

2022 Health Insurance Open Enrollment details and instructions

😊 Please read entire document before starting 😊

Email Leta (LinternL@billingsmt.gov) (preferred) or call (657-8265) if you have questions.

If you are having miBenefits access issues, you will need to work with EBMS directly (ph. [800-777-3575](tel:800-777-3575)).

As a reminder, this document delivery is as follows:

- **Teamster Union Employees:** *hardcopy via interoffice mail & city email (for those that have it)*
- **Non-Bargaining, Police & Fire Union Employees:** *electronically via city email only*

Open Enrollment is your opportunity to change your medical, dental, and vision plan options, Health Savings Account (HSA), Flexible Spending Account (FSA), and Dependent Care Flexible Spending Account (DCA) for next year. All employees with flex, must electronically re-enroll if they are keeping their flex account, even if the contribution is the same.

→ **2022 Open enrollment will be November 1st through November 15th.**

Changes are effective for January 1, 2022.


******* One (1) of the following three (3) scenarios, will apply to you *******

- **Scenario 1:** You do not have any changes from your current elections, and you **DO NOT have medical or daycare flex** – then you do not have to do anything! Everything will stay the same.
- **Scenario 2:** Even if you do not have any changes to your current elections, including medical and daycare flex, you are still required to re-elect flex annually. Your election is completed through your EBMS miBenefits login, and if you fail to complete this step, then your flex account will default to \$0.00 for **2022**. *Instructions are in this document on how to complete this process.*
- **Scenario 3:** If you have **ANY allowed changes**, to any of the following: medical, dental, vision, flex, or HSA from your current elections, then you will need to complete Open Enrollment through your EBMS miBenefits login and re-elect ALL your health insurance elections for **2022**. Therefore, scenarios 1 & 2 do not apply to you. *Instructions are in this document on how to complete this process.*

Open Enrollment Miscellaneous Items:

- Computers are available throughout City building locations for employees to complete online enrollment.
- The city allows married City employees to elect separate health coverage or to combine under one plan, with the city employee's spouse as a dependent. If you are changing this, contact Leta before the deadline to determine how the change needs to be processed.
 - If you are a city employee, but are listed as a dependent under your city employee spouse's coverage, then you are not required to do anything; however, the primary employee on the coverage must handle the elections.
- City Council members are the only employees that have the option to decline a medical plan.
- Use the "**2022 City of Billings Health Insurance Announcements and Benefits Guide**" as reference to your enrollment options, eligibility, and questions. This document is also available on the city website: <https://ci.billings.mt.us/417/Forms-and-Resources>
- If you were a mid-year new hire with benefits and elected flex or H S A, keep in mind, contributions are based on the per payday dollar amounts. For example, if you elected \$25/per pay period, that is \$25 x 26 pay periods for an annual election of \$650.00.

Instructions for miBenefits Open Enrollment for Scenarios 2 & 3

Log into your EBMS  dashboard. After you login, select "Open Enrollment" at the top or on the side under "Quick Actions". Open Enrollment will walk you through the following nine (9) sections: Enrollment Current Selection, Demographic Information, Manage Dependents, Upload Document, Product Selection, Other Insurance Coverage, Beneficiary Information, Review, and Submit. Please follow the instructions for your scenario:

Scenario 2-Instructions: If you **do not have any changes to your current elections, including medical or daycare flex, you are still required, to re-elect flex annually.** Your online election through your miBenefits account must be completed by **November 15th**, or your flex contributions will default to \$0.00 for **2022**.

Please note: If you are keeping all your current elections, including your flex contributions, but you also have HSA contributions, you will have to follow scenario 3 instructions.

If you are keeping all your current plan elections, and flex contributions for the new year, then see below:

Section 1) Enrollment Current Selection:

- This will show your current elections, dependents, and *flex* contributions. The "Continue with Current Selection" will only show if you currently have medical or daycare flex.
- Select "Continue with Current Selection". It will then advance you to OIC.

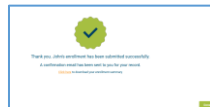
[Update Flex/HSA Only](#) [Continue with Current Selection](#) [Edit Current Selection >](#)

Section 6) Other Insurance Coverage (OIC):

- In this section, you will provide OIC information or confirm that you do not have other coverage for yourself and any of your dependents on medical or dental. There is no coordination of coverage for Rx or Vision.
- Select " Jump to Review"

Section 8) Review & Section 9) Submit:

- Once you have verified your elections for the new year, you will certify your submission by selecting "Submit". You will have a screen that states your enrollment has been submitted successfully with a checkmark. If you don't receive this screen, you didn't submit it.



- You also have the option to download a copy of your enrollment for your records. This is highly recommended.

Scenario 3-Instructions: If you have **ANY allowed changes** for **2022** to any of the following: medical, dental, vision, HSA or FSA's; then you are required to do this through your miBenefits account by **November 15th**, or you will forfeit the ability to make changes for **2022** open enrollment.

Please note, as referenced in scenario 2 instructions: If you are keeping all your current elections, including your flex contributions, but you also have HSA contributions, you will have to follow scenario 3 instructions.

Section 1) Enrollment Current Selection:

- This will show your current elections, dependents, and any contributions to Flex or HSA.
- If you currently have HSA elected, this page will only display "HSA Plan: Elected". miBenefits will not show your actual \$ contribution amount.
- You will make a selection depending on the changes you are electing.

[Update Flex/HSA Only](#) [Continue with Current Selection](#) [Edit Current Selection >](#)

- If you have plan changes, then select *Edit Current Selection* and it will take you through all options, including Flex and HSA.
- If you only have Flex or HSA contribution changes, select *Update Flex/HSA Only* option
 - Please note, with this option, it will bypass sections since you are only *Updating Flex/HSA*.

- *As referenced in scenario 2 instructions, if you have no changes for the new year from current that include flex and HSA in combination, due to system limitations with HSA's, you will need to follow this selection and put in your current HSA contribution amount.*



Section 2) Demographic Information:

- You cannot edit greyed-out fields. If you see an error that you cannot edit, then email Leta.

Section 3) Manage Dependents & Section 4) Upload Documents:

- For dependents listed here, you will be able to select coverage for them in the *Product Selection* of medical, dental, or vision.
- If you add a qualifying dependent to your coverage(s), proof of dependency is required. You are able to upload the document. Please note that even though miBenefits allows you to state the documentation is on file, you still need to upload it. In addition, miBenefits has general language regarding documentation; however, the city has specific requirements:
 - Spouse: legal marriage certificate or legal Declaration of Marriage (This does not include Common Law)
 - Dependent child under age 26: birth certificate or if adoption, legal documentation of the adoption date
- If you remove a dependent from your medical coverage, the city assumes it is due to other coverage; therefore, a COBRA health insurance notice will not be issued.
 - *If you are removing a dependent and they do not have other medical coverage, you are required to notify Leta by November 15, via email and include your dependent's mailing address or email, so Leta can send the COBRA notice.*

Section 5) Product Selection:

- At the top of each, it will show current dependents covered, if any, for that product and the top card will show your "Current" coverage. 
- If you want to change the dependents covered for a specific product, click the dependent (checkmark will show if selected) for the product to show the plans and premiums at that coverage level.
- You are required to select a coverage card or decline (except medical) before you can move to the next selection. "Selected" will show in the card corner. 
- Please refer to your **2022** Health Insurance Announcements & Benefits Guide if you have questions regarding these products.

→Product Selection – Medical:

- All employees with benefits are required to be on a medical plan, except Mayor & City Council. You can select either the Standard Plan or the High Deductible Health Plan (HDHP).
- If you select the HDHP-Employee only, this plan is free and you receive a \$9.79 city kickback each pay period to apply to HSA, if eligible, or medical flex. Make sure you select where to apply the city kickback in the HSA or FSA section.

→Product Selection – Health Savings Account (HSA):

- If you are on the Standard plan, you will receive a default message that HSA is not available for you.
- It is your responsibility to confirm if you are eligible for an HSA and the maximum contribution allowed for **2022** based on individual or family unit coverage on the HDHP. Refer to your **2022** Benefits Guide.
- If you currently contribute to HSA, the system will not populate your current contribution per pay period. If you need your current contribution, please refer to your check stub.
- If you are HDHP-Employee only, you are eligible for the \$9.79 city kickback to either HSA or flex. You will need to check the "add employer contribution of \$9.79/pp" in either HSA or flex section. Your contribution plus the city kickback must be within the allowed IRS limits.
- *Limited Scope Flex:* If you are on the HDHP and elect a Health Savings Account (HSA) in combination with a Health Care-Flexible Spending Account (FSA), your FSA becomes Limited in Scope to use for out-of-pocket dental and vision expenses only that are not covered by another plan and that are incurred by you, your spouse, or your children who have not attained age 26, as of the end of the calendar year. Please note, you will be issued one debit card and the system will process your transactions through the correct account, either FSA or HSA.

→Product Selection – Flexible Spending Accounts (FSA) (Health Care & Dependent Care):

- If you currently have a FSA, your current election will show once you select "yes" that you want to contribute.

- If you are HDHP–Employee only, you are eligible for the \$9.79 city kickback to either HSA or flex. You will need to check the “add employer contribution of \$9.79/pp” in either HSA or flex. Your contribution plus the city kickback must be within the allowed IRS limits.

→Product Selection – Dental & Vision:

- Participation in dental and vision is optional. Once elected, employees are required to stay on dental for two (2) consecutive years and vision for one (1) year, before you can decline at Open Enrollment.

(5) Other Insurance Coverage (OIC):

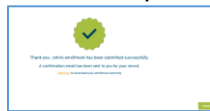
- In this section, you will provide OIC information or confirm that you do not have other coverage for yourself and any of your dependents on medical or dental. There is no coordination of coverage for Rx or Vision.

(6) Beneficiary Information:

- This will only apply to new Health Savings Account (HSA) individuals since it is a medical bank account in your name.

(7) Review & (9) Submit:

- Carefully review your open enrollment selections and dependents covered before you submit. You should only submit one enrollment. If you need to edit, there is an edit pencil next to the products. If you submit more than one enrollment, then the last one received, is the one that will be used.
- Once you have verified your enrollment, you will certify your submission for **01/01/2022** elections by selecting “Submit”. You will have a screen that states your enrollment has been submitted successfully with a checkmark. If you don’t receive this screen, you didn’t submit it correctly.



- You also have the option to download a copy of your enrollment for your records. This is highly recommended. You will receive an alert in your miBenefits Notifications that your request is being reviewed for approval. FYI – City approval of your elections takes time to process. You will not be able to see your elections in your miBenefits until the new year.

Open Enrollment Reminders, Requirements & Misc. items:

- **2022** Plan Documents for Medical/Rx/Dental and Vision (VSP doc hasn’t changed from 2020) will be on the city website when ready: <https://ci.billings.mt.us/417/Forms-and-Resources>. They will also be available on EBMS miBenefits & VSP.
 - Please note, the Consolidated Appropriations Act (CAA) is still in progress regarding timelines and language, so we have been notified that we may have to issue an amendment to the **2022** plan document at some point.

• *It is your responsibility to view your January 2022 paychecks and employee portal to ensure your health insurance elections are correct. Please notify Leta by email before January 31, 2022, if there is a discrepancy.*

• *Due to healthcare changes for 2022, updated ID cards will be mailed to your home address as listed in miBenefits.*

• Health Insurance and Open Enrollment questions, contact:

Leta Lintern, Human Resources Associate/Benefits Coordinator

- LinternL@billingsmt.gov
- **657-8265**