Brought to you by OhioDAS and the Joint Health Care Committee

FALL 2010 EDITION

Pathways

your path to wellness

Flu Vaccines
Mail-Order Prescriptions
Flexible Spending Oct.1-16
Success Stories
Benefits Communications
Survey Results

OhioDAS
Service · Support · Solutions

2011 At A Glance

JANUARY
- W-2's are coming
- New specialty drug program
- New Flexible Spending Account (FSA) plan year

FEBRUARY
- Heart Health Month
- *Take Charge! Live Well!* (TCLW)

MARCH
- FSA Deadline for 2010 claims is March 31, 2011

APRIL
- Prepare for Benefits Open Enrollment, update your personal data

MAY
- 2011 Benefits Open Enrollment

JUNE
- TCLW year ends June 30, 2011
- Annual exams for kids

JULY
- New benefits year begins

AUGUST
- Dental Health Month

Thank you for participating in the 2010 State Benefits Communications Survey! We heard from more than 3,100 employees and are working to implement processes to improve your benefits communications.

In 2011, we hope to offer each State of Ohio employee the choice to opt-out of in-home mailings. We are developing processes to enable employees to utilize Self Service capabilities to enter an email address to receive benefits communications and opt-out of in-home mailings. This is not just a "green initiative" but a result of the feedback we received from you. For more detailed survey results visit page 18.

We have learned a great deal from all who participated in the survey and are excited to hear from more of you when we conduct future surveys.

Here are some of the topics that are of most interest to you:

- Healthy eating management/quick recipe ideas
- Medical plan discount offers to workout facilities
- Stress Management and Preventive care measures
- *Take Charge! Live Well!* incentive reward money
- Obtaining information about specific health care concerns to include mental health issues, prostate cancer and other men's health issues, breast cancer and other women's health issues, diabetes management and dependent eligibility enrollment.

In 2011, look forward to receiving a new and improved format of Pathways. We will provide you with more of the topics you want to learn more about.

Share your thoughts on this and other benefits communications by contacting the DAS HCM Customer Service Unit by email at *DASHRD.HCMOAKSSUPPORT@das.state.oh.us* or by phone at 614.466.8857 or 1.800.409.1205.

Thank you and have a healthy autumn!!

Flexible Spending Account Program Open Enrollment Oct. 1 - 16

Is your child in day care? Are you planning a medical procedure? Take prescriptions every month? Wear glasses or contacts? The use of Flexible Spending Accounts, or FSAs, can save you money.

FSA is a broad term to describe an account that allows employees to use tax–free money to pay for day care expenses and for health care expenses that are not covered by insurance. The state offers two accounts. A Health Care Spending Account (HCSA) and a Dependent Care Spending Account (DCSA).

How does it work?
You elect a dollar amount to be put into either one or both of the state's two Flexible Spending Accounts through your payroll deduction. Elections are made one time per year during Open Enrollment. This year's Flexible Spending Account Open Enrollment will take place between Oct. 1 and 16. The amount you choose will be deducted over twenty-four (24) pays and will reduce your taxable income by the total amount in the account(s), resulting in a reduction of the amount of federal and state taxes you would have to pay. Another benefit is that all amounts contributed to a HCSA or DCSA are tax exempt. Medical expenses that exceed 7.5 percent of an employee's adjusted gross income can be deducted on your income taxes if you choose not to participate in a HCSA account.

2011 At A Glance

SEPTEMBER
- Get a flu shot
- National Cholesterol Education Month

OCTOBER
- FSA Open Enrollment
- Breast Cancer Awareness Month
- National Depression Screening Month

NOVEMBER
- National Diabetes Month

DECEMBER
- Use your remaining FSA money

Ted Strickland,
Governor

Hugh Quill,
Director

Ohio Department of Administrative Services
Human Resources Division
ohio.gov/employeebenefits

FLEXIBLE SPENDING

Employees may increase or decrease contributions within 30 days of a qualifying event.

The money in the FSA accounts is available for use during the 2011 calendar year. Funds in the account(s) must be used to pay for the expenses in that account(s) only. In other words, you cannot pay for dependent care costs with your health care spending account funds as it is a dependent care spending account item.

Who is eligible?
Full and Part time permanent employees who are not on probation are eligible for enrollment in the HCSA. Once off probation, employees have 30 days to enroll. Employees may participate in the DCSA upon employment at the state. A married participant's spouse must be a student, working full-time or part-time or looking for employment to be eligible for the DCSA.

What are considered eligible expenses to be paid by FSAs?

HCSA eligible expenses include but are not limited to:

- Doctor's office visit copays, drug copays and coinsurance
- Certain vision and dental expenses
- Certain over-the-counter (OTC) products.

NEW FOR 2011: some OTC products may be reimbursed, but items that are taken orally or applied topically may need a doctor's prescription to be considered an HCSA eligible expense.

DCSA eligible expenses include but are not limited to:

- Child care and elder care costs for daycare; adult day care and other expenses related to caring for your dependents. Remember that with DCSAs eligible dependents include not only eligible children but also eligible dependent parents and grandparents.

What expenses are considered ineligible expenses?

HCSA ineligible expenses include but are not limited to:

- Cosmetic procedures, treatments and other services that are directed at improving appearance and that do not meaningfully promote the proper function of the body or prevent or treat illness or disease
- Illegal operations or treatments
- Health insurance premiums
- Expenses reimbursed or reimbursable by another source.

DCSA ineligible expenses include but are not limited to:

- Tuition and overnight camp expenses
- Clothing, food and entertainment costs
- Transportation to educational sites and institutions

If I don't use it, do I lose it?
Yes. You must use all of the money set aside in these accounts by the close of the calendar year, or you will forfeit the remaining amount. On average, only two percent of the account holders leave money in their account at the end of the year, and the amount tends to be minimal. However, to make sure your money will be completely used, carefully determine how much money you will put in your account by utilizing the HCSA and DCSA Estimate Worksheets available online at *das.ohio.gov/fsa2011*.

Can I increase or decrease contributions during the year?
The amount of the bi-weekly contributions cannot be increased or decreased during the year unless there is a family-status change such as a marriage or birth of a child. Employees may increase or decrease contributions within 30 days of a qualifying event.

CONTENTS

FLEXIBLE SPENDING 4
MEDICAL 7
FLU VACCINES 8
MAIL-ORDER PRESCRIPTIONS 10
BENEFITS OF MAIL-ORDER 12
PHARMACY UPDATE 13
LONG-TERM CARE INSURANCE.....14
TAKE CHARGE! LIVE WELL! 16
SUCCESS STORIES 17
BENEFITS SURVEY RESULTS.....18
LEGAL NOTICES 19
IMPORTANT CONTACTS 22

FLEXIBLE SPENDING

Employees can enroll in the health care spending account and/or dependent care spending account during open enrollment, Oct. 1-16.

Important Updates for 2011

- The IRS has placed limits on certain OTC products, which may impact the amount you wish to deduct from your account.
  - For more information, visit the following website:
    - Flexible Benefit Plan Guide *FSA Reference Guide*
- There is now a minimum per pay contribution of $10 biweekly and $20 monthly for the Health Care Spending Account
- For employees on a bi-weekly pay schedule, deductions will be taken from the first 24 pay periods of the calendar year. No deductions will be taken after the 24th paycheck.

Interested in enrolling in a FSA?
Employees can enroll in the health care spending account and/or dependent care spending account during open enrollment, Oct. 1-16. To learn more, visit:

- DAS Benefits: *das.ohio.gov/flexiblespendingaccount*
- Fringe Benefits Management Company (program vendor) *myfbmc.com*
- FBMC Customer Service 800.342.8017

ADULT IMMUNIZATIONS

When Was Your Last Immunization?

Some adults incorrectly assume that the vaccines they received as children will protect them for the rest of their lives. Generally this is true, except that most adults need to be vaccinated, due to:

- Some adults were never vaccinated as children
- Newer vaccines were not available when some adults were children
- Immunity can begin to fade over time
- As we age, we become more susceptible to serious disease caused by common infections (e.g., flu, pneumococcus)

Which Vaccines Do I Need?

The specific immunizations you need as an adult are determined by factors such as your age, lifestyle, high-risk conditions, type and locations of travel, and previous immunizations. Throughout your adult life, you need immunizations to get and maintain protection against:

- *Seasonal influenza (flu)*
  Generally, anyone who is 6 months old or older can benefit from the protection of a flu vaccination.
- *Tetanus, diphtheria and pertussis (whooping cough)*
  Adults up to 64 years of age, one booster dose
- *Shingles*
  Adults 60 years of age and older
- *Pneumococcal disease*
  Adults 65+ years of age and adults with specific health conditions
- *Human papillomavirus (HPV) infection*
  Women 26 years and younger

Other vaccinations that may be needed include those that protect against hepatitis A, hepatitis B, chickenpox (varicella), measles, mumps and rubella.

Talk to your primary care physician about the vaccinations you need. If you don't have a primary care physician, contact your health plan for assistance in finding one convenient for you.

For additional information on recommended immunizations for adults, see the Centers for Disease Control and Prevention site at:
cdc.gov/mmwr/PDF/wk/mm5901-Immunization.pdf.

Source: Centers for Disease Control and Prevention

FLU VACCINES

State of Ohio employees and their dependents who are covered under a State health plan are eligible to receive a free annual flu vaccination.

Flu Vaccines
The Centers for Disease Control (CDC) advises that everyone six months old and older get a flu vaccination each year. This year's seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. The all-in-one flu vaccine will protect against 2009 H1N1, and two other influenza viruses (an H3N2 virus and an influenza B virus). The viruses in the vaccine change each year based on experts' estimations about which types and strains of viruses will circulate in a given year.

Individuals are encouraged to get a flu vaccination between September and December. The timing and duration of influenza seasons vary. While influenza outbreaks can happen as early as October, most flu activity peaks in the month of January or later. About two weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

Free Flu Vaccination Options
Employees and their dependents enrolled in a State of Ohio medical plan are eligible to receive a seasonal influenza vaccine at $0 co-pay through their medical plan benefit.

Medical plan members may obtain a flu shot from an in-network medical provider, such as a primary care physician or retail walk-in clinic. When using a retail clinic, make sure that the flu shot is provided by the clinic itself and not by the store's pharmacy or an outside vendor that is on-site for the day. ***Flu shots given by a pharmacy are not in your medical plan's network, and you are responsible for the entire cost. Check with your health plan provider for specific locations of in-network providers.***

The following retail clinics are in-network for the State's health plans. This list is not exhaustive and does not constitute an endorsement of the provider.

- **Minute Clinic** (*minuteclinic.com/flu*):
  Aetna, Medical Mutual, United Healthcare
- **Take Care Clinic** (*takecarehealth.com/flu-shot-landing-page.aspx*):
  Aetna, United Healthcare
- **The Little Clinic** (*thelittleclinic.com*):
  Aetna, Medical Mutual, United Healthcare

Free Worksite Flu Clinics
The Department of Administrative Services is offering flu vaccination clinics provided by the Ohio State Medical Center, Department of Occupational Medicine. Employees who are enrolled in a State of Ohio health plan may receive these flu shots at no cost. Employees not enrolled in a State health plan may receive a flu shot at the clinic for $26.

COLUMBUS-AREA WORKSITE FLU CLINICS INCLUDE:

William Green Building	10/13
Rhodes State Office Tower	10/21
Rhodes State Office Tower	10/27
Rehabilitation Services Commission	11/3
4020 E. 5th Avenue	11/10
Agriculture	11/17

Flu Vaccinations at Nominal Cost
Employees who do not have medical insurance with the State of Ohio and those covered by the State's medical insurance who seek options other than those listed above may wish to exercise one of these options:

- Retail Walk-in Clinics offer flu shots for a nominal fee
- County health departments: Many county health departments offer flu shots. Check with your county for details.
- Some agencies offer work-site flu vaccination clinics for a fee, and the cost charged at these clinics varies based on the provider. Check with your agency for more information.

FLU VACCINES

The Centers for Disease Control and Prevention website is an excellent resource for information about the flu. Please visit cdc.gov/flu.

Need More Information
Contact your medical plan with questions about coverage and to locate an in-network provider.

The Centers for Disease Control and Prevention website is an excellent resource for information about the flu. Please visit *cdc.gov/flu*.

To learn more about the free work-site flu clinics visit the Department of Administrative Services Benefits Administration Services web site *das.ohio.gov/benefits*.

Source: Centers for Disease Control and Prevention

Watch Your Mail for Important Information About your Prescription Drug Benefits!

Important changes are coming that may affect a prescription that you or a family member is currently taking. Recent drug trend analysis shows a high volume of costly, non-preferred brands are being prescribed where equally effective but lower cost options exist for the following drug classes:

- Allergies
- Depression
- High Blood Pressure
- Insomnia
- Migraines
- Osteoporosis
- Ulcers and heartburn

Catalyst Rx's Formulary Optimization Edits (FOE) program aligns the formulary to help members reduce out-of-pocket costs while plan sponsors gain more ways to manage drug trend and keep your benefits affordable. The FOE program will:

- Reduce pharmacy costs while maintaining a high quality of care
- Enable members to transition prescriptions from non-preferred to preferred medications without interruptions in therapy
- Minimize member disruption through a proactive member and physician communication campaign

Beginning Oct. 1, 2010, pharmacies will receive messaging that identifies a drug that will be classified as non-preferred on Jan. 1, 2011. At the same time, a multi-phased communication campaign will begin for all members taking the targeted drugs. If you or a family member are taking one of the targeted drugs, you will be notified by mail so that you may discuss alternatives with your physician before the changes take effect.

Beginning Jan. 1, 2011, targeted drugs will be implemented as non-preferred. Members have three choices at that time:

1. Obtain the generic or preferred brand (or over-the-counter (OTC) if available)
2. Pay 100% of the cost for non-preferred brand
3. Initiate a Prior Authorization for the non-preferred brand

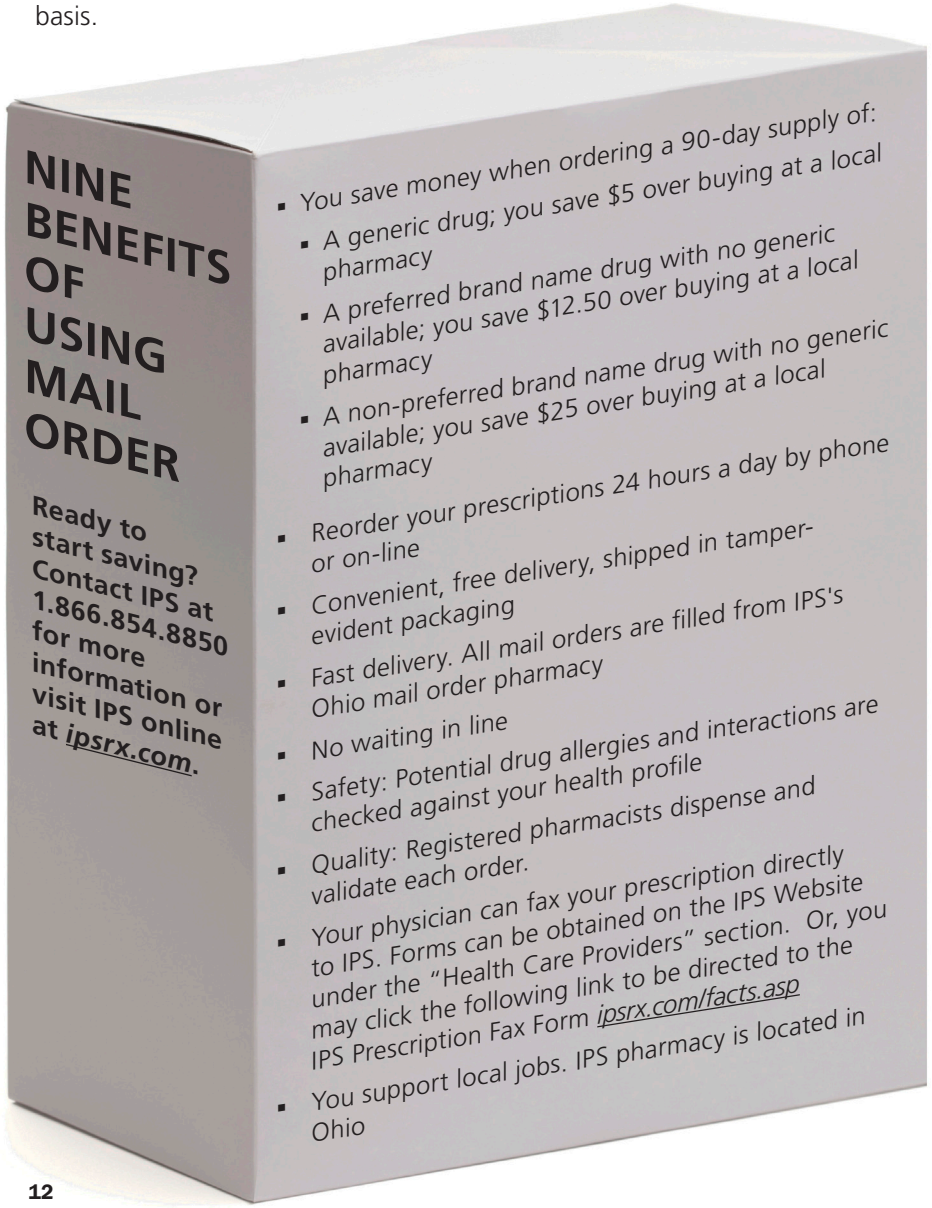
In addition to the FOE program, Catalyst Rx will conduct their annual review of drug classes and may make formulary adjustments beginning Jan. 1, 2011. You will receive a new “pocket formulary” in the mail in late November or early December.

PRESCRIPTION BENEFITS

Important changes are coming that may affect a prescription that you or a family member is currently taking.

Benefits of Ordering Your Maintenance Drugs by Mail

Catalyst Rx, your pharmacy benefit manager, can help you save money and enjoy the convenience of prescription home delivery through Immediate Pharmaceutical Services, Inc (IPS). The mail service program is ideal for members who need to refill the same medications on a regular basis.



New Additions to $5 per Month Heartburn Medications

As of Sept. 1, 2010, several additional over-the-counter (OTC) agents were added to the Catalyst Rx formulary. Your first 30-day supply of an OTC agent is FREE when you present a prescription at the pharmacy and refills are only $5 per 30-day supply. You can also receive up to a 90-day supply through mail service for a $12.50 copayment. These medications, called proton pump inhibitors (PPI), are listed in the chart below along with the list of medications that require step-therapy before they will be approved. Step therapy is a requirement that OTC products must be tried before the more expensive, prescription-only drugs will be approved for use.

STATE OF OHIO PPI COPAYMENT STRUCTURE
(EFFECTIVE 09/01/10)

Medication	Retail Copayment 30-day supply	Mail Service Copayment 90-day supply
Prilosec OTC®	1st fill free then $5	$12.50
omeprazole OTC	1st fill free then $5	$12.50
Prevacid 24 hr OTC (15 mg) ®	1st fill free then $5	$12.50
Zegerid OTC®	1st fill free then $5	$12.50
omeprazole/sodium bicarb OTC	1st fill free then $5	$12.50
lansoprazole (generic Prevacid)	$10	$25
omeprazole (generic Prilosec)	$10	$25
+AcipHex®	$50	$125
+Dexilant®	$50	$125
+Nexium®	$50	$125
+Protonix® and pantoprazole	$50	$125
+ Vimovo®	$50	$125
+Prevacid® (Rx version)	$50 plus the difference between brand and generic cost	$125 plus the difference between brand and generic cost
+Prilosec® (Rx version)	$50 plus the difference between brand and generic cost	$50 plus the difference between brand and generic cost
+Zegerid® (Rx version)	$50 plus difference the between brand and generic cost	$125 plus difference between brand and generic cost

+ Step therapy is required with a 30-day trial of a generic or OTC agent

Voluntary Group Long-term Care Insurance

The State of Ohio has partnered with The Prudential Insurance Company of America to offer a new Group Long-term Care Insurance Plan effective Oct. 1, 2010.

The need for long-term care services can occur at any point during your life, due to accident or illness.

Long-term care refers to a wide range of personal care (such as bathing, dressing, eating, toileting, transferring and continence), health care and social services for people of all ages who have a chronic disease or long-lasting disability. Long-term care is sometimes referred to as custodial care.

Long-term Care Insurance helps to cover the cost of long-term care you might need in the event of an accident, illness, or through the normal effects of aging; most of which are not covered by traditional health insurance, disability benefits, or fully covered through government programs like Medicare and Medicaid. Long-term Care Insurance helps you pay for care received in nursing homes, alternative care facilities, adult day care centers and your home.

Costs for long-term care services vary greatly depending on the type and amount of care you need, the provider you use and where you live. According to the Genworth 2010 Cost of Care Survey, the average costs in Ohio are:

- A semi-private room in a Nursing Home $186/day
- A private room in a Nursing Home $205/day
- Care in an Assisted Living Facility $3,278/month
- A Home Health Aide $19/hour
- Homemaker services $18/hour
- An Adult Day Care Center $50/day

The Prudential plan offers peak protection and also provides a Home Support Benefit that allows the insured to be reimbursed for expenses such as assistive devices or technology, caregiver training, durable medical equipment, emergency medical response system, home modifications and transportation services during the waiting/deductible period. It also offers a Cash Alternative Benefit that pays a monthly fixed benefit to you in lieu of reimbursement of any other Institutional Care or Home Care benefits. In addition there is an International Benefit for eligible charges for care you receive outside the United States.

This insurance covers qualifying expenses that result from a loss of functional capacity, which must have occurred after the effective date of your long-term care insurance.

You are eligible for Long-term Care Insurance (LTCI) if you are either a permanent full-time employee or a permanent part-time employee working 20 hours or more per week. If you are eligible for LTCI, your spouse, parents, parents-in-law, grandparents, siblings and adult children are also eligible. These eligible individuals may enroll for LTCI even if you do not.

Enrollment in the new Prudential LTCI plan is available at any time throughout the year to eligible state employees and their qualified family members with proof of good health. Eligible new hire employees can enroll within 31 days of hire without evidence of insurability.

There is a 10% discount for a married employee and/or spouse enrollment. Also, employees and their qualified family members can select a direct billing method, which provides discounts for semi-annual and annual payments. Employees can also select the monthly Electronic Funds Transfer (EFT) option and have the premium withdrawn automatically from their checking or savings account.

For questions about Long-term Care Insurance or to request an enrollment kit, contact Prudential at 1.800.732.0416, Monday through Friday between 8 a.m. and 8 p.m. (ET). To learn more about the new Prudential Long-term Care Insurance offering, log on to:

Website: prudential.com/gltcweb
User ID: stateofohio
Password: buckeyes

The Joint Health Care Committee members from OCSEA are:

CAROL BOWSHIER
Labor Co-Chair
KATE CALLAHAN
State Board of Directors
Ohio Department of Transportation
MAL COREY
Rehabilitation and Correction
DEBRA KING-HUTCHINSON
State Board of Directors
Ohio Department of Jobs and Family Services
LOUELLA JETER
State Board of Directors
Public Safety
LAWRENCE McKISSIC
Bureau of Workers Compensation

JHCC members from other public employee unions:

MARTY BARD
CWA
JOEL BARDEN
FOP
DOMINIC MARSANO
SCOPE/OEA
BARBARA MONTGOMERY
SEIU 1199
NIKKI SNEAD
Ohio State Troopers Association

Management Members are:

JAN ROEDERER
Rehabilitation Services Commission
JIM KNIGHT
Department of Administrative Services (DAS) Office of Collective Bargaining
AMY HAGER
Department of Youth Services
KEN KIRKSEY
Employee Assistance Program
LAURA STEHURA
Department of Rehabilitation and Correction
DAVID LONG
DAS Office of Collective Bargaining
MIKE D'ARCY
DAS Office of Collective Bargaining
BOB PETERING
Department of Aging
TONI BROKAW
Bureau of Workers' Compensation
KATE NICHOLOSN
(Co Chair)
DAS Office of Collective Bargaining
JUDY TSE
DAS Benefits Administration Services

TAKE CHARGE Live Well!

Get $50 (again!)

Annual health assessment deadline is Nov. 30
Complete your annual health assessment by November 30 and earn $50. When you and your spouse are enrolled in a state medical plan, each of you can earn $50 by taking the annual health assessment.

Your annual health assessment gives you an easy-to-understand snapshot of your current health condition - and risks. Print your personalized wellness report, and share it with your doctor. Then call your APS health coach for help designing a step-by-step plan just for you. When you enroll in coaching, you earn another $50 award.

Complete your health assessment online at APS Healthcare (http://stateofohio.apshealthcare.com). Or call APS at 866-272-5507 to request a paper copy and for assistance with the online assessment. ***HEALTH ASSESSMENTS MUST BE COMPLETED ONLINE OR POSTMARKED BY NOVEMBER 30, 2010***. For more information, visit ohio.gov/tclw.

You have until June 30, 2011 to earn other *Take Charge! Live Well!* incentives for participating in health coaching, worksite health screenings and completion of an online digital coaching program.

TAKE CHARGE! LIVE WELL!
Success Stories from Across the State

Michelle Hopkins
Ohio Attorney General's Office, Cincinnati

I was in fairly good health until several years ago when I was diagnosed with an underactive thyroid which caused me to gain weight. Plus, I started to see signs in my own health of the beginning stages of a number of serious medical conditions that ran in my family. As a single mother, this was very scary to me.

This past January, several of my relatives and I decided to participate in the Susan G. Komen 3-Day for the Cure event in the fall of 2010. We will walk 60 miles in three days – a pretty tall order! When the State of Ohio walking challenge began, I pounced on it! I thought what better way to help me stay on track in my training for the three-day event. And, it has. I have become obsessive about wearing my pedometer every day and tracking my steps. I have racked up 388.2515 miles (856,979 steps) since May.

I am very thankful for the walking challenge, because it has helped keep me focused and on track, not just with my 3-Day training but as a constant reminder to stay healthy and active in whatever way possible. Every little bit helps. I am not a poster child, because I am not perfect and I still struggle, but I'm learning that the fight is worth it. There are times when I just don't want to walk or exercise and sometimes I don't, but most of the time I make myself, and I'm always glad that I did. It can be a difficult journey and trying at times, but the sense of accomplishment makes the continuous struggle worthwhile.

Caroline Anderson, Montgomery Developmental Center

I started my healthy living journey at 355 pounds and am now down to 316 pounds and still going. I just decided one day that I needed to lose the weight or die. I decided I was going to do it by changing my eating habits and working out. I started a diet 17 years ago and that was the last time I ever thought about losing weight. I started with the Biggest Loser challenge at our worksite. This raised morale in the workplace, and has helped me personally. I am going to continue my journey with help and support from my family and co-workers.

2010 State Benefits Communications Survey Results

66%

66% of you were prompted throughout the year to take action and participate in the APS Healthcare Health Assessment.

53.8%

53.8% of you were prompted throughout the year to learn more about a particular health care benefit/subject due to the Benefits Communications you received.

61.1%

61.1% of you would (if given the option) opt out of in-home mailings and would prefer electronic delivery.

57.3%

57.3% of you found Health Screenings to be the most beneficial *Take Charge! Live Well!* activity to participate in.

53.8% of you were prompted to take action and visit the Benefits website for further information.

53.8%

59.1%

59.1% of you would likely access your State Benefits Communications outside of work if you had access to a computer.

LEGAL NOTICES

CREDITABLE COVERAGE DISCLOSURE:

Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage, effective July 1, 2010 to June 30, 2011, with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The State of Ohio has determined that the prescription drug coverage offered by Catalyst Rx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current State Of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by Catalyst Rx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to *das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/Pharmacy/tabid/202/Default.aspx* for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during open enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

July 1, 2010
State of Ohio
DAS Benefits Administration, Pharmacy Benefits Manager
30 East Broad, 27th Floor, Columbus, OH 43215
1.800.409.1205

IMPORTANT CONTACTS

TIP:
When placing your calls, make sure you have the documentation you might need during the call.

- Group Number
- Employee ID Number
- Explanation of Benefits

Benefits Contacts

Human Capital Management
Customer Service
1.800.409.1205
614.466.8857
ohio.gov/employeebenefits

Union Benefits Trust
1.800.228.5088
614.508.2255
customerservice@benefitstrust.org
www.benefitstrust.org

Health and Pharmacy Benefits

Aetna HMO **1.800.520.4785**
www.aetna.com/stateohioemployee
Group Number 619316

Catalyst Rx **1.866.854.8850**
www.catalystrx.com
Group Number STOH

Ohio Med PPO **1.800.822.1152**
www.mmoh.com
Group Number 228000

Paramount HMO **1.800.462.3589**
www.paramounthealthcare.com
Group Number 030291

The Health Plan HMO **1.800.624.6961**
www.healthplan.org
Group Number 0141

UnitedHealthcare HMO **1.877.442.6003**
www.myuhc.com
Group Number 702097

Mental Health and Substance Abuse
United Behavioral Health **1.800.852.1091**
www.liveandworkwell.com
Group Number 00832
Code 00832

Fringe Benefits Management Company (FBMC)
www.myfbmc.com **1.800.342.8017**

Aetna Long Term Care **1.800.537.8521**

Take Charge! Live Well!

APS Healthcare **1.866.272.5507**
http://stateofohio.apshealthcare.com

Other Benefits – Exempt Employees

Delta Dental of Ohio **1.800.524.0149**
www.deltadentaloh.com
Group Number 9273-0001 (Delta PPO)
Group Number 9273-1001 (Delta Premier)

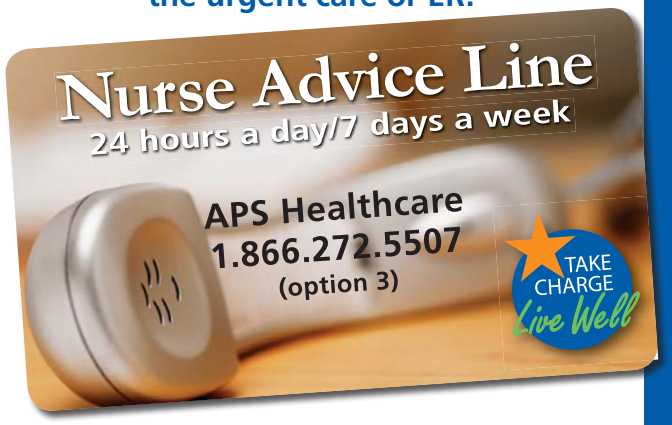
Vision Service Plan (VSP) **1.800.877.7195**
www.vsp.com
Group Number 12022518

EyeMed Vision Care **1.866.723.0514**
www.eyemedvisioncare.com
Group Number 9676008

Basic Life Insurance
The Standard **1.866.415.9518**
http://www.standard.com/mybenefits/ohio/
Group Number G10100

Supplemental Life Insurance
Prudential Life Insurance **1.800.778.3827**
Group Number LG-93046

Call the FREE 24-Hour Nurse Advice Line before visiting the urgent care or ER.



IMPORTANT CONTACTS

Bargaining Unit Contact Numbers

Vision Service Plan
1.800.877.7195
www.benefitstrust.org
Group Number
12022914

EyeMed Vision Care
1.866.723.0514
Group Number
9674813

MetLife Dental
1.800.984.8649
Group Number
85100

Prudential Life Insurance
1.800.778.3827
Group Number
LG-01049

Working Solutions Program
1.800.358.8515

Hyatt Legal Services
1.800.821.6400

OhioDAS
Service · Support · Solutions

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