

What is Open Enrollment?

Benefits Open Enrollment is the time of year that all benefits-eligible faculty and staff have an opportunity to evaluate their health care needs for the upcoming plan year (July 1- June 30).

- Staff, fixed term faculty, medical faculty & post-doctoral research fellows: You can make appropriate changes to your medical/prescription, dental, vision (if eligible), employee and dependent life/AD&D insurance, and short term disability (if eligible).
- Regular faculty: You can make appropriate changes to your dental, vision coverage, employee and dependent life/AD&D insurance and short term disability. *Note*: Open enrollment for the MESSA medical/prescription is held in the fall with elections effective Jan. 1.

This is also a perfect time to evaluate additional benefits such as Flexible Spending Accounts (FSAs) and Health Savings Account (HSA). Additionally, you may add or remove eligible dependents from coverage as appropriate and verify your beneficiaries are up to date.

How do I find out what my current benefits are this plan year?

Employees can log into CentralLink<CMU Choice to access their current benefit elections.

When is Open Enrollment?

Open Enrollment begins Monday, April 22, 2019 and **ends on Friday, May 3, 2019 at 5:00 p.m. EST**. Coverage and premium cost share are effective July 1, 2019.

What changes will take effect in 2019-20?

A few changes will become effective beginning July 1, 2019. You may view all plan and premium cost share changes online at www.cmich.edu/openenrollment.

Do I need to take action during Open Enrollment if I'm satisfied with my current elections and do not plan to add new dependents?

Yes. You **MUST** take action during the 2019-20 Open Enrollment process if you wish to enroll, make changes or cancel your medical/prescription, dental, vision, flexible spending account and health savings account.

If no action is taken, and you're currently enrolled in coverage, you will be automatically enrolled with the following benefit elections:

- Medical Plan (depends on employee group):
 - *Staff/Fixed Term Faculty/Medical Faculty/Post-Doctoral Research Fellows*: 2018-19 medical / prescription plan election with the same dependent coverage
 - *Regular Faculty*: No changes permitted during the CMU Choices Open Enrollment period. A separate open enrollment period will be held in the fall 2019 with elections effective January 1, 2020.
- Dental: Core 100-50-50 plan (without orthodontia coverage) with the same dependent coverage.
- Vision: No coverage
- Flexible Spending Account: No account
- Health Savings Account: No employee contributions

If you currently waive medical/prescription and dental, no action is required as the "no coverage" election will roll over.

I'm currently enrolled in the Blue Cross Blue Shield PPO1 plan, can I remain in this plan.

Yes. Employees actively enrolled in the BCBS PPO1 plan on June 30, 2019 can remain in this plan for the 2019-20 benefit year.

Can I add or remove my eligible dependents during Open Enrollment?

Yes. You may add or remove eligible dependents during open enrollment. The effective date of any change is July 1, 2019. To view dependent eligibility rules at www.cmich.edu/fas/hr/HRBenefitsandWellness/Pages/Benefits_Eligibility_Criteria.aspx.

Important Reminder: The Working Spouse / Other Eligible Individual Rule applies to staff, fixed term faculty, medical faculty and post-doctoral research fellows. For details, visit

<https://www.cmich.edu/fas/hr/hrbenefitsandwellness/pages/working-spouse-oei-rule-faq.aspx>

What happens if I just started employment with CMU and I recently enrolled for benefits, do I need to participate in Open Enrollment?

Yes. All new employees hired after April 1st, must enroll in benefits twice - once during their 30 calendar day new hire window and once during the annual Open Enrollment period. Follow these simple steps to make your new hire elections.

- Access the *CMU Choices* online enrollment system
- Make your new hire benefit elections.
 - You can enter and exit the enrollment system as many times as needed up to your new hire enrollment deadline (30 calendar days from date of hire). At that point, your elections are binding for the remainder of the plan year (June 30).
 - When you have completed your new hire elections, please review your Current Benefits Summary Report for accuracy and keep a copy of your records.
- Once you have completed your new hire elections, return to the *CMU Choices* online enrollment system to make your Open Enrollment elections.

How can I make changes to my benefit elections?

All changes are made through *CMU Choices* online enrollment system. You can access *CMU Choices* on CentralLink using your global ID and password on any computer with internet access.

Can I make changes from my computer at home?

Yes. Visit <https://apps.cmich.edu/ESSBenefits/Certification.aspx> to make benefit elections from any computer with internet access.

I will be on vacation during Open Enrollment. Can I make elections when I return?

No. The Open Enrollment period deadline is **Friday, May 3, 2019 at 5:00 p.m. EST**, so all elections **must** be made by then. *CMU Choices* is available at <https://apps.cmich.edu/ESSBenefits/Certification.aspx> on any computer with internet access.

If I am currently on a Leave of Absence for any reason, do I need to complete the online Open Enrollment process?

Yes. You are required to complete the CMU Choices online enrollment process if you wish to enroll, make changes or cancel your medical/prescription (applicable only staff, fixed-term faculty, medical faculty and post-doctoral research fellows), dental, vision, flexible spending account and health savings account.

What if I need assistance with *CMU Choices* or don't have access to a computer?

Employees who need assistance with *CMU Choices* or access to a computer may come to Open Computer Lab in Foust 133. Dates and times are available online at www.cmich.edu/openenrollment. Computer kiosks are also available in the Benefits & Wellness office (Rowe Hall 108), Woldt Computer Lab (Woldt Hall 001) or Park Library.

I'm having trouble deciding which benefit plan to choose. How can I get additional assistance?

Health care options can be very confusing and understanding them is important. Below are the available resources to help you take control over how you spend your health care dollars.

- Chat with our virtual benefits counselor, ALEX, at <https://www.myalex.com/cm/2019>. ALEX is an easy-to-use online tool that will make sure you get the right amount of coverage for your needs. ALEX will ask you a few questions about your health care needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that's best for your personal needs. It's that easy! Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much for health insurance.
- Watch the recorded video to learn more about the Blue Cross Blue Shield health plan options available to you during this Open Enrollment and find out how to choose the best options that best supports you and your family health care needs. The video is available online at www.cmich.edu/openenrollment.
- Schedule a one-on-one with Advantage Benefits Groups, CMU's benefit consultant, to discuss your healthcare options. To access the online scheduling system, visit cmich.edu/openenrollment and click on the appropriate link under the "Find Help Fast" heading.

Is it advantageous to have double coverage (covered by more than one health plan)?

Being covered by more than one medical or dental plan may or may not be advantageous. CMU's plans DO NOT offer additional coverage if the benefits paid by a primary plan are equal to or higher than the amount the CMU plan would have paid. IF you are currently enrolled in both CMU and an alternative plan (e.g. your spouse/ OEI's medical plan), the CMU plan is considered primary for yourself and will pay benefits first. You (or the health care provider) can then submit amounts not paid by CMU's plan to your alternate plan for possible additional payments. You should understand both CMU's and your alternative plan's coordination of benefits rules to see if it will pay additional benefits.

How can I find out more about my benefits?

All benefits information can be found by accessing the Benefits & Wellness webpage at www.cmich.edu/benefits.

I want my current HSA election to continue next plan year – do I need to make an Open Enrollment Election?

Yes. If you are currently contributing to your HSA and want your deductions to continue on your first paycheck in July 2019, you **MUST** make a HSA contribution using CMU Choices during the Open Enrollment period. If you do not take action – your current election will automatically reduce to \$0 and deductions will not take place. **Note:** Benefit deductions for academic-year faculty members are withheld from the August 31st through May 15th paychecks.

Can I change my Health Savings Account (HSA) contribution during the plan year?

Yes. If you are enrolled in the HDHP medical plan, you can *prospectively* start, stop or change your contribution amount to the HSA at any time during the plan year. To request a change to your HSA, return a completed [HSA Enrollment / Change Form](#) to the Benefits & Wellness office.

I reviewed my confirmation statement and noticed I elected the wrong plan. Can I make changes after I complete the open enrollment process?

Yes; but only until 4:59 pm EST on Friday, May 3, 2019.

Will I get new member ID cards?

- **Medical/Prescription:** Employees enrolling for the FIRST TIME will receive new ID cards after open enrollment.
 - Those electing the BCBS HDHP plan for the FIRST TIME will receive new ID cards as well as a Health Equity welcome packet.
- **Dental:** With the change in dental claims administrators, Meritain Health to Guardian, all employees who elect dental coverage for 2019-20 will receive new ID cards in June.
- **Vision:** An ID card is not required for members to receive services or care. Simply call a VSP provider to schedule an appointment and tells them you're a VSP member. The provider and VSP handle the rest. If you wish to have an ID card, a reference call is available online at <https://www.cmich.edu/fas/hr/Documents/member-vision-card.pdf>.

What should I do if I don't receive my ID card?

Contact the customer service number for your insurance carrier directly. Toll free numbers are available online at <https://www.cmich.edu/fas/hr/Documents/VendorInformation.pdf>.

Making Changes After Open Enrollment

Open enrollment elections are binding. Changes to your benefits elections after Open Enrollment require a [qualifying status change event](#). You must submit a [Status Change Request form](#) to the CMU Benefits & Wellness office within **30 calendar days** of the qualifying event and provide supporting documentation of the qualifying event or wait until next Open Enrollment.

What is a Qualifying Status Change Event that will allow me to make changes to my Open Enrollment benefit elections?

Qualifying events include but may not be limited to: marriage, birth or adoption of a child, divorce, dependent gaining employment, dependent's employment terminating, death of dependent and leave of absence. Additional information regarding qualifying event is available online at https://www.cmich.edu/fas/hr/HRBenefitsandWellness/Pages/Status_Changes.aspx and in the CMU Choices Flexible Benefit Plan Plan Document / Summary Plan Description (www.cmich.edu/fas/hr/Documents/flexplandoc1.pdf).

What should I do if I experience a Qualifying Status Change Event and need to make changes to my benefit elections?

You must submit a [Status Change Request form](#) to the CMU Benefits & Wellness office within **30 calendar days** of the qualifying event and provide supporting documentation of the qualifying event or wait until next Open Enrollment. If you have any questions about qualifying status event or how to complete the form, contact CMU Benefits & Wellness office at 989-774-3661 or benefits@cmich.edu

What happens when my child reaches age 26?

CMU Benefits & Wellness office will automatically end medical/prescription, dental, and/or vision (based on enrollment) at 11:59 pm on December 31st. Your children will be eligible to elect COBRA continuation coverage.

Health Savings Account (HSA) Eligibility

To be eligible for a Health Savings Account (HSA), an individual must be covered by an HSA-qualifying High Deductible Health Plan (HDHP) and must not be covered by other health insurance that is not an HDHP. Several scenarios are shown in the Question and Answer chart below.

HSA Eligibility Scenarios

Question	Answer
<p>My spouse has medical insurance through his/her employer. Am I eligible to participate in an HSA?</p>	<p>It depends. If your spouse has an individual (or employee only) medical coverage with no other insurance and you are enrolled in a high-deductible health plan, then yes, you are eligible to participate in an HSA.</p> <p>But if your spouse participates in a general purpose health FSA or HRA, and those benefits cover your healthcare expenses too, then no, you are not eligible to participate an HSA. Why? Even though you are not covered by your spouse’s health insurance, the IRS considers your spouse’s health FSA or HRA to be “other insurance.”</p> <p>An exception would be if your spouse has an HSA-Compatible FSAs or what’s sometimes referred to as a “limited-purpose” FSA or HRA that covers vision and dental care expenses only. If your spouse participates in either an HSA-Compatible FSA or a limited-purpose HRA, then yes, you may participate in an HSA.</p>
<p>Can I be covered by my spouse's medical insurance at another employer and choose a medical plan with an HSA?</p>	<p>The answer in most cases is no. To be eligible for a HSA, an individual must be covered by a HSA-qualified Health Plan and must not be covered by other health insurance that is not defined by the IRS as a “high deductible health plan.” If the other medical plan is an HSA-qualified plan, you may have dual coverage under both plans. If you are covered by another medical plan that is not qualified for an HSA, you may enroll in a high deductible health plan, but not participate in an HSA or receive the associated CMU contributions.</p>
<p>My spouse has traditional medical coverage through his/her employer. Am I eligible to participate in an HSA?</p>	<p>If your spouse has traditional medical coverage, such as a PPO or HMO, that provides individual (or employee only) coverage only, then yes, you are eligible to participate in an HSA, but only if you are enrolled a high-deductible health plan and your spouse doesn’t also have a general purpose health FSA or HRA that covers your healthcare care expenses.</p> <p>If your spouse has a traditional health insurance plan that provides family coverage, and you have not exempted from that coverage, then no, you are not eligible to participate in an HSA. However, if your spouse has a traditional health insurance plan that covers him/her and your children only, then you are eligible to participate in an HSA.</p>

Question	Answer
My spouse and I have family coverage under a single high-deductible health plan. Can we both have an HSA?	Yes, you and your spouse may both have an HSA. However, the contributions to both HSAs cannot exceed the annual family limit. The IRS regulations limit the total amount you both may contribute to your HSAs and for 2019 calendar year, the annual family contribution limit is \$7,000.
My spouse or children have another form of medical insurance, and those plans are not HSA-qualified plans. Can I choose a medical plan with an HSA and cover my dependents as secondary coverage to their current insurance?	Yes, dependents can be covered under a medical plan with an HSA as secondary coverage, even if that dependent has other non-HSA qualified coverage, and it does not impact the employee's eligibility for the HSA plan. The CMU medical plan with an HSA will always pay last after the other medical plans have calculated the amounts they will pay.
I'm on Medicare (or Tricare or VEBA), can I contribution to an HSA?	You are not eligible for an HSA after you have enrolled in Medicare or TRICARE or VEBA or if you have received health benefits from the Veterans Administration for a non-service-connected disability within the past three months. If you had an HSA before you enrolled in Medicare, you can keep it. However, you cannot continue to make contributions to an HSA after you enroll in Medicare. You may enroll in a high deductible health plan, but not participate in an HSA and or receive the associated CMU contributions.
My spouse is enrolled in Medicare, can I contribution to an HSA?	Yes, if you are otherwise HSA-eligible. You can make HSA contributions, up to the family maximum if you are covered on a two-person or family contract (even if your spouse isn't HSA-eligible). For some couples, this provision in the law allows them to continue to contribute to an HSA (and build tax-free balances) for several years after the older spouse enrolls in Medicare. <i>Note:</i> The HSA accountholder (i.e. employee) is not eligible to make HSA contributions if enrolled in Medicare, TRICARE or VEBA. See FAQ above.
Can I have an HSA if my spouse has a general purpose health FSA for health care through his/her medical plan?	No, you are not eligible to participate in an HSA if your spouse has a general purpose health FSA. Either you may not choose the medical plan with an HSA, or your spouse must not elect to participate in the FSA program through his/her medical plan.
My spouse and/or children have another form of medical insurance, and those plans are not HSA-qualified plans. Can I choose the CMU HDHP plan with an HSA and pay for the medical expenses of my dependents not covered by my medical plan?	Yes, the qualified medical expenses for IRS-qualified dependents can be reimbursed from your HSA, even if that dependent has other non-HSA qualified medical coverage. Those expenses for dependents not covered under your medical plan do not apply to the deductible and coinsurance for your CMU medical plan. NOTE: They must be claimed as your IRS dependent to use your HSA funds to pay their medical expenses, if they are not they can set up their own HSA account through a financial institution.