If they were enrolled in coverage and no longer meet the plan eligibility criteria of a "dependent child" they would then be offered COBRA coverage if the plan were notified by the employee or qualified beneficiary within 60 days of the latter; the date on which the qualified event occurs or the date the qualified beneficiary loses coverage under the plan as a result of the qualifying event.

Benefits Processing

1. Is there a query for dependents with missing SSN?

The existing query, OH_BN_ENROLLED_DEP_NO_SSN, has been removed and replaced with OH_BN_ENROLLED_DEP_BAD_SSN effective April 6, 2011.