

# 2011 Benefits Open Enrollment

Benefits Administration Services

## Agenda

- Open Enrollment
- Third Party Administrator changes
- Health Care Reform
- TCLW
- Other Benefits
- Union Benefits Trust

# Open Enrollment – Employee Info

## *Important Dates*

- Mid-April – OE Pathways arrives in homes
- April 25 – OE Begins
- May 16 – OE Ends
- May 31 – TPA Appeal Deadline
- Early June – Confirmation Letters mailed
- June 3 – Recommended submission date for eligibility documents
- Mid-June – New insurance cards mailed
- July 1 – New benefit year begins
- July 29 – Deadline for Submission of Eligibility Documents
- July 29 – Transition of Care Deadline

## Open Enrollment – Agency Info

- April 25 to May 20 – Agencies process paper enrollment forms
- June 1 to June 9 – Agencies make corrections
- June 3 – Recommended submission date for eligibility documents
- July 1 – New benefit year begins
- July 29 – Final day for submission of eligibility documents

# Third Party Administrator Changes

- *One Plan* – the Ohio Med PPO
- *Two Third Party Administrators*: Medical Mutual (MMO) and United Health Care (UHC)
- Assigned by zip code of **home** address
  - Employees with coverage do not need to re-enroll; they will be automatically assigned based on home zip code
  - New insurance cards mailed prior to July 1, 2011
  - New plan year begins July 1, 2011

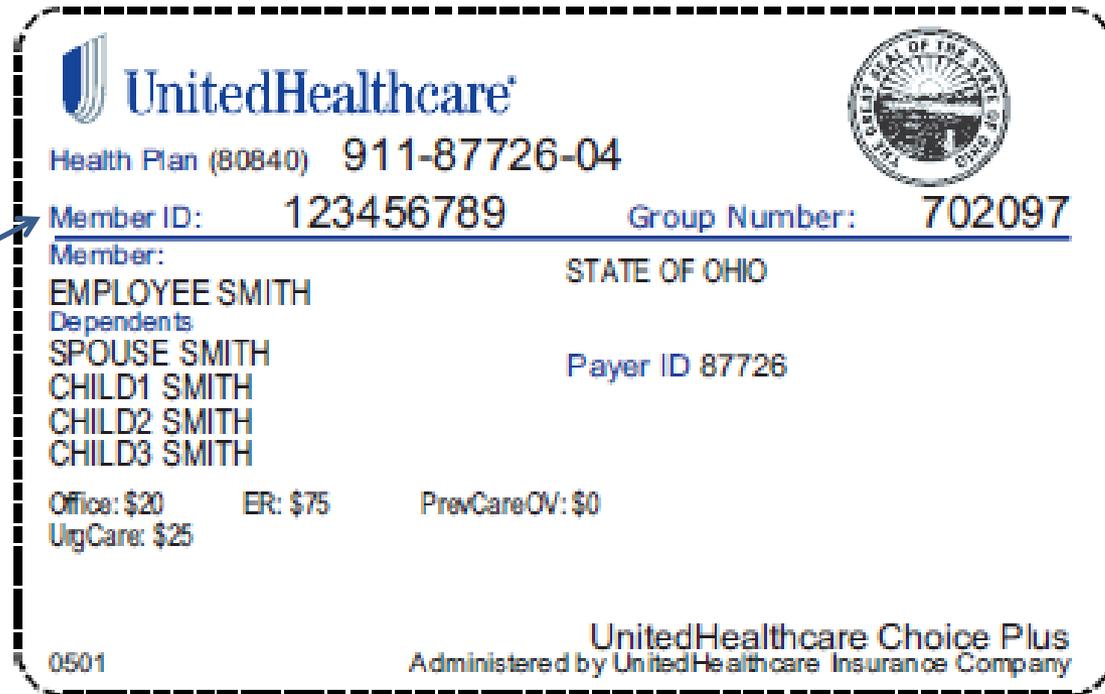
# Draft ID Cards – Medical Mutual

ID Number =  
EMPLID



<b>JOHN DOE</b> Name	
<b>12345678</b> Identification Number	<b>228000201</b> Group Number
<b>STATE OF OHIO</b> Group Name	
ER Copay: \$75 Office Visit Copay: \$20 Network/\$30 Non-Network Preventive Care Copay: \$0 Network/\$30 Non-Network	<b>OHIO MED PPO</b> 

# Draft ID Cards – UnitedHealthcare



Member ID =  
EMPLID, with a  
leading zero

# Third Party Administrator Exceptions

- TPA Appeals
- Transition of Care

# Third Party Administrator – Appeals

- TPA Appeals are one time only and only for the FY12 plan year.
- An appeal allows you to change your assigned administrator **IF** certain requirements are met.

## Third Party Administrator Appeal Requirements

- You or a family member's current doctor is not in your assigned TPA network but IS in the other TPA network; **and**
- You or a family member has been treated by the doctor at least 4 times during the current plan year; **and**
- The doctor is an essential medical services provider; **OR**

# Third Party Administrator Appeal Requirements

- Your assigned TPA is Medical Mutual; **and**
- You have out-of-state dependents who have visited out-of-state doctors during the current plan year; **and**
- The majority of the family's total medical expenses will be incurred out-of-state

## Third Party Administrator Appeal Requirements

- Do NOT submit medical documentation with TPA appeal for visits made in 2010; for visits in 2011, EOBs should be submitted
- Two different appeal forms
- Submit the appeal to HR Customer Service by **MAY 31, 2011**
- Complete information is available at:  
[www.das.ohio.gov/TPAappeals](http://www.das.ohio.gov/TPAappeals)

# Third Party Administrator Transition of Care

Transition of care:

- Allows you or a family member to retain a doctor that is not in either network if the employee or dependents are undergoing a course of treatment for time-limited care if certain conditions are met.

# Third Party Administrator Transition of Care

## Conditions:

- Your current doctor is not in either UHC or MMO's network; and
- The member is in her 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy
- The member has been told she has a moderate or high-risk pregnancy
- The member is undergoing non-surgical treatment for cancer

## **Third Party Administrator Transition of Care**

Conditions, continued:

- The member is undergoing treatment for symptomatic AIDS
- The member is undergoing treatment for severe or end-stage renal disease
- The member has undergone a recent bone marrow/organ transplant or is on a waiting list to obtain an organ

# Third Party Administrator Transition of Care

- Medical documentation will be required and should be sent to your assigned TPA between 6/1 and 6/15; the final deadline is 6/29
- Decisions will be rendered beginning 6/15
- Approval will be for a limited time
- Your assigned TPA will NOT change
- Complete information is available at:  
[www.das.ohio.gov/TPAappeals](http://www.das.ohio.gov/TPAappeals)

## Some Miscellaneous Notes

- Employee contributions – ‘Family w/ Spouse’, ‘Family w/o Spouse’ and ‘Single’ rates will be the same with both administrators
- Major benefit levels -- Copays, deductibles, and out-of-pocket (OOP) maximums will be the same with both administrators
- Current HMO enrollees will now have Out-of-Network (OON) benefits (*as with the PPO plan, OON benefits are at a higher cost*).
- Certain benefits will be improved if employees are currently in an HMO (chiropractic, physical and occupational therapy)

## *Take Charge! Live Well!*

- *New incentive structure*
  - Health Risk Assessment -- \$25
  - Biometric Screening -- \$75
  - Health Coaching -- \$25 for the first call; an additional \$75 after completion of three additional calls
    - *Disease Management Coaching*
    - *Weight Management Coaching*
    - *Tobacco Cessation Coaching*
      - Free tobacco cessation products for those working actively with a health coach

# Health Reform – Behavioral Health

## Behavioral Health Benefits

- Out-Of-Network benefits will be available July 1, 2011 for former HMO enrollees.
- If a UBH provider is not used, you will pay more
  - Office visit co-pays will be \$30 instead of \$20 and provider may balance bill;
  - Inpatient services will be covered at 60% of the allowed amount instead of 80% and the provider may balance bill

# Health Reform – Dependent Eligibility

DEPENDENT CATEGORY	MEDICAL	DENTAL	VISION	SUPPLEMENTAL LIFE
Children younger than age 23	Coverage available for eligible dependents*	Coverage available for eligible dependents*	Coverage available for eligible dependents*	Coverage available for eligible dependents**
Children ages 23 -25	Coverage available for eligible dependents*	No coverage available	No coverage available	No coverage available
Children ages 26 - 27	Coverage available for eligible HB1 dependents*	No coverage available	No coverage available	No coverage available
<p>* View detailed eligibility and documentation requirements at <a href="http://www.das.ohio.gov/eligibilityrequirements.com">www.das.ohio.gov/eligibilityrequirements.com</a></p> <p>**View eligibility requirements on Prudential enrollment form.</p>				

# Health Reform – Dependent Eligibility

- Dependents may be covered up to age 26 for medical only
  - No student requirements
  - Dependents can be married
  - No financial or residency requirements for step-children

# Dependent Eligibility – HB1

There is no change regarding HB1 eligibility:

- Allows for coverage until the end of the month your dependent turns age 28
- Current HB1 dependents under age 26 will automatically be added as a regular dependent
- Overview of requirements:
  - Unmarried natural, adopted, or step child
  - Resident of Ohio or FULL-TIME student
  - Not eligible under their employer
  - Not eligible for Medicare/Medicaid
- There is an additional per-child cost
- **This applies to medical coverage only – it does not apply to dental and vision.**

## Health Reform - Prescriptions

- Medications – health care reform requires that certain preventive medications be covered at no charge. All of these require a prescription and may have certain quantity and/or age restrictions:
  - Generic aspirin
  - Fluoride solution
  - OTC folic acid supplements
  - Iron supplements

## Other Benefits - Prescriptions

- No change in pharmacy vendor (Catalyst Rx)
- Specialty medications for serious medical conditions must be obtained from Walgreens Specialty Pharmacy after the first fill
- Step Therapy is required on some drugs

[www.das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/PrescriptionDrug.aspx](http://www.das.ohio.gov/Divisions/HumanResources/BenefitsAdministration/PrescriptionDrug.aspx)

## **Other Benefits – Dental and Vision (Exempt Employees)**

- There are no changes to dental and vision vendors or benefit levels
- Dependent eligibility for dental and vision coverage is NOT the same as health care
  - Dependent children are eligible up to age 23
  - All current eligibility requirements still apply
    - Must be a student
    - Unmarried
    - Residency/Financial



**Look for The Open Enrollment Guide in your home beginning April 15<sup>th</sup>.**

**Online or paper enrollment options are available for all UBT plans at [www.benefitstrust.org](http://www.benefitstrust.org)**

**UBT Customer Service  
800.228.5088**

## **2012 Plan Year**

**July 1, 2011 thru June 30, 2012**

### **No Benefit Changes**

- UBT Dental Plan
  - TPA Delta Dental of Ohio
- VSP
- EyeMed
- Basic Life
- Hyatt Legal

### **Supplemental Life**

- **10% Rate Reduction**

# Open Enrollment is the time to enroll in all UBT plans & if you have missed previous opportunities, you have this period to:

- ❖ Add newly eligible dependents or dependents that missed an enrollment window (have proper documentation ready)
- ❖ Enroll in or change vision plans: two options (VSP or EYEMED)
- ❖ Enroll in UBT Dental Plan
- ❖ Add much needed legal & life insurance coverage
- ❖ Increase supplemental life insurance coverage for you and/or your spouse
- ❖ Increase legal coverage to include dependent coverage

## **UBT Reminds Members:**

- ❖ Make copies of all enrollment forms (paper or online).
- ❖ Check confirmation statements (contact HR timely to report errors)
- ❖ Reference cards are available for dental & vision plans online
- ❖ Update all your life insurance beneficiaries!



# For more information...

Go to:

<http://das.ohio.gov/openenrollment2011/>

**Melissa Walpole**  
HCM Benefits Manager

## HCM Processing

- Invalid Zip Codes
- eBenefits Transactions
- Eligibility Requirements
- Dependent Verification Clarification
- Proof Pending

## Invalid Zip Codes

- We are running a zip+4 program to validate street address/zip code combinations. Agencies will receive periodic emails identifying employees that will need to correct their information.

## eBenefits Transactions

- Employees not finishing the process
  - Not in Pending Proof
  - Staged in Perform Election Entry
  - Have the employee finish the event
  - Query: OH\_BN\_EVTS\_NOT\_COMPLETED\_2

## Eligibility Requirements

- [www.das.ohio.gov/eligibilityrequirements](http://www.das.ohio.gov/eligibilityrequirements)
- Shows requirements prior to July 1, 2011 and the requirements effective on or after July 1, 2011
  - Instruct employees to read them thoroughly and make sure they are in the correct year

# Dependent Certification Clarification

- Agencies collect all certification documentation
- Agencies forward to HCM Benefits
  - Dependents over the age of 19, enrolling in D/V only
- Make sure it is complete
- Scan/email or fax to 614-728-3002, identifying your HCM Benefits Specialist

## Proof Pending

- Agencies will be required to certify the eligibility documentation for OE new enrollees using Ohio Manage Proof
  - Listed by EMPLID, then the dependent record