October 1, 2016 Open Enrollment

Action Required August 9 – September 2

The annual benefits open enrollment period is the one occasion each year when you have the opportunity to make voluntary changes to your enrollment elections for all employee benefit plans. **If you want to begin or drop coverage, or add or drop a dependent, now is the time to do it.** If you miss the open enrollment period, you will have to wait until the next open enrollment period for October, 2017, to make changes.

If you wish to make a change you may do so from August 9 through September 2. Any changes you make to your coverage level will be effective on October 1, 2016.

Changing Between PPO and HDHP Options

Your district offers two plan options: one PPO plans and the HDHP (or HSA) plan. Open Enrollment changes are effective October 1, you must select the core PPO plan as of October 1. However, any movement in or out of the HDHP/HSA plan will be effective January 1. We will offer a Special Enrollment later in the year for January 1, and at that time you will be able to move in or out of the HDHP/HSA option. **You will also be able to make dependent changes as of January 1, if you are changing between PPO and HDHP/HSA plan options.**

HOW TO ENROLL

Please see American Fidelity Rep during yearly open enrollment period (January – December) if you are interested in the H.S.A. at the start of the calendar year.

All eligible employees are required to complete an enrollment form, even if you are not making any changes for the year or if you are not enrolling. Failure to complete enrollment will result in the employee being automatically enrolled as a single in the medical plan in compliance with the Affordable Care Act.

SPECIAL ENROLLMENT

If you are declining enrollment for you or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll you or your dependents in the plan, provided that your request enrollment within 30 days after your other coverage ends (COBRA or state continuation coverage ends, divorce, legal separation, death, termination of employment or reduction in hours worked; or because the employer contributions cease). A voluntary drop of coverage is *not* a qualifying event, and neither is a change in your spouse's benefits or premiums.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll you and your dependents, provided you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you decline enrollment for yourself or for your dependents (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

WHO ARE ELIGIBLE DEPENDENTS?

Your Legally Married Spouse: This includes same-sex marriage and common law established prior to October 1991. It does not include an ex-spouse following a divorce or a former spouse from whom you are legally separated. When a divorce or legal separation is final the district **must** be notified and the ex-spouse **must** be removed as a dependent even if you are ordered by the court to provide health insurance.

Your Children:

- **MEDICAL PLAN:** You or your spouse's natural or adopted children, as well as children under legal guardianship to age 26 (end of the birthday month the child turns 26). This includes children who are married and/or working and/or living on their own. This dependent definition is only for medical coverage.

- **DENTAL and VISION PLANS:** You or your spouse's natural or adopted children, as well as children under legal guardianship to age 24 (end of the calendar year the child turns 24). Children may NOT be married. Your district may have dental and/or vision with a non-EPC plan in which may have different eligibility standards.

DEPENDENT DOCUMENTATION:

Employees must provide proof that their dependents meet eligibility before they are enrolled in the Plan. Supporting documentation is required with the **DEPENDENT ENROLLMENT AFFIDAVIT** when adding new dependents. If documentation is not received within 30 days of the enrollment date, the dependents will be removed from your coverage, and that dependent will not be able to enroll until the next open enrollment for October, 2017.

Obtaining replacement marriage/birth certificate is your responsibility and takes time. Copies may be available from the United States Department of Vital Records for the state where the marriage/birth took place. The National Center for Health Statistics may provide contact information for replacing vital records: http://www.cdc.gov/nchs/w2w.htm

DEPENDENT SOCIAL SECURITY NUMBERS:

Employees must provide valid SSN for all enrolled dependents. The ACA requires that employers and plans include all dependent SSNs on mandated 1095 reporting as of January, 2016. Failure to provide accurate SSNs can result in IRS penalties for the employer and the employee.

If you have any questions concerning open enrollment, please contact Brad McKee at 937-462-8388 or email at bmckee@sels.us