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***Ohio Turnpike Commission – Open Enrollment  
November 2, 2010 through December 10, 2010***

TO: All Full-time Bargaining and Non-Bargaining Employees

FROM: Maggie Baldy, Benefits Coordinator

SUBJECT: Annual Open Enrollment for 2011 Benefits  
Medical, Prescription Drug, Dental, Vision and Hearing

DATE: November 2, 2010

The Ohio Turnpike Commission is pleased to continue offering you high quality medical, prescription drug, dental, vision and hearing coverage. Based on your personal needs, you have the choice of Plan A or Plan B for medical coverage.

All Full-time bargaining and non-bargaining unit employees may make enrollment and coverage changes to their benefit plans during the designated Open Enrollment period – November 2 through December 10, 2010. During Open Enrollment, you may add/drop coverage or switch plans.

It is important that you actively enroll in your 2011 benefit plan during Open Enrollment. If you had coverage in 2010, but do not enroll timely for 2011 benefits, you will be assigned default coverage – Plan B – which might not meet the needs of you and your family. All employees must complete and return to Human Resources, the OTC Plan Election Form (to select Plan A or B).

This important form must be received in Human Resources no later than December 10, 2010.

***Important 2011 Plan Information –***

- Employee contribution level reflects 2010 costs. The contribution level for 2011 is unknown at this time.
- There is no increase in co-pays or deductibles for health and prescription drugs. The plan design for 2011 remains the same as 2010 although the Commission has not made the decision to seek “grandfathered” or “non-grandfathered” status, which may later result in changes in employer-employee cost sharing.
- The Medical, Vision, Hearing and Prescription plans will continue to be administered through Medical Mutual of Ohio.
- The Dental plan will be administered through Delta Dental. This represents a change as MetLife administered the dental plan from 2008-2010.

### ***Important Information Regarding Dependents***

- If you plan to add a dependent back on to your plan, please contact me directly.
- Depending on your current plan, there may or may not be a premium cost increase.
- For dependents up to age 26, (under Federal Health Care Reform), the only cost increase would be if you are moving from one plan to another, (i.e. Single Plus One Plan to a Family Plan).
- For dependents age 26 to 28, (under State Health Care Reform), employees will will be required to pay 40% of the COBRA amount for health care coverage. Please contact me regarding your premium in this instance.

### ***Commission's Health Plan and Health Care Reform***

As part of the requirements of the Patient Protection and Affordable Care Act, the Commission is furnishing the following Notices to all full-time employees covered by the Commission's health plan:

- Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26 (federal).
- Notice of Lifetime Limit No Longer Applies and Enrollment Opportunity.
- Patient Protection Disclosure.
- The Affordable Care Act: Protecting Consumers and Putting Patients Back in Charge of Their Care Fact Sheet (as provided by the Department of Labor).

The following changes have been made to the Commission's Health Plan as a result of Health Care Reform:

- Removal of a Lifetime Limit to employees.
- The Commission already provided a higher annual limit for essential services – no change was needed to the Commission's health plan.
- Removal of pre-existing condition exclusion for children under age 19.
- Coverage of dependent children up to age 26 (federal) and age 28 (state).

Please note that the Commission has not determined whether it will seek "grandfathered" or "non-grandfathered" status. This decision will affect the cost-sharing between the employer and employee; inclusion of coverage of certain additional preventive care services; and an enhanced internal and external appeals process. Notice of this status will be given to employees prior to the January 1, 2011 plan year.

If you should have any questions regarding Open Enrollment Materials, please contact me at 440-234-2081, ext. 1112

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**Employee Monthly Contribution Amounts**

	<u>Plan A</u>		<u>Plan B</u>	
	<u>Bargaining</u>	<u>Non-Bargaining</u>	<u>Bargaining</u>	<u>Non-Bargaining</u>
Single	\$34	\$34	\$0	\$11
Single +1	\$68	\$68	\$0	\$23
Family	\$99	\$99	\$0	\$33

*\*Note: 2011 contribution levels are subject to collectively bargained negotiations.*

**Benefit Information – Numbers to Know**

Medical Mutual of Ohio	
Customer Service	800-586-4509
24/7 Nurse Line	888-912-0636
Pre-Certification – Medical/Surgical	800-258-2873
Locate Network Doctor/Hospital	800-232-7400
<i>Super Well</i> Programs	800-258-3175
Medco Prescription Drug Plan	
Medco Prescription Drug Help Desk	800-922-1557
Medco Special Care Pharmacy	800-803-2523
<i>EyeMed</i> Vision Plan	800-334-7591
Delta Dental	1-800-524-0149
The Hartford Life Insurance	(please direct all questions to Maggie Baldy, x-1112)
AFLAC Supplemental Insurance	800-992-3522
Ohio Turnpike Commission	
Human Resources/Payroll	440-234-2081
Maggie Baldy, Benefits Coordinator	x-1112
Linda Birth, Payroll Manager	x-1141
Robin Carlin, H.R. Director	x-1111