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## IMPORTANT: ACTION REQUIRED FOR DEPENDENT COVERAGE

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Dear Employee:

August 21, 2009

As a participant in the State of Ohio health plans, we share the goal of maintaining the quality and value of this important benefit. Because protecting the long-term viability of our health plan is important to all of us, we are asking for your partnership and assistance.

One way of protecting your benefits is to make sure that only eligible individuals are enrolled in the plan. Although we believe the majority of our enrolled dependents meet our eligibility requirements, there may be some instances when an employee mistakenly covers an ineligible dependent. When this occurs, each of us shares in the cost for the coverage of the ineligible dependent in our programs.

During the 2009 Open Enrollment you were notified that you would be asked to review the eligibility of your dependent(s) and to drop coverage for any enrolled dependent who did not meet the State of Ohio dependent eligibility definitions. Between now and October 31, 2009 the State of Ohio will be requiring that you verify your dependents' eligibility in order to reduce the unnecessary expense of covering ineligible dependents. **Secova**, an independent third-party administrator of benefits eligibility services, will be conducting this confidential dependent eligibility review for the State of Ohio.

### What You Need to Do

Please complete the following steps for your dependent(s) currently enrolled in the State of Ohio coverage.

If you have questions,  
please call Secova at  
1-866-372-4519 (toll-free).  
You can call 24 hours a day, 7 days a week.  
Your call is confidential.

1. **VISIT** the State of Ohio Dependent Eligibility Verification Web site @ <https://verify.secova.com/Ohio> for instructions on verifying dependent eligibility online, **OR**
2. **REVIEW** the enclosed *State of Ohio Dependent Eligibility Definitions and Required Documents* to confirm that your dependent(s) meets eligibility criteria and to identify what document(s) you are required to submit, **AND**
3. **SECURE** the appropriate documentation for each dependent and make copies. Please write your name and Employee ID# in the top right hand corner of each document you submit. (*See the enclosed Verification Form for your Employee ID#.*), **AND**
4. **COMPLETE, SIGN AND DATE** the enclosed Verification Form, **AND**
5. **MAIL** the completed and signed Verification Form with copies of required eligibility documentation, **or fax your documents to Secova at 1-866-361-9697** no later than October 31, 2009. A postage-paid envelope is enclosed for your convenience. If you mail the form, please keep a copy for your records.

Upon completion of the verification process, you will receive confirmation on the verification status of your dependent(s) from Secova.

**If you do not sign and return the Verification Form and required documents to Secova by October 31, 2009, your dependents will be removed from your coverage effective October 31, 2009.**

Your cooperation during this process allows us to maintain the integrity of our health benefits program and continue to provide cost-effective coverage for our employees. Thank you for your time and responsiveness to ensure your State of Ohio health benefits coverage continues for your dependents.

Sincerely,

A handwritten signature in black ink that reads "Hugh Quill".

Hugh Quill, Director  
Ohio Department of Administrative Services