

CMH Open Enrollment

For January 1, 2018

Frequently Asked Questions (FAQs)

Updated as of 11/1/17

1. When is Open Enrollment?

Open Enrollment is from October 23 to November 10, 2017.

2. Who can I cover on my plans?

You are able to enroll your legal spouse and children. As explained earlier this fall, domestic partner coverage is no longer available.

3. How do I process my Open Enrollment?

You will need to go to Kronos Self-Service to see your re-enrollment screens and to make your selections for January 1, 2018.

4. What if I don't process my Open Enrollment?

Due to the major plan design changes, all employees are being STRONGLY encouraged to become informed and to process the Open Enrollment changes. For those who do not, you will be enrolled in the \$3000 deductible plan with the Health Reimbursement Account (HRA) option and with no Flexible Spending Account for 1/1/18. Once Open Enrollment closes (11/10/17), enrollments will not be possible and defaulting to the higher deductible plan will be locked in. Again, all employees should participate in Open Enrollment and select the plans that work best for them. **To lock in your selections, you must hit the SUBMIT button on the screen on or before 11/10/17. Failure to hit the SUBMIT button will not record your wishes!**

5. Will there be Benefit Fairs this year?

Yes, here are the times and places:

a. Lewiston	October 30	Conference Rooms ABC	7:30 am to 4:00 pm
b. Bridgton	October 31	MOB Building	7:30 am to 11:00 am
c. Rumford	October 31	Conference Room A	1:00 pm to 4:00 pm

6. Will there be any break-out sessions at the Benefit Fairs?

Yes, in addition to HR assistance during the Benefits Fair, informational town hall meetings will be held (on the half-hour basis) during the Benefits Fairs. These will include a broad overview of the medical plans with limited time for answering questions.

7. Will there be Benefit Town Hall meetings?

Each campus will have many Benefit Town Hall meetings. A schedule has been posted in Daily Announcements. Practice Managers desiring in-services at off-campus locations should contact HR at hrbenefits@cmhc.org

8. What is the biggest change in this year's Open Enrollment?

Without a doubt, the introduction of two Consumer Driven Health Plans will be what requires in-depth attention this year. Most long-term employees have become accustomed to the current plan design with a combination of co-pays and deductibles. Many newcomers to CMH have had recent experience with Consumer Driven Health Plans and may already have Health Savings Account (HSA) accounts. Reviewing the materials in Kronos self-service, attending the Benefit Fairs and Benefit Town Halls are ways for each person to become familiar with the new plans.

9. Under a Consumer Driven Health Plan (CDHP), do deductibles work the same as now?

No, they don't. The significant differences are:

- The deductible must be met before co-pays (for Rx only) and co-insurance (for all other non-preventive services) apply
- For individual contracts, the deductible is \$1500 (Smart Saver Plan) or \$3000 (Advantage Plan)
- For family contracts, the deductible is \$3000 (Smart Saver Plan) or \$6000 (Advantage Plan). NOTE: under the CMHP federal mandates, one person's charges would be subjected to the family deductible.

10. Under a Consumer Driven Health Plan (CDHP), how do maximum out-of-pockets work?

As outlined in the Open Enrollment materials, the maximum out-of-pocket required depends on which Tier is being utilized. Within Tier I, the maximum out-of-pocket amounts are:

- For individual contracts, the maximum out-of-pocket is \$4000 (Smart Saver Plan) or \$5000 (Advantage Plan)
- For family contracts, the maximum out-of-pocket is \$7350/person and \$8000/family (Smart Saver Plan) or \$7350/person and \$10,000/family (Advantage Plan).

11. Are premiums changing for 1/1/18?

Yes, premiums are changing. Some are increasing while others are decreasing. Each employee will need to review the premiums on their individual Open Enrollment screens in Kronos self-service.

12. How much does CMH contribute toward the medical coverage?

Assuming compliance on the Healthy Decisions program and a FT status, CMH is contributing the following:

- Individual coverage: CMH is contributing \$ 4,488 in premiums and \$1200 in HSA/HRA
- Children coverage: CMH is contributing \$ 8,400 in premiums and \$2000 in HSA/HRA
- Spouse/Family: CMH is contributing \$14,664 in premiums and \$2000 in HSA/HRA

13. How long is the Benefit Plan Year?

During this fall's Open Enrollment, you will be selecting insurance coverage for a six-month, "short plan year". Therefore, whatever you enroll into will be for the six months of 1/1/18 to 6/30/18.

14. Why is a six month short plan year being introduced?

In order to mirror the corporate fiscal year (July 1 to June 30), this enrollment will be shortened so we can make the change to align the plan year with the fiscal year.

15. How will deductibles and maximums work during a "short year"?

In order to successfully implement a six month plan year, all deductibles and maximums will be halved. For example, an individual enrolling in the \$1500 deductible plan will see a \$750 deductible for this short plan year. Deductibles and maximums will re-set on July 1, 2018. CMH contributions will also be pro-rated.

16. Will there be another Open Enrollment next spring?

Yes, in May of 2018, another Open Enrollment will be held. Employees will be offered the identical plans and premiums now being introduced with coverage from 7/1/18 to 6/30/19. To be clear, next spring's open enrollment will offer the opportunity to change your coverage in medical, dental, vision, etc. After experiencing the Consumer Driven Health Plan features, some may choose the alternate medical plan.

17. What are the three Tiers on the medical plan?

Understanding the three Tiers of coverage is very important as using eligible providers will impact your coverage levels.

- a. Tier I providers & facilities in the CMH network.
 - i. The CMH network - as always
 - ii. Mass General Hospital
 - iii. Martin's Point PCPs in Maine
- b. Tier II providers and facilities in the United Healthcare (UHC) network
 - i. Maine Medical Center
 - ii. St. Mary's
 - iii. Martin's Point non-PCP charges
 - iv. All other UHC member hospitals
- c. Tier III – Providers outside the CMH and UHC networks

18. What if I need a service not available in Tier I?

Similar to the past couple years, if a service is not available within Tier I, you may apply for Tier I coverage at another provider. However, with Mass General in Tier I, few services will be unavailable.

19. What if I have an emergency hospital admission?

Out-of-state emergency admissions will remain covered as Tier I. Emergency admissions within Maine will be processed according to whichever Tier the hospital falls into.

20. Employees can enroll in a Health Savings Account (HSA) if they are:

- a. **Enrolled in the Smart Saver Plan**
- b. **Health Savings Accounts are not allowed if enrolled in the Advantage (HRA) plan**
- c. Not enrolled in Medicare
- d. Not claimed or eligible to be claimed as a parent's tax return
- e. Not enrolled in a Flexible Spending Account (note: Limited Purpose FSA is acceptable)
- f. Other stipulations may apply per IRS regulations

21. What are the primary features of an HSA?

- a. The HSA funds are permanently owned by you, even into retirement or to a beneficiary.
- b. In 2018, assuming you remain compliant with the Healthy Decisions program, CMH will fund \$1200/year if you have individual coverage and \$2000/year if you enroll in family coverage.
- c. HSA accounts can accept contributions from both CMH and you. Your combined 2018 limits are:
 - i. Single coverage, if under age 55 \$3450
 - ii. Single coverage, if 55+ \$4450
 - iii. Family coverage, if under age 55 \$6900
 - iv. Family coverage, if 55+ \$7900
- d. Automatic, 100% rollover of unused funds from year to year
- e. Typically there is a triple tax advantage of an HSA
 - i. Contributions are pre-tax
 - ii. Pay-outs for eligible health expenses are tax-free
 - iii. Growth on the account accumulates tax-free
- f. You can access funds by using an HSA card or by writing a check from a special, HSA checking account
- g. Depending on account balance, investment options may become available
- h. Per federal law,
 - i. HSA accounts cannot be funded or used by those enrolled in any level of Medicare.
 - ii. HSA accounts cannot be funded or used by anyone who can be claimed on their parent's tax return.
 - iii. HSA accounts cannot be used for expenses of children not eligible to be claimed on your tax return

22. What are the primary features of an HRA?

- a. **The HRA funds are “use it or lose it FOR MEDICAL EXPENSES ONLY”.** Unused funds are forfeited at the end of the year. Dental and vision expenses cannot be paid for with HRA funds.
- b. If you are enrolled in the Advantage Plan (HRA plan), you cannot also fund an HSA.**
- c. In 2018, assuming you remain compliant with the Healthy Decisions program, CMH will fund \$1200/year if you have individual coverage and \$2000/year if you enroll in family coverage.
- d. Only CMH is allowed to contribute to an HRA (no personal contributions)
- e. You may save additional funds through an FSA (see #23)
- f. HRA funds cannot be used for paying COBRA premiums.

23. What are the primary features of a Healthcare Flexible Spending Account (FSA)?

Two types of Healthcare FSAs will be offered and both can use a Benny Card to access funds:

- a. First, if you have a Benny Card now, hang on to it! The same card you have now can be re-loaded for 2018. The same card can access any 2017 rollover funds (limit of \$500).
- b. If enrolling in the HSA plan you may enroll into a “Limited Purpose FSA”. These funds (in addition to any carryover funds from 2017) can be used for dental and vision expenses. In addition, the Limited Purpose FSA funds may be used for medical expenses incurred AFTER you have met your 2018 HSA deductible. If you enroll in a Limited Purpose FSA, you will automatically receive a Benny Card which can be used to access that account.
- c. If enrolling in the HRA plan, your FSA can continue as it has in the past with up to \$500 rollover, a Benny Card and can be used for any health expense you incur (medical, dental or vision). If you have funds in both the HRA and the HSA and use the Benny Card, funds from the HRA will be used first, then, if necessary, the FSA will be tapped.

24. How much will CMH contribute to my HSA or my HRA?

If you take individual, medical coverage, CMH will deposit \$300/quarter into either your HSA or HRA as long as you commit to and remain compliant with the Healthy Decisions program. Those covering at least one dependent (child and/or spouse) will receive \$500/quarter, again assuming Healthy Decisions compliance.

25. Where can I find out the IRS regulations regarding the HSA, HRA and FSA?

You can visit [irs.gov](https://www.irs.gov). Also, United Healthcare has prepared a comparison of the HSA, HRA and FSA. Visit this site for additional information.

<https://www.uhc.com/content/dam/uhcdotcom/en/Employers/PDF/CDHComparisonGridHSAHRAFSA.pdf>

26. How is Healthy Decisions changing for 2018?

There are several changes in the HD program:

- a. HD will be administered in-house by our own staff including a CMH Nurse Practitioner
- b. CMH employed Health Coaches will be available for personalized visits
- c. Enrollment for HD requires completion of a lab biometric screening followed by a health coaching
- d. Compliance with the HD program will determine eligibility for HSA or HRA funding
- e. Tobacco cessation will become part of the Health Coaching program

27. What if I have personal questions on how the coverage works?

This listing of FAQs will be updated on each Daily Announcement email throughout the Open Enrollment window. Time will be available during and following the Benefit Fairs and the Benefit Town Halls. Individual questions may be emailed to hrbenefits@cmhc.org