

CMSD Employee Benefits

2018 Open Enrollment

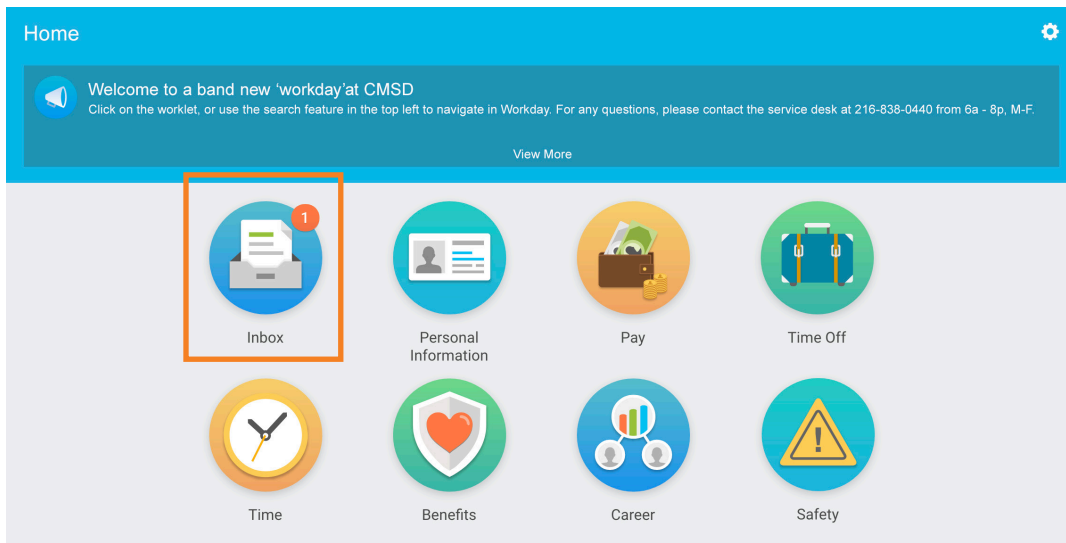


Frequently Asked Questions

ANNUAL OPEN ENROLLMENT

1. How will I receive my Open Enrollment event?

You will receive your Open Enrollment event through your Workday Inbox.



2. How soon will the changes I make during Open Enrollment become effective?

All changes made during the 2018 Open Enrollment event will be effective January 1, 2018.

3. If I'm not making any changes, should I do anything?

- Although it is not mandatory, we do recommend that you take the opportunity to view your current enrollments to make certain that your information is accurate. If you are currently enrolled in medical, dental and vision coverage and are satisfied with your coverage, no changes need to be made for coverage to be maintained.
- Opt-out credits, FSAs and Dependent Care elections need to be updated every year.

4. If I opted out last year do I need to opt out again this year?

Yes. In order to qualify for the health care waiver, you need to enroll in the Credit Opt-Out every year.

5. When will I receive the Opt-out payment?

Health Care Waiver payments are paid on the second pay of both April and October.

WELLNESS CREDIT

6. Who needs to complete the Wellness Check?

- If you have family coverage that includes a spouse, both you and your spouse must complete the Wellness Check in order to receive the credit. No other dependents are required to complete the Wellness Check.

7. Why don't I see my Wellness Credit in Workday?

If you do not see a Wellness Credit, it is due to one of the following reasons:

- You (and/or your spouse) submitted your physician-signed certification form too close to October 31, and your credit has not yet been loaded. If this is the case, you can still submit your benefit elections, and check back in a few days. You will see your credit reflected before the close of Open Enrollment.
- You (and/or your spouse) did not submit the physician-signed certification form to Hylant in time (by October 31) to qualify for the credit.
- Your physician certification form (and/or your spouse's form) was not completed properly to qualify for the credit.
- You (and/or your spouse) did not submit the physician-signed certification form at all.

8. How do I verify that my Wellness form was processed?

To receive confirmation that your form was received, email CMSDHRA@Hylant.com or contact Victoria Brian (Victoria.Brian@ClevelandMetroSchools.org).

9. How do I qualify for the Wellness Credit as a new hire?

You have 60 days from your start date to complete the Health Risk Assessment and submit the Physician Certification form to Hylant. The credit will only apply to deductions taking place after the Wellness Credit approval. Any deductions taken beforehand will remain the same.

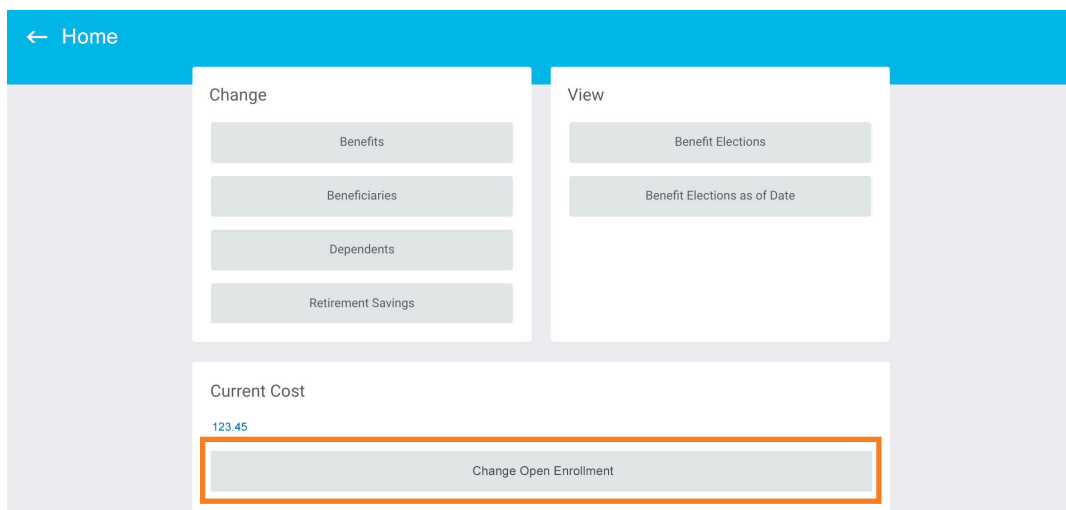
10. Where do I find the Wellness form?

Forms are available on the Employee Benefits and Law Department main pages on the CMSD website.

CONFIRMATION STATEMENTS AND CHANGES

11. May I make changes after I have submitted my elections?

You may continue making changes to your Open Enrollment elections until November 30th. If you have submitted your elections, you may access your Open Enrollment event through the **"Change Open Enrollment"** button in your Benefits Worklet.



12. Will I receive a confirmation statement?

You will not receive a mailed confirmation statement but will be able to print your own from Workday once election changes have been submitted.

13. If I don't make changes, will I receive a confirmation statement?

No, confirmation statements are available if changes aren't made, but you can view your benefits elections in Workday at any time.

FLEXIBLE SPENDING ACCOUNTS (FSA)

14. What is an FSA?

An FSA is a spending account that allows you to set aside money from your pay check before taxes are taken out. This money is available to pay for eligible expenses such as co-pays, deductibles, eye glasses, contact lenses, prescriptions and other health-related expenses that are not reimbursed by your insurance.

15. Will my FSA roll over if I do nothing?

FSAs need to be elected each year. However, for certain Bargaining Unions, there is a \$500 carryover each plan year. Consult the Benefits enrollment guide and your Collective Bargaining agreement to verify this amount.

OTHER QUESTIONS

16. Who has to pay the additional working spouse monthly surcharge?

Any employee whose medical insurance policy includes a spouse who is employed AND offered insurance through their employer must pay the working spouse surcharge.

17. If both my spouse and I are employed by the District, what kind of coverage are we eligible for?

You are eligible for either one family plan or two single plans. Refer to your labor agreement for specific guidelines.

18. Why don't I see a deduction for my additional life insurance?

You will be required to provide Evidence of Insurability (EOI) when enrolling during Open Enrollment. EOI is the documentation of good health in order to be approved for coverage. The insurance carrier will review and determine approval based on EOI documentation. Benefits may be limited and/or denied based on EOI results. Claims incurred prior to the approval of your coverage will not be covered. It is important to keep your beneficiary information up to date.