

Open Enrollment 2018

FREQUENTLY ASKED QUESTIONS

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1. What is Open Enrollment?

Open Enrollment is the time of year when employees can make changes to their benefits or select new benefits for January 1, 2018.

2. When does the new benefits plan year begin?

The benefits plan year begins January 1, 2018, and ends December 31, 2018.

3. When does Open Enrollment begin and end?

Open Enrollment for Benefits Plan Year 2018 runs from October 16 to October 27, 2017.

The Benefits Fair, which provides employees with an opportunity to speak with representatives from our benefits vendors, will take place from October 24 to October 27 (see the [Benefits Fair Schedule](#)). Human Resources representatives also will be available during the Benefits Fair to assist you with your benefits elections.

You do not need to attend the Benefits Fair to participate in Open Enrollment, but it is your opportunity to ask questions about your benefits plans. While registration is not required to attend, approval by your supervisor or manager is required.

4. Which vendors will be at the Benefits Fair?

Cigna
Standard Insurance
Aflac
MetLife
Legal Shield
Guardians Credit Union
Wells Fargo Bank
Ernst & Young for the Florida Retirement System
ICMA-RC for the deferred compensation program and Payroll Roth IRA

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5. Is additional information available?

Benefits presentations will take place at each Clerk & Comptroller location during the week of October 17 to October 20 (see the [Benefits Presentations Schedule](#)). The presentations will also include updates on Health Care Reform and other topics by the Gehring Group, Cigna and our benefits team. Registration is not required but manager approval is required.

6. How do I enroll?

Log into Employee Self Service (ESS), which is at the bottom of the [ClerkNet homepage](#) under ClerkWorks. After you log in to *Employee Self Service*, click on *My Benefits* and then *Benefits Enrollment*.

You can enter your elections through ESS from home. Employees wishing to review the election options with a family member or a friend can access and enter any election changes from home. To access ESS from home, login through <https://myclerkess.mypalmbeachclerk.com>.

During [Open Enrollment](#) (October 16 to October 27), you can make changes to your current selections or make new elections. **Be sure to make ALL changes and elections during Open Enrollment.**

After October 27, no changes to your benefits will be permitted for Plan Year 2018 unless you experience a qualified life event, such as a marriage, birth of a child or divorce.

Throughout the year, your benefits elections will still be available to you in ESS as a *view-only* option.

Human Resources staff also will be available during the [Benefits Fair](#) to assist you with your ESS entries. While registration is not required to attend, approval by your supervisor or manager is required.

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7. What if I want to keep all of my current elections? Do I still have to participate in Open Enrollment?

If you are not changing your benefits and you are not enrolled in a Flexible Spending Account (FSA), you do not need to enter anything into ESS. However, [Open Enrollment](#) is still a good time to review your benefit elections, covered dependent information and beneficiaries for life insurance, FRS and deferred compensation. If you want to change your current elections or if you want to re-enroll in your health care and/or dependent care FSA for plan year 2018, you **must make an active election in ESS** between October 16 and October 27.

8. How do I add new dependents to my benefits plans?

If you are adding a dependent to your health, dental or vision plan, you must provide documentation of dependent relationships. View [a list of acceptable documentation](#).

New or existing adult child dependents (ages 19–26):

Qualified adult children may remain on their parent's health, dental and vision coverage **through the end of the calendar year in which the adult child reaches age 26.**

Although a dependent child under the age of 26 can be married, coverage is not extended to the dependent child's spouse or children over 18 months old.

New or existing adult child dependents (ages 26–30):

Coverage under the health plan (Open Access Plus In-Network [OAPIN] and Open Access Plus [OAP]) may continue past the age of 26 to the end of the calendar year in which the dependent reaches age 30 if:

The child is unmarried with no dependents, AND

The child is a Florida resident or a full-time or part-time student, AND

The child is not enrolled in any other health coverage policy or plan, AND

The child is not entitled to benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

Current IRS rules do not permit an employee to receive a tax advantage on any portion of premiums paid related to coverage of a dependent who is not a

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qualified tax dependent. Employees who cover over-age dependents in this category will experience a post-tax health plan premium deduction.

A separate, post-tax premium applies to cover over-age dependents for 2018. Please review the rate sheet on [ClerkNet](#).

*Please note: This post-tax deduction is in addition to your applicable health plan premium for yourself and your tax qualified dependents. Over-age dependent coverage is not available for dental, vision, FSA, supplemental and life insurance coverage.

If you are interested in this coverage, please contact [Human Resources](#).

Benefits Plan Offerings for 2018

9. What changes will we experience with our health care plan?

There are no changes in the plan design, no changes in the carrier and no changes in the health premiums. Health coverage will continue to be offered through Cigna under the options of the Open Access Plus (OAP) plan and the Open Access Plus In-Network (OAPIN) plan. The coverage will remain with no changes in co-payments, co-insurance or deductibles. We will continue to use the Cigna Open Access Plus network for in-network benefits.

While the health premium will rise by 6.1% (or \$590,012.00), your pay won't be affected because the Clerk's office is absorbing the cost increase. Health insurance premiums will continue to be deducted 26 times per year. This will begin with your January 12, 2018, paycheck. All other benefit plan deductions (e.g., dental, vision, etc.) will continue to be deducted 24 times per year. See the [Premium Summary](#).

10. What changes will we experience with our prescription plan?

Last year, we added a new option for participants needing ongoing, maintenance prescriptions. While participants can still receive a 90-day supply of medication through Cigna Home Delivery, they can now also get a 90-day supply from

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pharmacies in CVS, Target and Walmart. The cost is two times the cost of the 30-day retail price. Participants using generic prescriptions can continue to use pharmacies in Publix, Kmart, Target, Walmart and Winn-Dixie for added savings. Some prescriptions are just \$4 and others are free.

This year, we are adding CanaRx as a cost savings option for brand name prescriptions. This is a free option for receiving prescriptions through mail order and more information will be forthcoming. For more detail about these programs, refer to the information posted on [ClerkNet](#).

11. What is the Summary of Benefits & Coverage (SBC)?

As part of the requirement under the Affordable Care Act, the Clerk's office will provide a **Summary of Benefits and Coverage** statement for each health insurance plan option. The purpose of this statement is to provide simple and straightforward information on plan coverage in a uniform format. This is only a summary. For more detail about your coverage and costs, refer to the plan documents available on [ClerkNet](#).

12. What changes will we experience with our dental plan?

There are no changes to the dental plans. Dental coverage will continue to be offered through Cigna under the options of the Dental Care Dental Health Maintenance Organization (DHMO), Dental Preferred Provider Organization (PPO) Base Plan and Dental PPO Buy-Up Plan. The plans will stay the same. While the premiums have increased, the Clerk's office is absorbing the 3.1% increase so there is no change in the employee's premium rates.

13. What changes will we experience with our vision plan?

There are no changes to the vision plan. Vision coverage will continue to be offered through Cigna. The plan will stay the same but there is a 10.2% increase in premium rates.

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14. What changes will we experience with telehealth?

There are no changes to the Teladoc benefit. Effective January 1, 2018, Cigna will offer a telehealth benefit for Behavioral Health. Cigna members can make appointments through a video session. Telehealth continues to grow!

15. I'm already enrolled in the Flexible Spending Account plans. Do I have to re-enroll?

Yes! Flexible Spending Accounts (health care and dependent care) must be actively elected or re-elected for Plan Year 2018.

16. Are there any changes to Flexible Spending Accounts?

There are no changes to the healthcare or dependent care Flexible Spending Account (FSA) amounts. FSAs will continue to be offered through Cigna. Healthcare FSAs have a minimum of \$240 and a maximum of \$2,600. Dependent Care FSAs have a minimum of \$240 and a maximum of \$5,000. See [ClerkNet](#) to find out more about this benefit.

17. What changes will we experience with our term life insurance?

There are no changes to the term life insurance. Basic life insurance, additional life insurance, and dependent life and spousal life insurances will continue to be offered through Standard Insurance Company. Basic group term life insurance will continue to be entirely funded by the Clerk's office. Premium rates for additional life insurance and dependent life and spousal life insurance will remain unchanged for Plan Year 2018.

Please review the [Coverage Highlights](#) for information regarding additional dependent and spousal life coverage.

If you did not previously elect additional life, dependent life and/or spousal life insurance or wish to increase your existing additional life insurance, this will be considered a "late enrollment." You may make your elections accordingly by using ESS between October 16 and October 27. However, you and your dependents will have to undergo and successfully complete the medical

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underwriting process through Standard Insurance; any requests for newly elected additional life, dependent life, spousal life and/or increases to your existing additional life insurance are subject to providing Evidence of Insurability.

Our Human Resources benefits team will contact you after October 27, 2017, to provide you with the Medical History Form.

The coverage will not become effective until we receive a written approval that you or your dependents have been issued an approval by Standard Insurance.

18. What changes will we experience with our Deferred Compensation Plan Program?

There are no changes to the Deferred Compensation Plan Program beyond the new Payroll Roth and Income Advantage Fund announced in September. These benefits will continue to be offered through ICMA-RC. This program allows you to set aside tax-deferred and/or after-tax dollars for retirement savings through automatic payroll deductions. If you wish to enroll or make a change to your existing account, you can meet with a representative at the Benefits Fair. Please refer to the [Benefits Fair Schedule](#) and coordinate your attendance with your supervisor/manager. The representative will also be available for on-site visits in December. Look for information in the Employee Update toward the end of November.

19. What changes will we experience with whole life coverage?

There are no changes to whole life coverage. Whole life coverage will continue to be offered by MetLife. MetLife is again able to offer Guaranteed Whole Life Policies that offer a contingent guaranteed issue benefit. If you wish to enroll in or change a MetLife product, you will need to meet with a representative at the Benefits Fair. Please refer to the [Benefits Fair Schedule](#) and coordinate your attendance with your supervisor/manager. Employees who do not elect this benefit during [Open Enrollment](#) and wish to elect the coverage at a later date will be subject to MetLife's standard medical underwriting approval procedure.

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20. What changes will we experience with our Long-Term Disability coverage?

There are no changes to Long-Term Disability coverage. Long-Term Disability benefits will continue to be offered through Standard Insurance Company for Plan Year 2018. This benefit will continue to be 100 percent funded by the Clerk's office.

21. What changes will we experience with our Short-Term Disability coverage?

There are no changes to Short-Term Disability coverage. Short-Term Disability benefits will continue to be offered through Standard Insurance Company for Plan Year 2018. This benefit will continue to be 100 percent funded by the Clerk's office.

22. What changes will we experience with Aflac?

There are no changes for AFLAC coverage. All AFLAC plans are processed as a "post-tax deduction." If you wish to enroll in or change an AFLAC product, you will need to meet with a representative at the Benefits Fair. Please refer to the [Benefit Fair Schedule](#) and coordinate your attendance with your supervisor/manager.

23. What changes will we experience with our voluntary legal services and ID theft programs?

There are no changes to the programs offered through LegalShield.

24. What if I want to opt out of the Clerk & Comptroller's office benefits?

Employees who opt out of the Clerk & Comptroller's office health coverage for Plan Year 2018 and who can show evidence of health insurance coverage will be eligible to receive the benefit of an employer-funded health care Flexible Spending Account, funded in 26 equal pay period installments of \$76.92 each during the period qualified, resulting in a Plan Year funding of up to \$2,000.

Employees eligible for this benefit will have to actively elect or re-elect (**regardless of prior year participation**) the Opt-Out benefit via ESS during the

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October 16-27 Open Enrollment period. In addition, employees must submit currently dated evidence of health coverage to Human Resources/Attn: [Claudia Mejia](#), along with a completed [Waiver of Group Health Insurance Coverage & Affirmation of Other Health Insurance Coverage](#).

Just like last year, employees must also provide a copy of page 5 of the employee's insurance provider's Summary of Benefits & Coverage (SBC) indicating that the coverage **qualifies as Minimum Essential Coverage & meets the Minimum Value Standard**.

25. When will I see changes in my pay for any changes I made during Open Enrollment?

Open Enrollment changes that result in a change in premiums for the following benefits will be reflected in your **January 12, 2018, paycheck**:

Cigna health, dental, vision
LegalShield, Identity Theft and legal services
Standard Insurance group term life benefits*
AFLAC
MetLife
Flexible Spending Accounts

*Enrollments in or changes to the group term life benefits that require successful completion of the medical underwriting process will not take effect until Standard Insurance issues an approval notification.

26. Will I receive a confirmation of the Open Enrollment changes I made?

In mid-November 2017, you will be able to view your elections in ESS and report any errors to [Human Resources](#) for correction. Corrections must be received by Thursday, November 30, 2017.