

CMSD Employee Benefits

2019 Open Enrollment

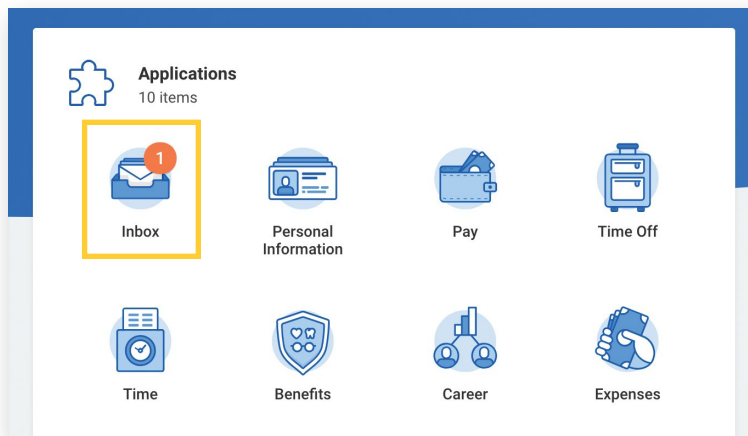


Frequently Asked Questions

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 Open Enrollment will be effective January 1, 2019.

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

- Although it is not mandatory, we do recommend reviewing 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 that coverage to be maintained.
- Opt-out credits, FSAs and Dependent Care elections need updated every year.

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

Yes. To qualify for the Health Care Waiver, you need to enroll in the Credit Opt-Out.

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

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

6. Can I make changes after I have submitted my elections?

Changes can be made to your Open Enrollment elections until November 30th. If you have submitted your elections, you can access your Open Enrollment event through the "Change Open Enrollment" button in your Benefits App.

7. 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.



WELLNESS CREDIT

8. Who needs to complete the Wellness Check?

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

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

If you do not see a wellness credit, it could be due to:

- You (and/or your spouse) submitted your signed certification form after October 15th and your credit has not yet been processed. If this is the case, you can still submit your benefit elections, and check back in a few days. If the credit is approved, it will be applied to elections even after they have been submitted.
- You (and/or your spouse) did not complete the form properly or submit the physician signed certification form to Hylant by October 31st to qualify.

10. How do I verify that my Wellness form was processed for the upcoming year?

- Log-in to Workday
- Click on your Annual Open Enrollment event in your Workday inbox.
- Once a medical plan is elected, the benefit credit will be reflected in the benefit credit column on the health care plan election screen.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)	Provider/Website
Medical - AETNA POS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Aetna
Medical - Medical Mutual of Ohio PPO SuperMed Plus	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Medical Mutual of Ohio
Medical - UH Choice EPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Single	\$25.00	\$336.86	7.50	UH Choice
Credit - Opt Out of Medical Eligible for Family but Elected Single	<input type="radio"/> Elect					0.00	

- If you do not see the credit reflected, please email CMSDHRA@Hylant.com to receive confirmation that your form was received.

11. How do I qualify for the Wellness credit as a new hire?

You have 60 days from your benefits start date to complete the Health Risk Assessment and submit the Physician Certification form to Hylant.

12. Where do I find the Wellness form?

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



FLEXIBLE SPENDING ACCOUNTS (FSA)

13. What is an FSA?

A Flexible Spending Account (FSA) is an 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 insurance.

14. 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. Please consult the Benefits enrollment guide and your Collective Bargaining agreement to verify this amount.

OTHER QUESTIONS

15. 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 surcharge.

16. 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.

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

You may be required to complete a Statement of Health (SOH) when enrolling during Open Enrollment. If this is the case, MetLife will send any required documents directly to you. MetLife will review and determine approval based on SOH documentation. Benefits may be limited and/or denied based on the 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.