

STATE OF OHIO EMPLOYEES

MyBenefits

July 1, 2024 – June 30, 2025

Highlights for the Upcoming Benefit Year:

- New wellness incentives structure.
- Dental and vision coverage is expanding to cover eligible dependents up to age 26.
- The exempt vision plan maximum allowance is increasing for eyeglass frames and contact lenses.
- Changes to anti-obesity coverage.

Open Enrollment

May 16 – May 29, 2024

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 and Vision	16
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 you and your family value and quality in health care.

The state leverages its position as one of Ohio's largest employers to offer affordable, competitive health care plans that provide excellent service and coverage.

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 being a conscientious consumer helps us to maintain affordable and comprehensive health care plans.

HIGHLIGHTS FOR THE UPCOMING BENEFIT YEAR:

- New wellness incentives structure: Page 15
- Changes to anti-obesity coverage: Page 14
- Dental and vision coverage is expanding to cover eligible dependents up to age 26: Page 16
- The maximum allowance is increasing for eyeglass frames and contact lenses: Page 16

Recent Updates:

- **New: Benefits support tool**

A new self-service tool to obtain benefits-related support is available to all state employees. The myBenefits Support Center tile is accessible at myOhio.gov > My Workspace > Quick Access.

You may access the myBenefits Support Center to log support cases related to your State of Ohio health and wellness benefits to the myBenefits Support Center Team. You can also check the status of your open cases and provide updated case information.

The myBenefits Support Center also houses benefits-related self-service articles and important plan information in a centralized knowledge base. As you enter information in the support center, supporting articles will automatically be suggested based on the keywords you enter. It's possible your inquiry can be quickly resolved through the knowledge base.

The myBenefits Support Center Team will continue to make current contact methods available through the myBenefits@DAS.Ohio.gov mailbox and 614-466-8857 / 1-800-409-1205 customer support lines.

- **FSA, HSA, Commuter quick access**

A relatively new self service tile on myOhio.gov allows single sign-on functionality for you to access accounts in each of the following benefits programs:

- Flexible Spending Accounts (FSA).
- Health Savings Accounts (HSA) – For those enrolled in a high-deductible health plan, such as the Ohio Med HDHP.
- Commuter Benefits.

The red piggy bank tile title is “FSA, HSA, and Commuter Benefits” and is accessible on myOhio.gov under the My Workplace tab in the Self Service section.

After clicking the tile, users are directed to the myFlexDollars.com website where they can access their accounts for either of the three benefits programs. The myFlexDollars website is managed by Baker Tilly Vantage, the third-party administrator for the state's FSA, HSA, and Commuter Benefits programs.

Benefits Open Enrollment Information

The Open Enrollment period is Thursday, May 16 through Wednesday, May 29, 2024. 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, 2024, through June 30, 2025.

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, telehealth, 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](https://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%

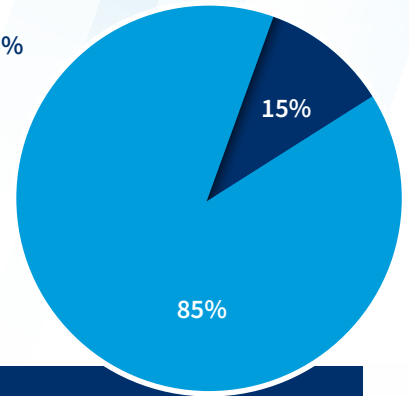
+

State Contributions: 85%

=

Total Contribution Available to Pay Claims

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



ENROLLMENT PERIODS

Spring Open Enrollment May 16 through May 29

Medical: Ohio Med Plan

Your overall medical benefits are under one plan 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.

Employees are assigned their third-party administrator based on the region where they live but may choose the specific plan option that works best for them: 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](https://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](https://das.ohio.gov/AboutMyBenefits).

Fall Open Enrollment October 15-25, 2024

Flexible Spending Accounts Only

The fall Open Enrollment period offers employees the opportunity to enroll in flexible spending accounts for the 2025 calendar year Jan. 1 through Dec. 31, which include:

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

Enrollment in a flexible spending account is not automatic and must be completed each year during the FSA Open Enrollment period in the fall.

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 your medical and other health care providers are in the network.**
 - Go to your third-party administrator’s website to search for your providers.
- Determine the medical plan option that best suits the needs of you and your family.**
 - Ohio Med PPO
 - Ohio Med NN
 - Ohio Med HDHP with a Health Savings Account

Take Charge | Live Well

- Go to [DAS.Ohio.gov/Wellness](https://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 medical plan.
 - 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.

Dental and Vision

- A printed benefit card is optional and can be requested from the respective vendor below.
- Verify dependent eligibility (see [DAS.Ohio.gov/Eligibility](https://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://benefitstrust.org).

Supplemental Life

For Exempt Employees

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

For Union-Represented Employees

Union Benefits Trust: [BenefitsTrust.org](https://benefitstrust.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. 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 Medical 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 PPO Preferred Provider Organization	Ohio Med NN Narrow Network	Ohio Med HDHP High Deductible Health Plan
Medical Plan Option Definitions	<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 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 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"> • 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"> • 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 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"> • 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 of \$1,000 (single coverage) or \$2,000 (family coverage) 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.

Medical Plan Options

Why Your Medical Plan Option Decision Matters

The state offers three medical plan options. Your decision could have a direct effect on your flexible spending account (FSA) options, should you choose to enroll in an FSA in the fall of 2024 for the 2025 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 Ohio Med 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 your 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 in July, you should ensure 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%. It is important to note that unlike the PPO and narrow network, in the HDHP prescription and medical costs are combined to meet your out-of-pocket maximum.

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. To help you pay for any initial health care costs, the State of Ohio will make contributions to your HSA every pay period during the upcoming benefit year.

For eligibility details, visit DAS.Ohio.gov/Eligibility.



HEALTH SAVINGS ACCOUNT

Save Smart with a Health Savings Account

The Health Savings Account (HSA) 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 Baker Tilly Vantage, myFlexDollars.com, similar to an 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 Baker Tilly Vantage.
 - Move investments from various funds.
 - Transfer money between your HSA and your investment account.

HSA Employee Contribution

From Jan. 1, through Dec. 31, 2024, the HSA contribution limit for individual coverage is \$4,150 and the limit for family coverage is \$8,300. 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 for single coverage and up to \$2,000 for family coverage, 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

**The 2024 installment schedule is
\$1,000 for single and \$2,000 for family
and is distributed per pay throughout the year.**

Three Ways to Receive Tax Savings

Typically, you:

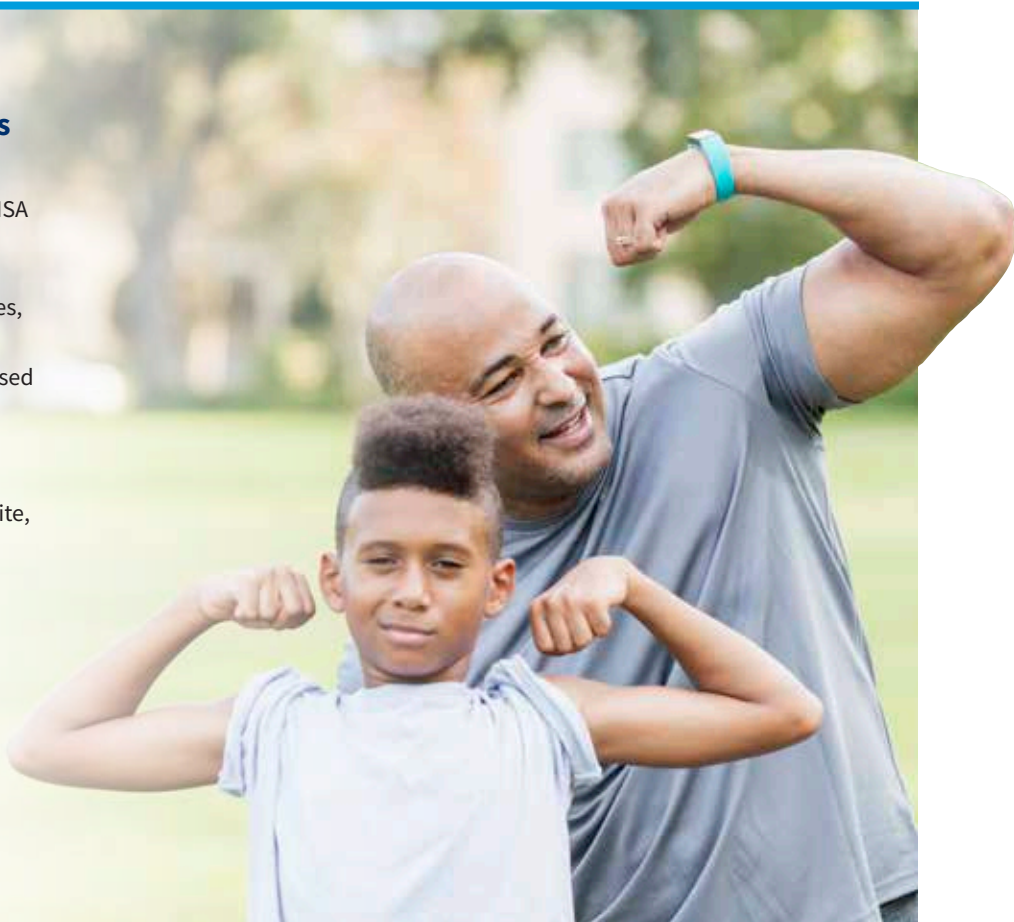
- Won't pay tax on money deposited in the HSA (although the IRS limits how much can be contributed each year).
- Won't pay tax on qualified medical expenses, including dental and vision expenses.
- Grow your savings tax-free, which can be used for expenses now or in retirement.

Easy Access to Your Account

Through the myFlexDollars 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 myFlexDollars.com.



When comparing the Ohio Med PPO and Ohio Med NN medical plan options, the Ohio Med NN only covers in-network providers **for non-emergency events**. Regardless of the plan you choose, you can access cost-comparison tools found on your medical and prescription drug third-party administrator websites. Use these tools to determine how you can save on expenses for services such as nurse lines, telehealth, doctor visits, retail clinics, and urgent care clinics.

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	Average Cost
	Doctors in Your Plan	Doctors in Your Plan	
Preventive Care	100%	100%	\$0
Telehealth Services	\$15	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	\$38.57	\$330.51	\$58.51	\$330.51	\$39.21	\$351.09
Family Minus Spouse	\$105.53	\$907.26	\$160.29	\$907.26	\$68.45	\$614.23
Family Plus Spouse ¹	\$114.76	\$907.26	\$169.52	\$907.26	\$117.18	\$1,052.78
Single Plus Spouse	N/A	N/A	N/A	N/A	\$87.94	\$789.65
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	\$184.54	\$184.54	\$194.51	\$194.51	\$195.15	\$195.15
Family Minus Spouse	\$506.39	\$506.40	\$533.77	\$533.78	\$341.34	\$341.34
Family Plus Spouse ¹	\$515.62	\$506.40	\$543.00	\$533.78	\$584.98	\$584.98
Single Plus Spouse	N/A	N/A	N/A	N/A	\$438.79	\$438.80
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	\$83.56	\$716.11	\$126.78	\$716.11	\$84.96	\$760.69
Family Minus Spouse	\$228.70	\$1,965.68	\$347.30	\$1,965.68	\$148.31	\$1,330.81
Family Plus Spouse ¹	\$248.70	\$1,965.68	\$367.30	\$1,965.68	\$253.89	\$2,281.04
Single Plus Spouse	N/A	N/A	N/A	N/A	\$190.54	\$1,710.91
Employee Contributions at 100% (Work up to 19.99 hours a week, paid bi-weekly)						
	Employee Share		Employee Share		Employee Share	
Single	\$369.08		\$389.02		\$390.30	
Family Minus Spouse	\$1,012.79		\$1,067.55		\$682.68	
Family Plus Spouse ¹	\$1,022.02		\$1,076.78		\$1,169.96	
Single Plus Spouse	N/A		N/A		\$877.59	
Employee Contributions at 100% (Work up to 19.99 hours a week, paid monthly)						
	Employee Share		Employee Share		Employee Share	
Single	\$799.67		\$842.89		\$845.65	
Family Minus Spouse	\$2,194.38		\$2,312.98		\$1,479.12	
Family Plus Spouse ¹	\$2,214.38		\$2,332.98		\$2,534.93	
Single Plus Spouse	N/A		N/A		\$1,901.45	

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 health care institution 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

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)



EyeMed Vision Care



Delta Dental



Baker Tilly Vantagen:
myFlexDollars.com



ComPsych:
GuidanceResources.com (Ohio EAP)

Website Access Only

Optum Behavioral Health

LiveAndWorkWell.com

(Click **Browse with access code** > and enter 00832)



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:

- 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 or contact your third-party administrator.

Source: U.S. Centers for Medicare & 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? 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 \$15 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](https://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.

For a list of exams, screenings, and immunizations covered at no cost, visit [DAS.Ohio.gov/Medical](https://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.

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

Shopping for the Right Care:

How to Save Money and Ensure Quality Standards

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.
- Medicare: Medicare.gov/HospitalCompare
- Find and compare providers near you.

Source: Health Action Council

ABOUT YOUR COMPLETE MEDICAL COVERAGE

As an eligible employee enrolling in medical coverage – whether you choose the Ohio Med PPO, Ohio Med NN, 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 Health.

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.

SUICIDE PREVENTION 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.



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 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 services, which are 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.

PRESCRIPTION DRUGS

Included with your selected medical plan, OptumRx provides prescription drug benefits for enrolled State of Ohio employees and their dependents.

Anti-Obesity Medication Added to Coverage

Zepbound will be added to the list of covered anti-obesity medications effective July 1, 2024. As with the other medications (Saxenda, Wegovy, and Xenical), a revised prior authorization process will be required before a prescription can be covered.

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. Certain diabetic supplies and equipment are covered by your medical third-party administrator.

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](https://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](https://das.ohio.gov/PrescriptionDrug), under “Prescription Drug Updates.”

OptumRx Offers Price and Save, Tracking Tools

Important information is available at OptumRx.com. You will need your pharmacy member ID number located on your OptumRx card to log in. Your ID 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.

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](https://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.



Take Charge | Live Well – the state’s wellness program – is committed to helping you achieve your wellness goals. Knowing your numbers and making a plan are important to maintaining good health or improving your health.

Streamlined with a new incentive structure, Take Charge | Live Well will help you do just that while earning up to \$1,750 (and up to \$650 for your spouse) by completing a Health Risk Assessment and a biometric screening, and a consultation with a personal health guide.

Through Virgin Pulse, the program’s administrator, you will continue to have access to valuable health resources such as coaching, Wellbeats, nutrition and sleep guides, Journeys (self-guided, online courses to help you build healthy habits), and the RethinkCare mindfulness program. For more details about the Take Charge | Live Well program, visit DAS.Ohio.gov/Benefits.

Biometric Screening Incentive

Required Steps	Actions	Completion and Submission Dates	Employee Incentive	Spouse Incentive
Step 1	Health Risk Assessment <ul style="list-style-type: none"> Online Questionnaire completed through Virgin Pulse Hub. 	Complete and submit between July 1 and December 15, 2024.	\$1,000 Paid in February 2025.*	\$350 Paid in February 2025.*
Step 2	Biometric Screening Biometric Screening Options: <ul style="list-style-type: none"> State worksites. Quest Patient Service Center. Physician form. 			
Step 3	Next-Steps Consult Call <ul style="list-style-type: none"> Next-Steps Consult call through Virgin Pulse. Initial review of screening results at the time of the biometric screening is not considered the follow-up session with a health care professional. 	Complete Step 3 after the biometric screening and before December 31, 2024.	*Payment date is approximate.	

Bonus Incentive

Bonus for Completing Biometric Screening in Consecutive Benefit Years	If you received a biometric screening incentive last benefit year (July 1, 2023, through June 30, 2024) and complete all three Biometric Screening Incentive steps above during the current benefit year, you will receive this bonus incentive.	\$250 Paid in July 2025.*	\$100 Paid in July 2025.*
*Payment date is approximate.			

Preventive Care Screening Incentive

Action	Completion and Submission Dates	Employee Incentive	Spouse Incentive
Preventive Care Screening with a Primary Care Physician Could include a wellness visit/ annual physical or other preventative screening(s), such as a mammogram, colonoscopy, and/or other screenings, as recommended.	Complete your preventative care screening between July 1, 2024, through May 31, 2025, and Virgin Pulse will automatically process your incentive. It could take up to 90 days for Virgin Pulse to receive your claim data.	\$500 Paid in July 2025.*	\$200 Paid in July 2025.*
*Payment date is approximate.			

Take Care of Your Overall Health

DENTAL AND VISION

For Exempt Employees

Beyond the health care benefits offered through the state's medical plan, consider taking care of your overall health with dental and vision coverage.

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.

To learn more, visit the dental webpage: DAS.Ohio.gov/Dental.

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.

.....

Dental and vision coverage expansion effective July 1, 2024

Dental and vision coverage is expanding to cover eligible dependents up to age 26. Dependents can be covered if they meet the following eligibility requirements:

- A dependent child.
- An Ohio resident or a full-time, out-of-state student.
- Unmarried.
- NOT employed by an employer that offers coverage where the child is eligible.
- NOT eligible for Medicaid/Medicare.

Vision enhancements for exempt employees

Enhancements were made to the vision plan for exempt employees to increase the maximum allowance for eyeglass frames: \$160 (from \$120) and for contact lenses: \$160 (from \$125).



SUPPLEMENTAL LIFE INSURANCE

Exempt employees are eligible to enroll in a supplemental life insurance program at their own cost for employee, spouse, and/or eligible child/children coverage. This benefit is administered by Securian Financial.

During Open Enrollment, you can enroll in coverage for:

- **Employee** – 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. You must provide Evidence of Insurability (EOI) if you request an amount of insurance over the non-medical limit – the lesser of two times your annualized earnings or \$150,000.
- **Spouse** – Elect \$10,000 or increase existing coverage by \$10,000 without having to provide EOI. The plan maximum is \$40,000.
- **Child (eligible to age 26)** – Elect the \$7,000 benefit (**elections are always guaranteed**).

- Coverage below the non-medical limit amount will be effective July 1, 2024.
- Coverage above the non-medical amount, which is subject EOI, will be effective July 1, 2024, 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.

.....

Union-Represented Employees Receive Dental, Vision, and Supplemental Life Benefits Through Union Benefits Trust

Dental, Vision, and Supplemental life Insurance for union-represented employees is offered through Union Benefits Trust.

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

.....



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 OHID Workforce User ID in a letter or email, contact your agency human resources representative.

If you do not have 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](mailto:HelpDesk@DAS.Ohio.gov).

Online Enrollment

Login instructions for myOhio.gov:

- Go to myOhio.gov.
- Enter your OHID 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 OHID 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

[Baker Tilly Vantage](#)

833-559-0002

Available 8 a.m. to 8 p.m.

Monday through Friday

[myFlexDollars.com](#)

[Support@myFlexDollars.com](#)

Prescription Drug

[OptumRx](#)

866-854-8850

[OptumRx.com](#)

Rx Group Number: STOH

Behavioral Health

[Optum Behavioral Health](#)

800-852-1091

[LiveAndWorkWell.com](#)

Group Number: 1507

Website Access Code: 00832

Telehealth

[LiveHealth Online](#)

888-548-3432

[LiveHealthOnline.com](#)

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

[Baker Tilly Vantage](#)

833-559-0002

Available 8 a.m. to 8 p.m.

Monday through Friday

[myFlexDollars.com](#)

[Support@myFlexDollars.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 OHID 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

myBenefits Support Center Team

614-466-8857, (option 2)

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.
- OHID 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](https://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.