

2024 Open Enrollment (OE) – FAQ

General

- Do FT staff now have to pay for Long Term Disability (LTD)?
 - No. LTD is an employer paid plan automatically assigned to FT staff. It is not part of OE because there is no need for FT staff to elect it.

- I just accepted a FT position. What can I read or watch to get a “crash course” on it all?
 - Several resources that we have made available to our employees. You can find benefits related information in the Employee Benefits Webpage:
<https://www.columbuslibrary.org/employee-benefits>:
 - The OE video presentation. On this video both Magaly and Jen Bowen, our United Health Care Account manager discuss CML’s benefit offerings.
 - The 2024 Benefits Guide
 - Quick Start Open Enrollment Guide (an abbreviated version of the Benefits Guide)
 - MyHR Employee Solution Center. They are CML’s dedicated groups of payroll and benefit specialist in ADP that can assist with questions related to ADP and can assist with Open Enrollment. They can be reached at 855-547-8508 Monday through Friday, from 8am to 11:30 pm EST or at mylifeadvisor@adp.com.

- My spouse also works for CML. If we wanted to move our kid from my plan to his plan, would we need to go through that dependent approval process again?
 - No. The dependent eligibility verification process is only for newly enrolled dependents in either medical, dental or vision with CML.

- What is the best way for me to compare the PPO and HDHP plans?
 - The plan design is the same for both plans—this means that both plans cover the same things but your out-of-pocket cost may vary. What you want to be aware of are the premiums, deductible, coinsurance and total out-of-pocket expenses. These are described in the Benefits Guide, the Summary of Benefits Coverage. The most efficient tool for comparing the two plans is to use the myVoyage tool (by VOYA) which allows you to model expected medical cost based on your anticipated needs and the expected usage of the plan. By inputting expected numbers of office visits, prescription usage, it walks you through the projected cost of each plan and provides guidance on which plan may be a better option.

- What amount would my beneficiary receive under the New York Life Basic Life & AD&D plan? Do I have to choose the coverage?
 - Basic Life and AD&D insurance is provided at no cost to all CML full time employees. The benefit that would be paid out to a beneficiary is the lesser of 1 times the employee’s annual compensation (up to \$100,000). Employees can elect supplemental life insurance for themselves up to \$190,000 as guaranteed issuance without a need to complete an Evidence of Insurability (EOI) questionnaire. Employees can also elect up to \$50,000 of guaranteed life insurance for their spouses without an EOI. Any supplemental life insurance is paid out in addition to the basic life insurance provided by CML.

- Can I enroll in just the vision and dental plan?
 - Yes, you can choose any or all of the plan offered for medical, dental and vision. Each plan is separate from each other.

Cost estimators

- How do I compare which doctors to go to? Other than myVoyage, are there any other cost estimators or decision-making tools that you can recommend?
 - While myVoyage does a nice job of summarizing projected medical cost based on national averages, a very comprehensive tool, which has estimated costs various types of medical care based on local medical providers and can be found on MyUHC.com. To locate this tool go to: MyUHC > Find Cost and Care
 - You can search by type of care (allergies, diabetes, etc.), by provider name, or service/type of condition (MRI, Acupuncture, Back pain)

FSA

- When I go through the Open Enrollment process, will my FSA max allowed automatically showed?
 - Yes, your FSA maximum limit is dictated by your standard hours worked each week, otherwise known as your full time equivalency (FTE). You do not have to remember what your maximum amount is.
- What is the difference between the health care FSA, Limited Purpose FSA and FSA Dependent Care?
 - A Health Care FSA is for eligible health care expenses for you and your eligible dependents (medical care, dental and vision). The Dependent Care FSA is for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare. The Limited Purpose FSA is a special flexible spending account that is only available to HDHP participants. It may only be used to pay for eligible dental and vision care.
- Do I have to be enrolled in the medical plan to enroll in the medical FSA?
 - You can choose to enroll in the medical FSA and not in the medical plan. This situation may occur when you have medical coverage through another plan but you wish to have a separate FSA account for yourself.
- For childcare FSA/dependent care FSA, does the childcare have to be a registered daycare/official daycare' or can it be used for a regular babysitter?
 - It can be a regular babysitter or even a family member as long as that family member is not your spouse, the parent of the child, your dependent, or your child under age 19. The person cannot be your tax dependent. They should be willing to claim the income on their tax return and provide you with their taxpayer ID or SSN so you can file your taxes. See more information here: <https://www.irs.gov/faqs/childcare-credit-other-credits/child-and-dependent-care-credit-flexible-benefit-plans> and also <https://www.irs.gov/pub/irs-pdf/p503.pdf>

- Until when do I have to use the \$610 FSA carryover?
 - The carryover balance must be used within 12 months (until December 31 of the following plan year). These funds are lost after that 12 month carryover period. If electing FSA in 2024, you will need to spend your 2023 funds prior to expiration of the carryover.

HSA

- If I switch to the PPO plan for 2024, can I still contribute to my HSA?
 - No. In order to be able to contribute to an HSA you have to be enrolled in a HDHP. You are able to use the monies in your HSA to pay for eligible health expenses in the future. The dollars always belong to you even if you leave CML.
- Can you have the PPO plan and also a health savings account?
 - No. In order to be able to contribute to an HSA you have to be enrolled in a HDHP.
- I am electing a family HDHP and my spouse will be covered under my plan. Can my spouse contribute to his own HSA account?
 - The total contribution to a HDHP for a family is \$8,300. If you are over 55 years of age, you can increase your contribution by \$1,000 for a total of \$9,300. If your spouse is also over 55 years of age, your spouse can contribute to their own HSA account \$1,000. An HSA user guide is available
<https://www.uhc.com/content/dam/uhc.com/en/Employers/communication-resources/PDFs/UHC-HSA-User-Guide.pdf>
- What happens to the HSA account if I decide to leave the high deductible plan, which I joined for this year and go back to the traditional plan?
 - The HSA account is yours to keep. While you will not be able to contribute additional dollars to it, you can use it for eligible health expenses now and into the future. Depending on your balance, you may also consider investing what you have which grows tax deferred. In the open enrollment video, Jen Bowen touches on investing HSA dollars.
- Where do I submit my Spousal/Domestic Partner Additional Charge Removal Form?
 - Please submit to payrollbenefits@columbuslibrary.org.
- Where is the open enrollment video?
 - All benefits resources are located at <https://www.columbuslibrary.org/employee-benefits/>. Required Notices and specific plan documents for each plan are located on MyHR (ADP) -> Resources -> Tools/References.

Medical Discount

- CML offers a medical premium discount to employees and spouses (or domestic partners) who have completed an annual preventive care visit. Employees with employee-only coverage may receive up to \$300 per year. Employees and spouses (or domestic partners) may receive up to \$600 per year. The discount is divided on a per payroll period basis. During preventive care visits, a relationship with a medical team is established, and early detection of health risk factors is more likely.

An annual preventive care visit is one of the following: an annual well visit with a primary care physician, mammogram, pregnancy care, colonoscopy, or a well visit with a gynecologist. Preventive visits must occur no earlier than January 1 of the previous calendar year to count toward the discount for that next plan year. Current medical plan

enrollees will not have to submit any forms; the Payroll & Benefits team will work directly with UHC on the eligibility for the discount. The discount will be applied as soon as CML receives confirmation that a preventive visit has taken place, as defined above. New hires and newly eligible plan enrollees will be required to complete a physician attestation form documenting preventive care visit. Contact the Payroll and Benefits Team at payrollbenefits@columbuslibrary.org for more information.

If you completed a preventive visit as previously defined, you can confirm your discount by logging into MyHR (ADP), clicking on Myself>Benefits Enrollments>2024 Medical Discount Employee or 2024 Medical Discount Employee & Spouse. *(This information will not be available until the second week of January 2024 in ADP.)*

- I was not enrolled in CML's medical plan in 2023, how can I become eligible for the discount?
 - New hires and new enrollees of the medical plan may complete the Medical Discount Attestation form found here: <https://www.columbuslibrary.org/employee-benefits/enrollment/>

457 – Ohio Deferred Comp Retirement Plan

- Do I have to wait for Open Enrollment to sign up? How do I enroll in the Smart Plan? You can enroll in 457 Deferred Comp at any time. Visit <http://www.ohio457.org/home> for more information in enrolling and the Smart Plan.

Out-of-pocket expenses

- Can you talk about the out-of-pocket (OOP) Max? It says CML pays for all remaining expenses during the calendar year. So that includes medications, coinsurance, etc.?
 - When visiting in-network providers, all member cost sharing on eligible charges accumulate toward the in-network OOP max. This includes co-pays, deductibles, & coinsurance.
 - When visiting an out-of-network provider, eligible expenses are different from for In-network providers. Eligible/permissible charges will accumulate towards the OON (Out of Network) OOP max. However, amounts billed by the OON provider that exceed the eligible expense limit may still be owed by the member to the provider, and do not accumulate to any OOP limit. Charges from an OON provider beyond the allowable expenses under the plan are referred to as Balance Billing.
 - Pages 10 – 13 of our SPDs (Section 3, How the Plan works), located on MyHR -> Resources -> Tools/References have more detail information.

Pharmacy (Rx)

- Have there been any changes to the Preventive Drug List (PDL)?
 - Beginning 1/1/2024, the Expanded PDL will have a co-pay depending on the tier. For additional information, please review the Open Enrollment videos, specifically video #3 - Overview of CML Health Plan Benefits. Your best source for pricing information is myuhc.com or calling the **Advocate4MeElite** team phone number on the back of your card.

- The 2024 PDL may be found on MyHR -> Resources -> Tools/References. Cost of other medications may be found on myuhc.com. To reduce costs, be sure to talk to your provider about generic options and other drugs that are in the lower tiers.
- Does the amount that I pay for my medications go towards my deductible?
 - For the PPO plan, the Rx co-pays only accumulate towards the OOPM (out-of-pocket max).
 - For the HDHP, everything accumulates towards the deductible and OOP, including medical and pharmacy.
- I went to Walgreens pharmacy to get my Flu and COVID shots and was informed that they are not part of CML's network. Can you clarify?
 - UHC has created a Standard Select Pharmacy Network. Walgreens is not part of this network. The major pharmacies included in the network are CVS Pharmacy, Walmart, Costco, Sam's Club, Kroger and Giant Eagle. Many more pharmacies that are part of the UHC network. The best source to find the others is **myuhc.com** or calling your **Advocate4Me Elite** team at the number in the back of your UHC card.
 - While Walgreens is not part of the preferred Rx network, COVID and Flu Shots are covered as in-network if the pharmacy processes the vaccines as a medical claim (not an Rx claim).
- How do I search for a pharmacy that is part of UHC's network?
 - To search for network pharmacy, visit myuhc.com, click on Pharmacies & Prescriptions (at the top right) -> Find a pharmacy and follow the prompts. Look for the in-network designation.