

# Part-time Food Service Employees Open Enrollment Frequently Asked Question

**(AFSCME is pending union ratification and Board approval)**

## **1. What is the Open Enrollment Period?**

The Open Enrollment period is a period of time, determined by your employer, during which you are allowed to make any changes to your current benefits.

Note: No changes are allowed after the commencement of a new plan year, unless you experience a qualifying event.

## **2. When are benefits for the new plan year effective and for how long?**

The benefits are effective January 1, 2018 through December 31, 2018.

## **3. Must I enroll during this Open Enrollment period?**

No, this is a changes only enrollment. If you are not making any changes to your current healthcare coverage, your current coverage and your dependent(s)' coverage will continue. Plan design changes will automatically be adjusted effective January 1, 2018.

## **4. What changes can I make during this enrollment period?**

You can add eligible dependents to your medical plan or delete currently covered dependents.

## **5. How do I enroll?**

Your open enrollment for healthcare will be online. You must log on to the enrollment website if you wish to make changes and to view your 2018 Employee Benefits Statement. You must complete your online enrollment selections by 10 p.m. on December 11, 2017.

## **6. What healthcare plans am I eligible to enroll in?**

Employees represented by the AFSCME Union are eligible to enroll in either the Cigna OAP20 or LocalPlus plan.

## **7. Is there a free healthcare option offered?**

Yes. The Cigna LocalPlus Plan is being offered at no cost to all benefits eligible employees.

## **8. If I'm enrolled in the Cigna OAP 20 or LocalPlus plan, do I need to select a Primary Care Physician?**

Yes, you are required to select a Primary Care Physician for these plans.

## **9. How would I pay for my dependent coverage?**

The medical dependent premiums will be deducted from your paycheck and FBMC will bill you for the flexible benefits.

## **10. Will the School Board subsidize my dependent healthcare premium?**

No, the Board will not pay a portion of your dependent healthcare coverage.

## **11. How do I prove that my spouse/domestic partner has group coverage available through her/his employer?**

During the online enrollment, the application will display an Affidavit and you will be given the opportunity to click on the box that best describes the status of your dependent's group coverage.

- If you cover your spouse/domestic partner on your healthcare plan and your spouse/domestic partner has coverage available from his/her own employer, an additional annual surcharge of \$500 will be charged. The annual surcharge will be billed on a bi-weekly basis according to your pay schedule.
- If you cover your spouse/domestic partner on your healthcare plan and your spouse/domestic partner does not have an employer sponsored healthcare plan available to him/her, the spousal surcharge will not be applied.

## **12. Will I continue to receive the Flex Credit Dollars?**

Employees represented by the AFSCME Union and enrolled in a healthcare plan will receive an annual flex credit of \$115. The flex credit will be added to the employees' gross income and paid through the payroll system based on the number of payroll checks the employee receives.

- 10-month employees (20 paychecks) - \$5.75
- 11-month employees (24 paychecks) - \$4.79
- 12-month employees (26 paychecks) - \$4.42

## **13. What are my choices if I have healthcare coverage outside the School Board (group healthcare, Medicare or Medicaid)?**

You can opt-out of the board offered healthcare plan and in lieu of healthcare coverage, the board will contribute \$100.00 per month. You will receive \$100.00 a month, paid bi-weekly through the payroll system based on the deduction pay schedule (subject to withholding and FICA) as follows:

- 10-month employees will receive a \$60.00 payment in 20 paychecks
- 11-month employees will receive a \$50.00 payment in 24 paychecks
- 12-month employees will receive a \$46.15 payment in 26 paychecks

## **14. If I am opting out of the Board offered healthcare plan, must I submit any additional documentation?**

Yes, if you are opting out of the Board offered healthcare plans you must provide proof of the other group, Medicare or Medicaid enrollment. In addition, you will need to submit and sign the Declination of Healthcare affidavit with the proof.

**15. Can I enroll in accidental Death & Dismemberment Coverage?**

No, AFSCME employees CANNOT enroll in this benefit.

**16. Can I purchase flexible benefits?**

Yes, you can purchase flexible benefits by calling FBMC at 1.855.MDC.PS4U (1.855.632.7748) and requesting an enrollment form.

**17. Will my healthcare benefits continue if I am on a Board-approved leave of absence?**

If you are out on a Board-approved leave that's eligible for benefits, your healthcare coverage will continue. If you are out on leave of absence that does not provide you with healthcare benefits, you will be given the opportunity of continuing your benefits at you cost.

For additional information regarding your current leave status or you want to apply for leave contact the Leave Office at 1.305.995.7090.