

**Open Enrollment**

1. When is Open Enrollment?  
**May 11, 2023, through 11:59 pm May 24, 2023.**
2. Does an employee who is not making any changes need to do anything during Open Enrollment?  
**No. However, it is recommended that employees:**
  - Verify their contact information, e.g., home and/or mailing address so they can continue to receive important communications about any changes to current benefits.
  - Review your Benefits Summary by logging into [myOhio.gov](http://myOhio.gov) and clicking My Workspace to access benefit information for you and any dependents.
  - Ensure any dependents still meet the eligibility requirements by visiting [das.ohio.gov/eligibility](http://das.ohio.gov/eligibility).
3. If an employee enrolls for the first time during Open Enrollment (online) will the system automatically put the employee into the correct plan based on ZIP code?  
**Yes. When the employee logs into the Benefits Enrollment screen, they will see only the Third-Party Administrator (TPA) for which they are eligible based on their home ZIP code.**
4. What are the new medical benefit changes that will be effective July 1?
  - **Infertility services – Coverage of procedures, including in-vitro fertilization and artificial insemination, up to a \$20,000 lifetime maximum.**
  - **Orthotics – Coverage of one pair of shoe inserts per every three years for adults, and one pair per year for children under the age of 18.**
  - **Hearing aids – Coverage of all hearing aids at 80/20, with a limit of one new/replacement every three years, excluding over the counter devices.**
  - **Skin cancer screenings – Coverage for one screening every 12 months at 100%**
  - **Dietician/nutritional counseling visits – The number of covered annual visits at 100% has been increased to six.**
  - **Otoplasty (ear surgery) – Coverage at 80/20 to address disproportionate, asymmetrical, or misshapen ears resulting from accident, injury, or birth defect.**
5. Is there a deadline to enter my open enrollment election change?  
**Yes. The deadline to receive approval and enter your election changes is 11:59 p.m. June 1, 2023.**
6. Do I need to provide proof or documentation to add my dependents to my coverage?  
**Yes. To add a dependent to your coverage, 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/Benefits](http://das.ohio.gov/Benefits).**
7. Do I need to upload a document to enroll in single coverage or to waive coverage?  
**Yes. The system requires a document to be uploaded whether you are enrolling in single/family coverage or if you are waiving coverage.**
  - **Single coverage – we suggest uploading a simple document that states you would like to enroll in single coverage.**

- **Waiving coverage – we suggest uploading a simple document that states that you would like to waive your coverage.**

8. Does the documentation need to be in a specific format?  
**Documents should be scanned and uploaded in a .pdf format. If you are unable to, taking a photo with a device and uploading them as a .bmp, .gif, .jpeg or .jpg, .png, or .tif image file is acceptable.**

9. Who do I contact if I am having system-related issues during open enrollment?  
**Please contact your agency human resources representative for assistance.**

10. I do not plan on making any changes, what will happen if I just start a new enrollment just to look at the different options?  
**If you start an open enrollment event without completing it, you may risk negatively impacting your current benefits by accidentally removing a dependent or a current benefit. We recommend reviewing the MyBenefits guide or speaking with your agency human resources representative if you have questions about your benefits.**

### **Copay and Deductible Changes/Medical Rates for July 1, 2023**

1. Will my office copay, deductible, or out-of-pocket maximum change for July 1, 2023?  
**No, there are no changes to these benefits. Please see Page 8 of the *MyBenefits* Guide or go to [das.ohio.gov/OpenEnrollment](http://das.ohio.gov/OpenEnrollment) to view the Guide for more information.**
2. Will my prescription drug copays change for July 1, 2023?  
**No, prescription drug copays are not changing. Please see Page 14 of the *MyBenefits* Guide or go to [das.ohio.gov/OpenEnrollment](http://das.ohio.gov/OpenEnrollment) to view the Guide for more information.**
3. When will the new rates be available?  
**The rates for all three plan options are included on Page 9 of the *MyBenefits* Guide and on the Open Enrollment webpage located at [das.ohio.gov/OpenEnrollment](http://das.ohio.gov/OpenEnrollment).**

### **Medical Third-Party Administrators**

1. Who are the third-party administrators (TPAs) for the upcoming benefit year?  
**Anthem and Medical Mutual of Ohio (MMO) for medical coverage; Optum Bank (HSA), OptumRx (pharmacy), Optum Behavioral Solutions (behavioral health), Live Health Online (telehealth), and Virgin Pulse (wellness).**
2. Are there different ID cards for each of the TPAs?  
**Yes. Each TPA has a unique card, customer service number and group number. Please go to: [das.ohio.gov/medical](http://das.ohio.gov/medical) for more information.**
3. When new enrollees receive medical cards will it read Ohio Med PPO, Ohio Med HDHP, Ohio Med Narrow Network, or will it have the third-party administrator's name on it?  
**The medical cards issued to employees identify the state plan through the description of the Ohio Med PPO, HDHP, or Narrow Network and the appropriate administrator (Anthem or Medical Mutual) based on the first three digits of your home ZIP code. Please see the graphics below:**


**SuperMed® PPO Network**
**John Q Member** XXXXXXXXXXXX  
 Member Name

**12345678910 228000201**  
 Medical Mutual ID # Group #

**1-800-822-1152 711**  
 Customer Care TTY

**StateOfOhio.MedMutual.com ODI**  
 STATE OF OHIO  
 OHIO MED PPO PLAN

Print Date: XX/XX/XX

**FOR MEMBER**

 Find a provider at [MedMutual.com/Member](http://MedMutual.com/Member).  
 24/7 NURSE LINE: 1-888-912-0636  
 Behavioral Health: 1-800-852-1091  
 Pharmacy: 1-866-854-8850  
 Telehealth: [LiveHealthOnline.com](http://LiveHealthOnline.com)
**FOR PROVIDER**

 Verify eligibility, benefits and prior auth with Medical Mutual: 1-800-362-1279 or [MedMutual.com/Provider](http://MedMutual.com/Provider).

**Medical Mutual Claims Submission**

 Electronic Claims Payer ID: 29076  
 P.O. Box 6018, Cleveland, OH 44101-1018

**Providers not in SuperMed PPO Network**  
 (For services rendered out of the state of Ohio, Campbell, Boone and Kenton counties in KY)

**Cigna Claims Submission**

 Electronic Claims Payer ID: 62308  
 P.O. Box 188061  
 Chattanooga, TN 37422-8061  
 Cigna Group #: 1234567


AWAY FROM HOME CARE


**MedFlex® Network**
**John Q Member** XXXXXXXXXXXX  
 Member Name

**12345678910 228000800**  
 Medical Mutual ID # Group #

**1-800-822-1152 711**  
 Customer Care TTY

**StateOfOhio.MedMutual.com ODI**  
 STATE OF OHIO  
 OHIO MED NARROW NETWORK PLAN

Print Date: XX/XX/XX

**FOR MEMBER**

 Find a provider at [MedMutual.com/Member](http://MedMutual.com/Member).  
 24/7 NURSE LINE: 1-888-912-0636  
 Behavioral Health: 1-800-852-1091  
 Pharmacy: 1-866-854-8850  
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 Member Name

**12345678910 228000800**  
 Medical Mutual ID # Group #

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**StateOfOhio.MedMutual.com ODI**  
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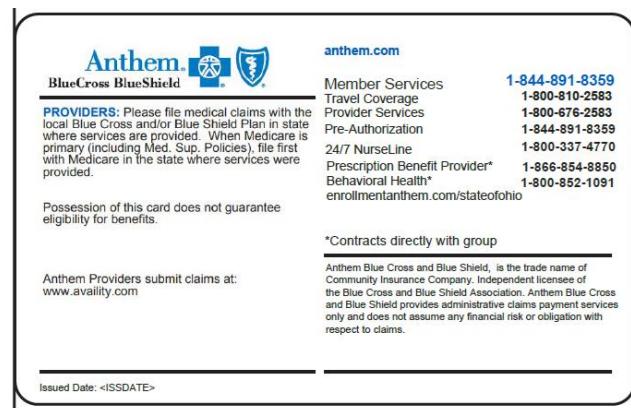
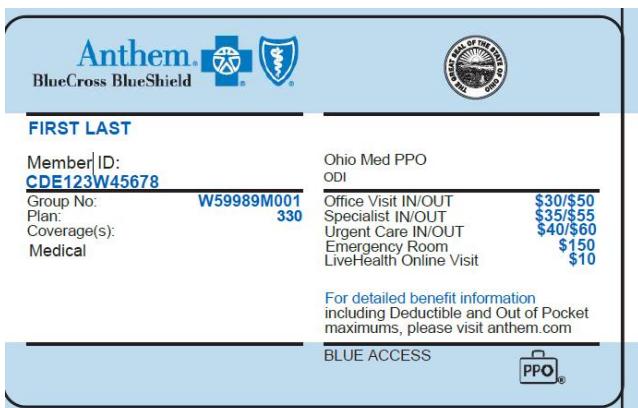
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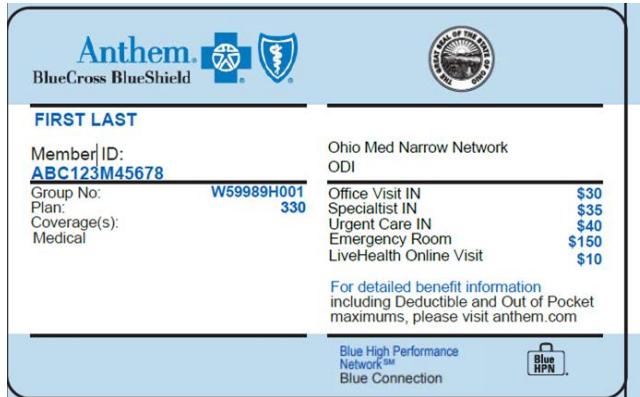
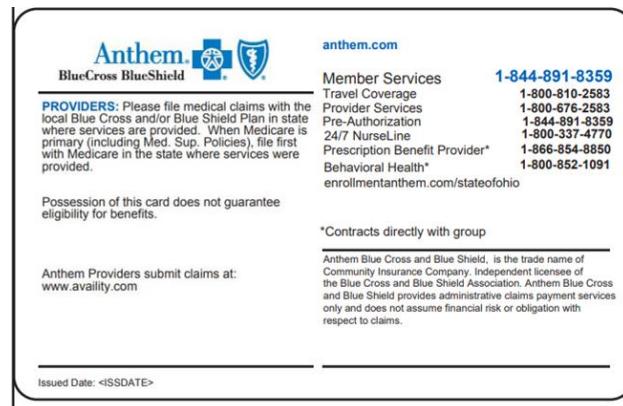
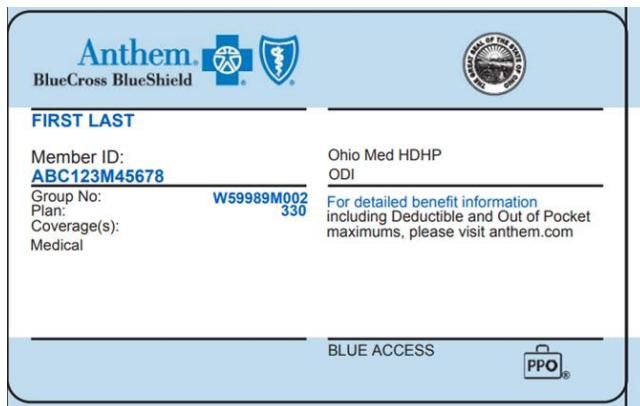
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AWAY FROM HOME CARE





4. Is there a ZIP code list for TPA assignments?  
**Yes. The list is included on Page 4 of the *MyBenefits* Guide.**
5. Who is the third-party administrator for employees that currently reside outside the State of Ohio?  
**Anthem.**

## Providers

1. Where can I view a directory for the TPAs to determine if my provider is an in-network provider?  
**The directory for each TPA is available on the individual TPA's website. You can search for not only in-network providers, but also providers by location or medical group.**
2. Will providers be added to my TPA's network?  
**TPAs have ongoing efforts to recruit providers. Their directories are updated on a regular basis.**
3. If I am currently seeing a provider who is not in my TPA's network, do I have to change to an in-network provider?  
**No, but you will have to pay more to be treated by a provider who is out-of-network for the PPO or HDHP. For the narrow network plan option, there are NO out-of-network benefits for non-emergency services.**

**High Deductible Health Plan (HDHP) and Health Savings Account (HSA)**

1. What is a High Deductible Health Plan (HDHP)?  
**It is an optional plan that contains a higher deductible than the Ohio Med PPO. The monthly premium is usually lower, but you pay more health care costs before the medical TPA starts to pay its share. An HDHP will be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from taxes.**
2. Who are the Ohio Med HDHP TPAs?  
**Anthem and Medical Mutual.**
3. What are the deductible and out of pocket maximum amounts?  
**The deductible is \$2,000 for single and \$4,000 family for network providers, and \$4,000 for single and \$8,000 for family for non-network providers. If you have family coverage, the plan will begin to pay after the family deductible has been met (this is different than the PPO). The out-of-pocket maximums are \$3,500 for single and \$7,000 family for network providers, and \$7,000 for single and \$14,000 for family for non-network providers.**  
**These amounts encompass medical, prescription drug, and behavioral health expenses.**
4. How does the HDHP affect my prescription drug benefits?  
**You will not pay flat-dollar copays for your prescriptions. You will pay 100% of the cost for your prescriptions until you meet your deductible; then you will pay 20% of the cost until you reach your out-of-pocket maximum.**
5. How does the HDHP affect my behavioral health benefits?  
**You will not pay flat-dollar copays for your behavioral health benefits. You will pay 100% of the cost for your behavioral health benefits until you meet your deductible; then you will pay 20% of the cost until you reach your out-of-pocket maximum.**
6. What is a Health Savings Account (HSA)?  
**A Health Savings Account (HSA) is an account that is funded by employee contributions on a pre-tax basis to help pay for eligible medical expenses, including deductibles, copays, and coinsurance. In order to open / fund the HSA, you must meet the IRS eligibility requirements. These include:**
  - You must be covered under a high deductible health plan (HDHP).
  - You have no other health coverage except what is permitted by the IRS.
  - You are not enrolled in Medicare.
  - You cannot be claimed as a dependent on anyone's tax return.
7. Who is the HSA vendor?  
**Optum Bank.**
8. Will the state be funding anything for the HSA?  
**Yes, for the benefit year beginning July 1, 2023, the state will make two equal contributions to your account in July 2023 and January 2024. The total of these two contributions will equal \$1,000 for single coverage and \$2,000 for family coverage.**

9. Can I make contributions to my HSA?  
**Yes. You can elect to have money deducted from your paycheck and deposited into your account on a pre-tax basis. You can also make contributions to your account outside of payroll. Please contact Optum Bank for more information.**
10. Is there a limit to what I can contribute to my HSA?  
**Yes. You can contribute a maximum of \$3,850 for single coverage and \$7,750 for family coverage. These amounts include the contributions to your account made by the state. If you are age 55 and older, you make an annual catch-up contribution of \$1,000, which raises your limit to \$4,850 or \$8,750.**

### **Narrow Network Plan (Ohio Med NN) Option**

1. What is a narrow network plan? Is the coverage the same?  
**A narrow network is a plan that is comprised of a smaller network of providers in each service area. Because there are less providers in the network, they can offer lower costs for services and provide better outcomes. The covered benefits and services are the same as the PPO plan option, and include the same prescription drug coverage, behavioral health coverage, and wellness plan coverage.**
2. Does the narrow network plan have different copay and coinsurance amounts?  
**No. The in-network copay, coinsurance, deductible, and out of pocket maximum amounts are the same as the PPO plan option.**
3. What is the difference between the narrow network plan and the PPO plan?  
**The biggest difference is that there are NO out-of-network benefits. If you go to a provider outside of the narrow network for non-emergency services, you will be responsible for the full cost.**
4. Since there aren't any out of network benefits, are the rates less than the PPO and HDHP plan options?  
**Yes, the rates for the narrow network plan are less than the PPO and HDHP plan options.**

### **Behavioral Health and Substance Use Services**

1. Who is the current behavioral health TPA?  
**Optum Behavioral Solutions**
2. Are there changes or updates to the behavioral health and substance use disorder services for the upcoming benefit year?  
**No, there are no changes for the upcoming year.**

### **Telehealth**

1. What is telehealth?  
**Telehealth is the delivery of medical care and health-related services that allows you to see a board-certified physician, licensed therapist, board-certified psychologist, or psychiatrist 24/7 via smart phone, tablet, or laptop with a camera.**

2. Who is the telehealth vendor?  
**LiveHealth Online, a company that provides telehealth services on behalf of Anthem.**
3. How much is an online medical visit through LiveHealth Online?  
**For members in the Ohio Med PPO, it is \$10 for any visit with a physician, therapist, psychologist, or psychiatrist. For members in the Ohio Med HDHP, the cost varies – it is \$59 for a medical visit, \$80 for a therapist, \$95 for a psychologist, \$175 for the first visit with a psychiatrist and \$75 for follow-up visits.**
4. How do I register?  
**Visit [LiveHealthOnline.com](http://LiveHealthOnline.com) or download the app from the App Store or Google Play. Please note if you are a new enrollee, these coverages do not begin until July 1, 2023.**
5. What types of services are available?  
**A physician can assess common health concerns like a cold, the flu, sore throat, rash, fever or allergy. They can recommend a treatment plan and prescribe basic medications (not narcotics or controlled substances). You can also access behavioral health services.**

## **Dental and Vision Benefits**

1. Are there any changes to the dental and vision benefits?  
**Yes, there are changes to the exempt dental benefits effective July 1:**
  - Coverage levels for the Premier network will align with the PPO network coverage levels.
  - The plan will have a \$75 deductible maximum per family.
  - The annual benefit maximum will be increased to \$2,000 per covered individual.
  - Implant and stent costs will now count toward your annual maximum.
  - Preventive and diagnostic services will no longer count toward the annual benefit maximum.
  - The lifetime orthodontia maximum will be increased to \$2,500.

## **Ancillary Benefits**

1. Are the ancillary benefits the same for Anthem and MMO?  
**Some ancillary services, which the TPAs contract directly with, such as discount offers for nutrition programs and fitness center memberships, may be different.**