# 2024 ANNUAL BENEFITS ENROLLMENT
# Frequently Asked Questions (FAQs)

*OhioHealth O'Bleness Hospital Bargaining Unit, Southeastern Medical Center, and Van Wert Hospital associates will have different medical benefits in 2024 and a separate communication for annual benefits enrollment.*

**DATE UPDATED: September 21, 2023**

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# ABOUT ANNUAL ENROLLMENT

**Q: What is annual enrollment?**

A: Annual enrollment (sometimes called open enrollment) is your once-a-year opportunity to make changes to your benefit elections for the following plan (calendar) year.

**Q: When is annual enrollment for 2024?**
A: Annual enrollment is from October 11 to 31, 2023.

**Q: Why should I enroll?**
A: Participating in annual enrollment, even if you're not making changes, is a proactive and responsible approach to managing your benefits. It ensures that your coverage accurately reflects your needs and circumstances and keeps you informed about any changes in your benefits package. It's an annual opportunity to take charge of your well-being and financial security.

You should confirm all of your 2024 benefit elections and review and confirm/add/remove your eligible dependents and beneficiaries in Workday.

**Q: What if I don't enroll?**
A: If you do not make your next year's elections during annual benefits enrollment (October 11 – 31, 2023),

- and you are currently enrolled in an OhioHealthy Medical plan option, you will be enrolled in the same plan for 2024 at your current coverage level (such as associate only, associate + spouse or family) if you meet eligibility requirements.
- your Healthcare Savings Account (HSA) contribution elections will not carry over and you will not receive OhioHealth's matching contribution.
- your healthcare and dependent care Flexible Spending Account (FSA) elections will not carry over and you will not be able to contribute to one during 2024.
- you will not be eligible for TAP Cash-In in 2024

**Q: What if I don't enroll in benefits during the annual enrollment period, but decide later that I want to enroll for medical coverage?**
A: Certain OhioHealth benefits require associates to enroll or make changes to their elected benefits within a specified period of time. There are three different scenarios when associates can make changes to their benefits elections: (1) when hired or become eligible for benefits, (2) when there is a "qualifying event" where certain changes to family or employment circumstances, for example, marriage/divorce/birth of child/loss of job, etc., and (3) during the annual open enrollment period.

**Q: Do I need to enroll through a Benefits Counselor, or can I enroll on my own in Workday?**
A: Although you're encouraged to meet with a Benefits Counselor, it is not required. You can enroll on your own in Workday.

## Enrolling in Workday

**Q: Where do I make my benefit elections?**
A: Login to Workday. You will get a task in your Workday Inbox called "Open Enrollment Change."

**Q: Who needs to submit benefit elections in Workday?**
A: All benefit-eligible associates should confirm and submit their 2024 benefit elections in Workday by October 31, 2023. OhioHealthy Plan medical elections will carry over into 2024. Be sure to confirm dependents/beneficiaries and click SUBMIT as the final step.

**Q: If I don't complete my enrollment in Workday by October 31, 2022, what happens to my medical plan benefits?**
A: If you take no action this year, and do not complete your enrollment process in Workday, your medical plan elections will carry over. You will be enrolled in the same plan for 2024 at your current coverage level (such as associate only, associate + spouse or family) if you meet eligibility requirements.

There will not be an extension to the enrollment period beyond October 31. You must make any changes by this date to ensure you have the right benefits coverage, including medical coverage for 2024.

**Q: What are the enrollment steps?**
A: Login to Workday. You will get a task in your Workday Inbox called "Open Enrollment Change." Click on this task to begin reviewing and updating your benefit elections for 2024.

**Remember, you need to answer the Spouse Attestation question in Workday, even if you do not have a spouse.**

**Q: If I currently waive the health plan and want to continue to waive in 2024, what do I need to do?**
A: Even if you want to continue to waive in 2024, you should still sign into Workday to review your other benefit elections, confirm your dependent coverage, and review/update your beneficiaries. Due to Affordable Care Act (ACA) requirements, all associates should verify their legal name & Social Security Number (their own and their dependents) appear correctly in OhioHealth systems, even if they are not covered on the OhioHealthy Plan. The information in Workday must match what is listed on Social Security cards.

**Q: Are all benefit elections and/or changes made in Workday?**
A: No, if you have changes to Permanent Life, Retirement Savings 403(b)/401(k), or Home/Auto & Pet Insurance, you will need to go to the vendor portals directly to add, change, or drop coverage. For contact or website information on these benefits go to www.OhioHealthRewards.com and select Contacts at the top of the page.

## New Hire Enrollment

**Q: I was hired after annual enrollment has launched (after October 11). Do I have to enroll twice?**
A: **Yes**. **You will need to complete your new hire elections first and then complete your annual enrollment elections.** Your new hire enrollment event will appear in your Workday Inbox after you have completed all of your onboarding tasks. It is called "Benefit Change – New Hire." After you've completed the "Benefit Change – New Hire" task and your new hire elections have been finalized, you will then receive a "Open Enrollment Change" task in your Workday Inbox. The "Open Enrollment Change" task is where you will elect benefits for 2024.

Note: this could take several days between submitting your new hire elections and receiving your Annual Enrollment task due to HR Resource Center processing your new hire elections.

**Q: Why don't I see the "Open Enrollment Change" task in my Workday Inbox?**
A: If you are a new hire after October 11, you will need to complete your new hire benefit elections first. If you are not a new hire after October 11 and you are benefit-eligible, contact the HR Resource Center for assistance at 614-533-8888 or HRRC@ohiohealth.com.

# WHAT'S NEW AND CHANGING IN 2024

**Q: What's changing in 2024**
A: Below is a summary of the key changes coming in 2024:

- The premium for the OhioHealthy HDHP+HSA Plan option will be reduced across all coverage levels, and the OhioHealth HSA match will increase to $500, $750, and $1,000 depending on coverage level. Premiums for the PPO and PPO Assist plan will not increase. Check for the 2024 premiums in the downloads section at the bottom of the page at OhioHealthRewards.com/Benefits-2024.

- The working spouse surcharge will be decreased by nearly 30 percent from $70 to $50 per pay. We have reviewed and aligned the spousal surcharge amount with industry norms.

  Like many employers, OhioHealth applied this surcharge to our medical coverage for associates choosing to cover their spouses who are eligible for a medical plan through their employer. A working spouse surcharge is a common practice among employers today to encourage enrollment of spouses in their own employer's health plan. This promotes equitable sharing of healthcare costs between employers and reflects our commitment to offering quality benefits that are sustainable.

  **Be sure to review your Spousal Attestation selection during annual enrollment in Workday to make sure it is still correct.**

- Prescription Savings:  We're committed to helping you manage the cost of your prescription medications and accessing convenient in-network pharmacies. We will partner with Navitus in 2024 as our new Pharmacy Benefit Manager (PBM). Further drug cost reduction can be delivered by the following:
    - A high-performance formulary that offers lower-cost alternatives like generics or less expensive brand name drugs when clinically appropriate.
    - Kroger will be included as a network pharmacy in 2024 for added convenience.
    - OhioHealthy has teamed up with Navitus and GoodRx, the largest discount card in the country, to provide you with even more savings. When you fill a prescription using the pharmacy benefit, Navitus will compare the out-of-pocket cost under your benefit to the GoodRx price. You pay whichever is less. Just present your OhioHealthy member card to start saving. It's that simple!
    - OhioHealthy will be implementing a Copay Savings Program to help ensure you are getting the most out of manufacturer copay assistance to save on specialty medications. This provides access to higher cost brand medications at a low out of pocket expense. The Navitus Access team will help find options to lower your out-of-pocket costs for more than 400 specialty and HIV medications. Participation is required when available. More information to come later in 2023.

- Lower premiums and overall medical costs with Rightway: Register and complete a Health Profile in Rightway by November 30, 2023 to earn a $30 credit per pay period to your 2024 medical plan premium.

  Lower your costs by using the Rightway app and/or connecting with a Rightway health guide for guidance on all non-emergency healthcare needs. You also earn an additional $5 per pay premium credit by using Rightway. Learn all about Rightway and how you can save.

- Commodity pricing for the best costs close to home. In the context of healthcare, commodity pricing is standard pricing for certain medical procedures, tests, and services due to their frequency, predictability, and consistent delivery. OhioHealth is implementing standard pricing for most imaging services across the system that includes x-ray, CT (Cat Scan), MRI, Ultrasound and Mammogram. Due to this change, OhioHealth associates on the OhioHealthy Medical Plan will receive consistent pricing for imaging services throughout the OhioHealth system. For example, an x-ray at OhioHealth O'Bleness Hospital will cost the same as an x-ray at Riverside Methodist.

  Benefits of this change include:
    - Clear and predictable pricing, making it easier for you to anticipate costs associated with specific procedures.
    - Ability to get close to home care knowing all OhioHealth facilities will have the same price.

- Pay less for vision:  Vision premiums will be reduced with the same level of coverage and services.

**Q: Why are these changes being made?**
A: Quality healthcare that's affordable and accessible is a fundamental need for you and your family. There are changes and improvements to your 2024 benefits package to improve the affordability and quality of your benefits.

We've listened to associate feedback and taken it to heart. These enhancements are a direct result of that valuable input. We're committed to evolving our benefit offerings to provide comprehensive and competitive coverage that is affordable and accessible moving forward.

**Q: What's NOT changing?**
A: Your retirement, dental, vision and other benefits not listed above are not changing.

Note: there are certain plans that have annual changes to maximum contributions limits, governed by the IRS. Those plans include Retirement Savings Accounts, Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA). Aside from these contribution limits, there are no plan design changes (e.g., employer contribution amounts) for these benefits.

# MEDICAL PLANS

**Q: What medical plans are offered by OhioHealth?**
A: We have three medical plan options that are administered by OhioHealthy:

- HDHP (High Deductible Health Plan)
- PPO (Preferred Provider Organization)
- PPO Assist

## HDHP Plan

**Q: What is the HDHP plan?**
A: The OhioHealthy HDHP medical plan option is a High Deductible Health Plan. It has lower premiums and a higher deductible than the OhioHealthy PPO plan. If you enroll in this plan, you'll get access to a special tax-advantaged savings account with matching contributions from OhioHealth - a Health Savings Account (HSA).

**Q: What are the OhioHealth matching contributions to the HSA for 2024?**
A: OhioHealth is increasing the employer match contributions to the HSA up to certain limits, based on your coverage level as follows:

Associate Only: From up to $250 in 2023 annually to $500 annually in 2024
Associate + 1: From up to $375 annually in 2023 to $750 annually in 2024
Associate + 2 or more: From up to $500 in 2023 annually to $1,000 in 2024

## PPO Plan

**Q: What is the PPO plan?**
A: The OhioHealthy PPO medical plan option is a Preferred Provider Organization plan. It has higher premiums and a lower deductible than the OhioHealthy HDHP plan. If you enroll in this plan, some of your costs for services will be based on a flat dollar amount (copay), even if you haven't met your deductible. (Copays do not count toward your deductible but do count toward your out-of-pocket maximum).

**Q: Can I contribute to a Health Savings Account (HSA) with the PPO plan?**
A: No. IRS rules do not allow participants in a non-qualified HSA plan (like the PPO plan) to make or receive HSA contributions. You can, however, contribute to a Healthcare Flexible Spending Account (FSA) to save pre-tax dollars toward eligible medical expenses.

## PPO Assist Plan

**Q: What is the PPO Assist plan?**
A: The OhioHealthy PPO Assist medical plan option is a special version of the OhioHealthy PPO option for those with a household income and family size that meet certain requirements. It has lower premiums and out-of-pocket costs for healthcare services.

**Q: Where do I find the eligibility requirements for the PPO Assist plan?**
A: You can visit https://www.ohiohealthrewards.com/myrewards/myhealth/medical-ppo-assist and there is an explanation of eligibility requirements and instructions on how to apply.

**Q: Where do I apply for the PPO Assist plan?**
A: To apply for the PPO Assist plan, you can submit an application in Workday.

Login to Workday and follow these instructions. All PPO Assist applications must be completed in Workday to ensure timely processing.

You will be required to provide your 2022 Federal IRS Form 1040 as proof of income.

You can download and print this **PPO Assist Overview** as a reference.

**Q: What is the deadline to apply for the PPO Assist plan?**
A: September 30, 2023

## Pharmacy/Prescription Benefits

**Q: What does it mean to have a separate deductible for prescription medications on the PPO plan?**

A: If you are enrolled in the PPO plan, you will pay the cost of Tier 1 prescriptions up to a certain amount (the deductible). After you've met the deductible for your Tier 1 prescriptions, future fills will cost a flat copay amount.

The PPO plan prescription deductibles are based on your coverage level as follows:

Associate only: $100
Associate + 1 dependent: $200
Associate + 2 or more dependents: $300

After each person's deductible is met, there is a $10 copay for prescriptions up to a 30-day supply and there is a $20 copay for prescriptions from 31 – 90-day supply. Copays will remain the same in 2024 as they were in 2023.

Example: If your Tier 1 prescription costs $150 and you have not yet met the prescription medication deductible, you will pay the first $100 for the Tier 1 deductible, and a $10 copay. Your future fills of Tier 1 prescriptions will cost only $10 for the rest of the plan year.

**Q: Am I required to participate in Manufacturer Discount Programs?**
**A:** OhioHealth will participate in a savings program for Specialty and HIV medications. This helps us provide access to higher cost brand medications at a low out-of-pocket expense to members. It is important to know only the amount you pay will be applied to your deductible and/or out of pocket amount. Participation is required when discounts are available.

**Q: Where can I fill my prescriptions?**
A: Prescriptions can be filled at OhioHealth Retail Pharmacies and most major pharmacy chains, including Kroger. Mail order is available through OhioHealth Retail Pharmacies and Costco. You do not have to be a member of Costco to utilize their mail order pharmacy. Specialty medications are able to be filled at OhioHealth Specialty Pharmacy with select drugs available through Lumicera Specialty Pharmacy.

**Q: I'm participating in the Diabetes and/or Asthma Management Program(s). Do I have to meet the Rx deductible in the PPO plan before my medications are covered 100%?**
A: The PPO plan's Rx deductible only applies to Tier 1 prescriptions. For Tier 1 diabetes and asthma medications like metformin or albuterol (as examples), you would need to meet the deductible before the medications are covered 100%. However, most diabetes and asthma medications are Tier 2, and these would be covered 100% without meeting the Rx deductible.

**Q: What is a prescription drug formulary?**
A: A formulary is a list of generic and brand name prescription drugs covered by a health insurance plan, including the OhioHealthy Plan options. The health plan helps you pay for the drugs listed on its formulary. It's their way of providing a wide range of effective medications at the lowest possible cost.

**Q: Will there be a change in which medications are covered?**
A: As with each plan year, changes are implemented to ensure our members have access to a broad range of effective and cost-efficient drug options. We have carefully reviewed and selected drugs that are proven to be safe and effective in treating a wide range of medical conditions.

**Q: Are the prescription tiers the same as the new provider/facility network tiers?**
A: No. They share the same name ("tiers"), but the prescription medication tiers are not related to the provider/facility network tiers. Our prescription drug formulary is also tiered benefit design. Tiers are the different cost levels you pay for a medication. See descriptions and examples below.

The prescription formulary tiers are:

$0 – Medications covered under the ACA Preventative Healthcare and Essential Healthcare Benefits
Tier 1 – Preferred generics and some lower cost brand products
Tier 2 – Preferred brand products and non-preferred generics
Tier 3 – Non-preferred brand products and some high-cost non-preferred generics
Tier 4 – specialty medications
E – Excluded from Coverage. There is no route to coverage for this medication.
NC – Not Covered. Drug may be available through a medical necessity request if covered options are not effective.

In October, the full formulary will be updated with a list of 2024 medications and their associated tiers. Check back at that time by visiting OhioHealthRewards.com and search "formulary".

## Premiums (Associate Contributions)

**Q: What is a premium?**
A: This is the cost to participate in a health plan and is paid for by both OhioHealth and the participant. Premiums vary by plan type and coverage level: associate only, associate + spouse, associate + child, or associate + children and associate + family. OhioHealth pays about 80 percent of the total premium and you pay about 20 percent. Associate premiums are paid through regular biweekly payroll deductions.

Note: Premium rates for 2024 are listed at OhioHealthRewards.com/Benefits-2024 and in Workday.

## Deductible and Out-of-pocket Expenses

**Q: What is a deductible?**

A:  The deductible is the dollar amount you must pay out of pocket toward medical expenses before coinsurance begins. An individual within a family can satisfy the full family deductible or a combination of all family members can meet the full annual family deductible.

If you're enrolled in the HDHP plan and have money in the Health Savings Account (HSA), funds to cover expenses before the deductible is met. Or, you can pay out of pocket and save your HSA funds.

The PPO and PPO Assist plans have an embedded deductible. This means that an individual within the family can meet the single (or Associate Only level) deductible and coinsurance will begin for that person.

Note: Deductibles, Out-of-Pocket Maximums, Coinsurance and Copays for 2024 are listed at OhioHealthRewards.com, and will be in the 2024 Summary Plan Description (SPD) posted on OhioHealthyPlans.com after the first of the new plan year.

**Q:  What is coinsurance?**
A:  This is what you pay for medical care once you've met your deductible and before you reach the annual out-of-pocket maximum. It is expressed as a percentage. For example, in the 2024 OhioHealthy HDHP Plan, OhioHealth will pay 90 percent of Tier 1 in-network covered charges after the deductible is satisfied. That leaves the participant owing 10 percent coinsurance for Tier 1 in-network services.

**Q:  What is the out-of-pocket maximum?**
A:  This is the maximum amount you will pay for in-network medical and prescription drug expenses in a plan year. An individual within a family can satisfy the full in-network out-of-pocket maximum or it can be a combination of all family members meeting the full family in-network out-of-pocket maximum.

All three medical plan options (HDHP, PPO, and PPO Assist) have an embedded out-of-pocket maximum. This means that an individual within a family can meet the single (or Associate Only level) out-of-pocket maximum and the plan will pay 100 percent of their in-network covered charges for the rest of the plan year.

## TIERED PROVIDER and FACILITY NETWORK

**Q:  What is a Tiered Network?**
A:  The three medical plan options offered by OhioHealth and administered by OhioHealthy will continue to have a three-tier provider/facility network in 2024 (Tier 1, Tier 2 and Tier 3). You and your covered family members choose which tier to use each time you seek care. Depending on what provider and facility you use, your out-of-pocket costs may be different.

**Tier 1:**  You will have the lowest cost and get the highest level of benefits when you receive care or services from Tier 1 providers that include OhioHealth providers and facilities. Some of

these features include lower copays for physician/specialist office visits (when applicable), lower deductibles, lower coinsurance and lower out-of-pocket maximums as compared to Tiers 2 or 3.

*Examples of Tier 1 providers/facilities:* OhioHealth facilities, OhioHealth Physician Group (OPG), Clinically Integrated Network (CIN), Central Ohio Primary Care Providers (COPC), Nationwide Children's Hospital, and Cleveland Clinic.

**Tier 2:** The Tier 2 network of providers and facilities have agreed to negotiated rates for our plan members. Your deductible, coinsurance, and copays are lower than when using an out-of-network provider, however they will be higher than services received from Tier 1 network providers and facilities.

*Examples of Tier 2 providers/facilities:* Fairfield Medical Center, Licking Memorial Hospital, Holzer Hospital, and Genesis Hospital

**Tier 3:** If you receive care from a provider who is not a part of the networks described above, your services may not be discounted, and you could be billed the difference between what the OhioHealthy Plan pays and what the provider chooses to charge. Seeing providers outside of the Tier 1 and Tier 2 networks will cost you the most out-of-pocket.

*Examples of Tier 3 providers/facilities:* Ohio State University (OSU), Mount Carmel Health System (MCHS), Avita Health System (Galion, Bucyrus, and Ontario locations), Adena Regional Medical Center, and Marietta Memorial

**Q: How do I know what Tier my provider or facility is in?**
A: The provider search tool on OhioHealthyPlans.com ("Find Doctors and Locations") details each in-network provider and facility tier designation. Tier 3 providers are out-of-network and those providers and facilities will not populate in the "Find Doctors and Locations" tool.

**Q: Do I choose a provider tier during annual benefits enrollment?**
A: No. You choose a provider when you get healthcare services. You only choose an OhioHealthy Plan option during annual enrollment (HDHP, PPO or PPO Assist for those who qualify and have applied and been approved).

**Q: What if I need a service that is not provided by a Tier 1 provider in my network?**
A: Tier 1 providers include a comprehensive group of providers that are able to treat a wide variety of conditions. In addition to OhioHealth providers and facilities, Nationwide Children's Hospital, Cleveland Clinic, (+more) are in the Tier 1 network. Any provider outside of the Tier 1 network will be paid according to that provider's Tier designation. (Unless it is an emergency. See answer below.)

**Q: What if I have an emergency and am taken to a facility outside of Tier 1?**

A: If you or a covered dependent has an Emergency Medical Condition and receive Emergency Services at an out-of-network Emergency Facility, the services will be paid according to the Tier 1 benefit.

**Q: What is considered an Emergency Medical Condition?**
A: As defined in the Summary Plan Description (SPD):

**Emergency Medical Condition** means a medical condition, including a mental health condition or substance use disorder, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of Section 1867(e)(1)(A) of the Social Security Act. In that section, such clauses refer to (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in the serious jeopardy, (ii) serious impairment to body functions, or (iii) serious dysfunction of any body organ or part. Final determination as to whether services were rendered in connection with an emergency will rest solely with the Plan. The Plan will not limit what constitutes an Emergency Medical Condition solely on the basis of diagnosis codes, as required by the No Surprises Act.

**Q: What if my dependent child (under 26 years of age) is out-of-state at a university or college and needs medical care?**
A: When you or your family are outside of the OhioHealth Service Area, you are able to use a Wrap Network for doctors and ancillary services; those providers will be paid as Tier 2.

## WORKING SPOUSE SURCHARGE

**Q: What is the working spouse premium surcharge?**
A: There is a medical plan premium surcharge of $50 per pay period for spouses who are working and eligible for medical coverage through their employer. This surcharge is in addition to the premium cost for whatever plan you elect that includes a spouse: associate + spouse and family plans.

**Q: Why does OhioHealth have a spousal surcharge?**
A: Like many employers, OhioHealth applies this surcharge to our medical coverage for associates choosing to cover their spouses who are eligible for a medical plan through their employer. A working spouse surcharge is a common practice among employers today to encourage enrollment of spouses in their own employer's health plan. This promotes equitable sharing of healthcare costs between employers and reflects our commitment to continue offering quality benefits that are more affordable now and into the future.

**Be sure to review your Spousal Attestation selection during annual enrollment in Workday to make sure it is still correct.**

**Q: How does the spousal surcharge help on saving costs?**

A: OhioHealth is self-insured. OhioHealth pays the cost of each member's medical coverage and actual claims. If spouses move to their employer's plan and use that benefit instead, it saves OhioHealth the costs of those medical and Rx claims and will help to keep the plan more affordable, which results in savings to both OhioHealth and our associates.

**Q: Does the working spouse surcharge apply to all three OhioHealthy Plan options?**
A: Yes. It applies to the HDHP, PPO, and the PPO Assist plan.

**Q: How do I know if the working spouse surcharge applies to me?**
A: The surcharge **does apply** when your spouse is:

- Eligible for employer-provided medical plan coverage
- Gains eligibility for employer coverage during plan year

The surcharge **does not apply** if any of the following scenarios apply to your spouse:

- Does not work
- Is an OhioHealth associate
- Is covered by Medicare, Medicaid, Tricare, or other government program
- Is covered under COBRA
- Works (full-time or part-time) but is not eligible for medical coverage through their employer
- Loses their job-related medical coverage

**Q: How will OhioHealth know if spouses have medical plan coverage available through their employer?**
A: Associates electing to enroll in medical coverage must attest in Workday as part of the benefits enrollment process. If they attest that their spouse does not have medical benefits available through their employer, they will avoid incurring the $50 per pay surcharge**.**

**Q: What if I don't attest in Workday about my spouse's status to get medical benefits from their employer?**
A: If you do not attest by the end of the annual enrollment period on October 31, 2023, the surcharge will apply for 2024. You must update your Spousal Attestation in Workday if you are electing medical coverage for 2024. (If you do not have a spouse, you still need to select the Spousal Attestation option in Workday, click Confirm & Continue on the first screen, and select "I am not covering a spouse." from the drop-down menu on the second screen.)

There will not be another opportunity to complete the attestation after annual enrollment ends.

**Q: What if my spouse also works for OhioHealth and I cover them as a dependent under my medical plan election?**
A: Your spouse would not be subject to the surcharge.

**Q: What if I cover my spouse initially during annual enrollment and then my spouse enrolls in their own employer's plan in the future?**

A: If you stop covering your spouse, the surcharge will be discontinued. To have the surcharge discontinued, submit a Gain/Loss of Coverage benefit event in Workday within 31 days of the date your spouse enrolls in their own employer's plan. If you have questions about how to submit a benefit event in Workday, contact the HR Resource Center at (614) 533.8888.

**Q: My spouse waived coverage through their own employer. Do I have to pay the surcharge?**
A: If your spouse remains enrolled in one of the OhioHealthy Plan options, the surcharge will apply.

**Q: What if my spouse's employer's annual enrollment period has already passed?**
A: Depending on your spouse's employer's plan rules, they may be able to make changes to their 2024 elections before the beginning of the plan year. Your spouse should contact their employer's Human Resources office for assistance. If your spouse remains enrolled in one of the OhioHealthy Plan options, the surcharge will apply.

**Q: What if my spouse has a different plan year than OhioHealth and benefits enrollment period is over? Do I have to pay the surcharge?**
A: IRS rules allow for your spouse to add coverage under their employer plan if they drop coverage under the OhioHealthy Plan, when the plan years are different, and their employer plan rules allow for the change. The change usually has to be made within 30 days of dropping coverage. Your spouse should contact their employer's Human Resources office for assistance.

**Q: My spouse isn't working now. What happens if they get a new job and obtain employer coverage?**
A: If you decide to keep your spouse on one of the OhioHealthy Plan options, the surcharge would begin applying in the month they become eligible for their own employer coverage. You will need to contact the HR Resource Center at (614) 533.8888 to report that coverage has become available to your spouse.

**Q: What if my spouse, who is currently covered by their employer's plan, loses their job or has hours reduced and loses eligibility for medical coverage?**
A: This is a qualifying life event. Your spouse would be eligible to enroll in one of the OhioHealthy Plan options and the surcharge would not apply. Submit a Gain/Loss of Coverage benefit event in Workday within 31 days of the date your spouse loses coverage. If you have questions about how to submit a benefit event in Workday, contact the HR Resource Center.

**Q: What if my spouse is continuing coverage under their previous employer's COBRA?**
A: The surcharge would not apply.

**Q: How much is the surcharge? When does it start?**
A: The surcharge is $50 per pay period starting the first pay period of 2024. This surcharge will be collected on a pre-tax basis through payroll deductions.

**Q: Does the working spouse surcharge apply to dental or vision?**
A: No. The working spouse surcharge applies only to the medical plan.

## SAVING MONEY & IMPROVING YOUR HEALTHCARE EXPERIENCE

**Q. How do I earn medical plan premium credits in 2024?**
To earn a $30 per pay period credit for 2024, register in Rightway and complete a health profile by **November 30, 2023**, and the credit will be applied to your medical plan premium in 2024.

Your medical plan premium is the amount you pay to have medical coverage (deducted from your biweekly paycheck).

Associates who are OhioHealthy Plan members can earn an additional $5 per pay period medical plan premium credit for 2024 by connecting with Rightway. Use the Rightway app or connect with a Rightway health guide for guidance on all non-emergency healthcare needs. Doing so earns you, the covered associate, the $5 credit for the 2024 plan year.

Use Rightway for guidance in all your healthcare needs throughout the plan year. You can connect with a Rightway health guide to learn more about where to go for care.

**Q: What if my spouse is also an OhioHealth associate and is covered as a dependent on my medical plan, will they get the $30 per pay Wellness Discount too?**
A: No. Your spouse would need to carry their own OhioHealthy Plan coverage to receive the $30 per pay Wellness Discount. While spouses and dependents are not eligible for the medical plan premium credit, they are encouraged use Rightway services if needed.

**Still have questions? Review the Rightway FAQs to find answers. If you can't find an answer, contact the HR Resource Center at (614) 533-8888 or hr-resource-center@ohiohealth.com.**

## DEPENDENT VERIFICATION

**Q: What if I am adding a new dependent for medical coverage?**
A: You must submit documentation verifying your dependents' eligibility while completing the enrollment process in Workday, otherwise they will not receive benefit coverage. Acceptable documentation is:

- Spouse: Marriage Certificate OR Most Recent Federal Income Tax Filing
- All children: Birth or Adoption Certificate or Legal Custody Document

## BENEFITS ELIGIBILITY

**Q: Who is eligible for benefits?**

A: You and your dependents (see below) are eligible to enroll in our benefits plans if your standard hours are at least 48 hours per pay period, are employed by an OhioHealth entity, and not subject to Bargaining Unit restrictions. Learn more and see list of OhioHealth entities here.

Your eligible dependents are:

Your legal spouse, excluding legally separated individuals;

And your children:

- Through age 26
- Unmarried, of any age, who have a mental or physical disability that requires them to depend on you for support (documentation required)

## SUPPORT/TOOLS/RESOURCES

**Q: Where will I find detailed information on our OhioHealth benefits? Who can I call for help?**

**Get one-on-one assistance:**

Schedule a one-on-one session with a benefits counselor to learn more about your benefit options and get help enrolling in Workday. Sessions are by phone or in person at certain OhioHealth locations during annual enrollment.

You can schedule today. Visit MyOhioHealthAnnualEnrollment.com and follow the on-screen instructions to make your appointment. Just select the drop-down menu in the scheduling tool and pick your preferred location to see available dates and times.

**Benefit counselors can help with annual enrollment questions or enrollment support starting October 11 (no appointment needed):**

Call a benefits representative at (614) 533-8888 and follow the prompts.

Monday — Friday, 7 AM to 7 PM

Saturday, October 14, 21, and 28 from 8 AM to noon

**Use an online interactive tool:**

ALEX will walk you through your OhioHealth benefit options, provide personal assistance and point out what choices make the most financial sense for you. Get started at Start.MyAlex.com/OhioHealth.

**Browse the details online:**

OhioHealthRewards.com is your online resource for benefits. You can access it from any device without needing a password. The full website will still reflect 2022 benefits (for new hires and newly eligible associates). To see 2024 changes, visit OhioHealthRewards.com/Benefits-2024.

**Other general benefit questions:**
Contact the HR Resource Center at (614) 533-888