



Diocese of Toledo Healthcare Plan 2020 Open Enrollment Instructions and FAQ's May 2020

- ✓ Beginning July 1, 2020, the Diocese of Toledo Health Benefits Trust is partnering with Anthem to administer the Diocese of Toledo Healthcare Plan.
- ✓ Benefits Open Enrollment runs from May 15 - May 31, 2020.
- ✓ All benefit elections/changes will be made online at www.MyEnroll360.com. See the enclosed instructions for information about logging in to MyEnroll360.
- ✓ All benefit-eligible employees should log in to MyEnroll360 during the Open Enrollment period to review plan options, costs, and make their elections.
- ✓ If you would like to change from the Premium Plan to the Standard Plan (or vice versa), you may do so through MyEnroll360 during the Open Enrollment window. This change will be effective July 1, 2020.
- ✓ If you are not currently enrolled in the healthcare plan, if you wish to cancel coverage on the healthcare plan, or if you wish to enroll/cancel coverage for your spouse/dependent(s) you may do so through MyEnroll360 during the Open Enrollment window. These changes will be effective July 1, 2020.
- ✓ If you do not log in to MyEnroll360 during the Open Enrollment window, your current benefit elections will remain in place for the 2020-2021 plan year. Your healthcare coverage will automatically transition from Medical Mutual to Anthem. However, if you participated in one or more Flexible Spending Account in the current year, and you wish to participate in the new 2020-2021 plan year, you **MUST** make a new election for the new plan year.

This document is intended to answer some questions you may have about this year's open enrollment and help you learn more about Anthem and what this transition means for you. If you have any additional questions, please contact Meghan Reed, Diocesan Benefits Administrator, at 419.244.6711 ext. 4936 or mreed@toledodiocese.org.

Beginning July 1, 2020, the Diocese of Toledo Healthcare Plan will be administered by Anthem. Employees continue to have two benefit plan designs to choose from: the Premium Plan and the Standard Plan. The enclosed booklet *Choosing and Using your Plan* describes your plan options, and helps you to get to know Anthem. In addition, the following Frequently Asked Questions (FAQ's) have been prepared to assist you during this transition.



Benefits and Plan Designs

What changes are being made to our current healthcare plan?

Great care has been taken to ensure that no changes have been made to the core components of the Diocese of Toledo Healthcare Plan. We continue to offer a choice between two plans (Premium Plan and Standard Plan), and the deductibles, co-pays, and out-of-pocket maximums will remain unchanged. Highlights of the two plans are included in the enclosed Anthem booklet, and copies of the Summary of Benefits and Coverage (SBC) for each plan are also enclosed.

What is the cost of healthcare coverage?

The monthly premiums for all healthcare plans are increasing by approximately 2%. For single coverage on the Premium Plan, employees will continue to pay 10% of the monthly premium, and the employer will pay 90% of the monthly premium. For the 2020-2021 plan year, the monthly employee contribution for single coverage on the Premium Plan will be \$81.60. Employees enrolled in the Standard Plan continue to pay no monthly premium for single coverage; the employer is responsible for 100% of the cost of single coverage. Please consult with the contact person at your employment location who is responsible for benefits to find out the premium cost for two-party or family coverage since that premium calculation continues to be the option of the school/parish/entity. You can also view that information when you log in to www.MyEnroll360.com.

Check with your local benefits administrator for information about the employee contribution for two-party or family coverage.

How do I choose which plan is best for me?

You will need to take some time to evaluate your personal situation and compare the two plans to decide which plan is best for you. Consider questions such as:

- What are your healthcare needs during a typical year? How often do you (and your family members, if applicable) go to the doctor? Do you have a chronic health condition that you receive ongoing treatment for? Do you anticipate any elective surgeries in the upcoming year? Do you anticipate becoming pregnant and having a baby this year?
- If you have a serious illness or injury, what out-of-pocket maximum can you afford?
- What is the difference in the monthly premium? If you choose the Standard Plan in order to save on the monthly premium, are you disciplined enough to set that money aside to use in the event of a serious illness or injury?

We are confident that the Standard Plan is a good fit for some of our employees, and that it will save them money. However, we are also aware that it is not for everyone. Please consider both plans carefully before arriving at a decision.

Can I change my mind and switch plans mid-year?

Once the Open Enrollment period closes, you cannot change the plan you are enrolled in until the next annual open enrollment period. If you experience a qualifying life event, you can enroll in or cancel coverage for yourself or your dependents in conjunction with that qualifying event, but you cannot change plans.

Open Enrollment is your annual opportunity to choose a benefit plan. Choose carefully! Your next opportunity to change plans will be the 2021 Open Enrollment.

Anthem

How can I learn more about my Anthem coverage?

It is important that you understand what services are covered on your benefit plan, and understand how to make the most of your healthcare benefits through Anthem. The enclosed *Choosing and Using Your Plan* booklet contains a great deal of information.

We are very pleased to have the Anthem Health Guide team standing by **now** to serve our employees. **You can reach the Anthem Health Guides at 1-833-388-1403.** These specially trained customer service agents can help you with any question about your plan, and will go above and beyond to walk you through the health care system. You can reach an Anthem Health Guide both up to and after the July 1, 2020 effective date.

Anthem offers a variety of tools, available on their website www.anthem.com and on their Sydney Health mobile app (available for both Apple and Android devices). You will be able to access these online resources beginning July 1, 2020.

You can also find a copy of the materials contained in this packet, and access other information about Diocesan benefits on the Human Resources page of the Diocese of Toledo website: <https://toledodiocese.org/page/human-resources> and through your MyEnroll360 account.

How can I find out if my physician or hospital is in Anthem's provider network?

You can search for your providers at <https://www.anthem.com/find-doctor/>. Before July 1, you can search as a guest using "Medical (Employer Sponsored)" as the type of plan, and "Blue Access (PPO)" for the plan/network. You can also contact Anthem Member Service at 1-833-388-1403 and an Anthem Health Guide will assist you with your search.



What if my provider is not in Anthem's network?

Great care was taken during the selection process to ensure that we chose a partner with a wide-ranging network that included the largest percentage of the doctors and hospitals used by our members. However, there may be some limited disruption. If you cannot locate your current provider in Anthem's network, you can encourage that provider to contact Anthem's Provider Service department at 1-833-639-1634 or visit <https://www.anthem.com/provider/getting-started/> to explore the possibility of contracting with Anthem. You may also contact Anthem Member Service at 1-833-388-1403 for assistance in finding an Anthem provider.

How will this change to Anthem affect my prescription drugs?

Your pharmacy benefit will be administered by Anthem's Pharmacy Benefit Manager, IngenioRx. You will continue to be able to fill your prescriptions at a retail pharmacy in Anthem's retail pharmacy network or through mail order. All mail order and specialty pharmacy medications will be processed by IngenioRx. We are in the process of evaluating protocols that will assist with this transition. Additional details about prescription drug coverage, particularly about existing mail order prescriptions, specialty medications, and prior authorizations, will be forthcoming.

I currently fill a prescription at the retail pharmacy and have refills remaining. How will that prescription continue to be filled at the retail pharmacy?

If you have refills remaining on a prescription being filled at a retail pharmacy that is in Anthem's network, all you need to do is show the pharmacy your Anthem ID card when you have prescriptions filled beginning July 1, 2020.

Are there any drugs that were covered by Medical Mutual that are not covered by Anthem/IngenioRx? Will my out of pocket costs increase for any of my current prescriptions?

We have chosen Anthem’s National 4-Tier Drug Formulary because it closely matches our Medical Mutual drug formulary. However, it is not possible to exactly match the current formulary, so you may see your drug move to a different tier (changing your cost) and it is possible that there are some drugs that are excluded on the Anthem formulary. In those cases, there is likely an alternative prescription drug or over-the-counter drug. You can access the formulary at www.anthem.com/national4tier to review your current prescription drugs and discuss any changes with your physician. The Anthem Health Guides are also available as a resource, and can be reached at 1-833-388-1403.

When will I receive a new Identification Card and when should I start using it?

You will receive your new Anthem ID Card in late June, and can begin using it on July 1, 2020.

Will I continue to have access to my claim history/information through Medical Mutual?

Medical Mutual will continue to process claims that are incurred through June 30, 2020. You will continue to have access to your Medical Mutual *My Health Plan* account and customer service for up to 12 months to monitor those claims and access your claims history.

I have benefited by participating in Medical Mutual’s wellness programs and condition/disease management programs. Will Anthem be offering similar programs?

The health and wellness of our members remains a top priority of the Diocese of Toledo Healthcare Plan. Anthem is committed to it as well, and we look forward to partnering with them to deliver new wellness programs and resources to our members. While the current programs you enjoy may not be replicated exactly, we will work with Anthem to help you meet your health and wellness goals in the future.

Enrollment

Whether you are currently enrolled in the plan or not, it is important to pay attention to these enrollment details.

I am happy with the plan I am enrolled in and do not wish to make any changes this year. What do I do now?

We are glad you are pleased with your current elections, but ask that you still access MyEnroll360 and go through each benefit to review your coverage and confirm your elections. If you do not log in to MyEnroll360 during the Open Enrollment window, your current benefit elections will remain in place for the 2020-2021 plan year. Your healthcare coverage will automatically transition from Medical Mutual to Anthem. However, if you participated in one or more Flexible Spending Account in the current year, and you wish to participate in the new 2020-2021 plan year, you MUST make a new election for the new plan year.

I have considered my plan options and I would like to change the plan I am enrolled in. What do I do now?

You will need to log in to www.MyEnroll360.com during the Open Enrollment window to change your election from the Premium Plan to the Standard Plan (or vice versa). The Open Enrollment window will close at 11:59 p.m. on **May 31, 2020**. The plan change will be effective July 1, 2020. You will receive an email with additional instructions about logging in to MyEnroll360.



Making a change? All Open Enrollment changes are now done online at www.MyEnroll360.com

Can I enroll or drop coverage for my spouse or dependent(s) during Open Enrollment?

Yes. Open Enrollment is your opportunity to make these types of changes to your healthcare coverage. You will need to log in to www.MyEnroll360.com during the Open Enrollment window to change your election from the Premium Plan to the Standard Plan (or vice versa). The Open Enrollment window will close at 11:59 p.m. on **May 31, 2020**. The plan change will be effective July 1, 2020. You will receive an email with additional instructions about logging in to MyEnroll360.com.

If I decide not to enroll or make changes now, will I be able to do so at a later date?

Employees are automatically defaulted to participate in the Section 125 qualified plan, and payroll deductions are taken on a pre-tax basis. In order to make a plan change during the year, you must experience a qualifying life event.

If you do not enroll now, you will only be able to enroll under two circumstances:

1. You (and your eligible spouse and dependents) can enroll or cancel your coverage if you have a “qualifying life event.” A qualifying event will allow you or an eligible family member to enroll immediately.
2. You can enroll during the next Open Enrollment period. Open Enrollment occurs annually each spring for coverage effective July 1.

If you are already enrolled in the plan, a qualifying life event **only** allows you to add coverage for your spouse/dependents, or to cancel coverage. A qualifying life event **does not** give you the opportunity to change which benefit plan (Premium Plan or Standard Plan) you are enrolled in.

If you would like to opt out of the Section 125 plan and have deductions taken on a post-tax basis, please contact your business manager or bookkeeper for further information.

What is a “qualifying life event”?

Qualifying events are defined by the Internal Revenue Service (IRS) and include situations such as:

- You get married
- You have a child or add one to your family (through adoption, marriage, qualified medical child support order, etc.)
- Your spouse or dependent becomes unemployed
- Your spouse or a child dies
- Your dependent(s) become(s) ineligible for plan benefits
- Your spouse’s employment status changes
- You or your spouse take an unpaid leave of absence
- You or your dependent(s) lose other group health insurance coverage



If any of these events occur, you will need to make your new election in MyEnroll360 within 31 days of the date of the life event. Contact the Diocesan Human Resources office or your local benefits administrator for more information.

In the case of a newborn baby, please don’t forget to enroll the baby in healthcare coverage within 31 days of the baby’s birth! If you add the baby to your Diocese of Toledo Healthcare Plan coverage, and the addition of the baby changes your coverage tier to two-party or family, you will be charged the additional premium beginning with the date of the baby’s birth. If you have any questions about newborn coverage, please contact Anthem customer service. Above all, congratulations on your new blessing!

Eligibility

In addition to Diocesan priests and members of certain religious orders, all lay employees of the Diocese may participate in the Diocese of Toledo Healthcare Plan if they:

- A. work at least twenty-five (25) hours per week for more than five (5) consecutive months per year; **and**
- B. are working for an entity that participates in the healthcare program.

Employees are eligible if they work the total required number of hours at one or more locations.

Am I eligible for coverage on the Diocese of Toledo Healthcare Plan even if I am eligible for coverage or already covered on another plan?

All employees who meet the eligibility requirements are eligible to enroll in the Diocese of Toledo Healthcare Plan. However, please remember that this coverage is provided to you at a significant cost to your employer. If you are already enrolled in another plan, please carefully consider the cost that your employer will incur if you enroll in this plan as well.

If you and/or your family members are enrolled in another healthcare plan and you are considering enrollment in the Diocese of Toledo Healthcare Plan as well, it is important for you to understand how the two benefit plans will coordinate. The Plan that covers the person as an employee is the Primary Plan and the Plan that covers the person as a dependent is the Secondary Plan. As the Primary Plan, this plan will provide benefits to employees without regard to any other plan they may be enrolled in. If you are enrolled in another plan as a Secondary Plan, it is up to you to determine how that plan may coordinate benefits with this plan.

For more information on coordination of benefits between two plans, please refer to your plan documents.

What are the rules concerning dependent eligibility?

The Diocese of Toledo Healthcare Plan is subject to federal law related to dependent eligibility.

This plan is subject to the Patient Protection and Affordable Care Act (PPACA - federal healthcare reform) provision that requires the plan to extend dependent coverage for children up to age 26. The dependent can be married or unmarried, does not have to reside in the same household as the employee, does not have to be a student, and does not have to be financially dependent on the employee.

Eligibility for dependents past age 26 will continue only for eligible dependents who are unmarried and primarily dependent upon the enrolled employee for support due to a physical handicap or intellectual disability which renders them unable to work. Please contact Anthem for complete details.

Please keep in mind that both the Diocese of Toledo and Anthem reserve the right to verify that an enrolled spouse/dependent is in fact eligible for coverage on the plan. You could be financially responsible for any claims paid by the Plan for any spouse/dependent who is later deemed ineligible.



The Diocese of Toledo Health Benefits Trust has partnered with Benefit Allocation Systems (BAS) to offer online benefits administration through www.MyEnroll360.com.

Beginning with this year's Open Enrollment, the following benefit elections will now be made online:

- ✓ Healthcare
- ✓ Dental (if offered)
- ✓ Vision (if offered)
- ✓ Healthcare Flexible Spending Account
- ✓ Dependent Care Flexible Spending Account

MyEnroll³⁶⁰

Open Enrollment is your annual opportunity to make benefit changes for the upcoming plan year, which begins on July 1, 2020. Open Enrollment will be conducted this year **online** at www.MyEnroll360.com, where you can find all the information you need to make your benefit elections. **The 2020 Open Enrollment period begins on Friday, May 15, 2020 and ends on Sunday, May 31, 2020.**

MyEnroll360 will walk you through your benefit options, and contains a helpful Library with all of your benefits information in ONE PLACE. You can review your plan options, see the cost of coverage, and learn more about our health insurance carrier, Anthem. You will log in to MyEnroll360 and go through each benefit to make your elections. We feel it is important for everyone to go through all your benefits to make sure that your elections reflect the coverages you need for yourself and your family.

During the Open Enrollment window (Friday, May 15 – Sunday, May 31), you can do the following online at MyEnroll360.com:

- ✓ Change from the Premium Plan to the Standard Plan (or vice versa) effective July 1, 2020.
- ✓ Elect coverage if you are not currently enrolled, cancel coverage, or enroll/cancel coverage for your spouse/dependent(s) effective July 1, 2020.
- ✓ Make Healthcare and/or Dependent Care FSA elections for the 2020-2021 plan year, which begins July 1, 2020.

Interested in a Flexible Spending Account for the 2020-2021 Plan Year?

Healthcare and Dependent Care Flexible Spending Accounts (FSA) allow you to set aside *pre-tax dollars* from your paycheck to pay for eligible unreimbursed out-of-pocket health and dependent care expenses that you and your family incur. If you are not currently participating in either account, then you may be paying for these expenses with *after-tax dollars*. By using a Flexible Spending Account, you can save money on taxes and benefit from more of the money you earn. You can learn much more about the FSA programs when you log-in to your MyEnroll360 account.

Beginning July 1, 2020, Benefit Allocation Systems (BAS) will also administer our FSA program. If you are currently participating in one of the FSA options, you will receive an email about what this change means for you. ***If you participated in one or more Flexible Spending Account in the current year, and you wish to participate in the new 2020-2021 plan year, you MUST make a new election for the new plan year.***

Access to MyEnroll360

1. Your employer has provided MyEnroll360 with an email address for you. In most cases, this is your work email, but also may be a personal email address. You will receive an Email Verification Request from Security@MyEnroll.com containing a 4-digit code – Click on the link, Verify Your Email Address. This will ask for personal information that is necessary to set up your MyEnroll360 access, but it is NOT spam. If you do not receive the email by May 16th, please contact BAS Client Services Department at 800.945.5513 and Press 1
2. Complete all the fields on this form and then click Submit
3. You are taken to MyEnroll360 homepage – Click on orange link First Time Users
4. Follow the directions to Request Your User Name and Password
5. **Any questions – call BAS for help at 800.945.5513 and press 1**

Making your Online Elections

The enrollment site at www.MyEnroll360.com is available 24 hours a day, 7 days a week during the Open Enrollment period. When you are ready to make your elections, follow these five steps:

1. Go to www.MyEnroll360.com and enter your User Name and Password.
2. Follow the easy enrollment steps using the Enrollment Wizard.
3. Complete your benefit selections.
4. Approve your elections.
5. Print your benefits confirmation statement.

If you need to make changes to your elections, you may do so as long as it is within the Open Enrollment period. The Open Enrollment period will close at 11:59 p.m. on Sunday, May 31, 2020.

If you need more detailed information or assistance

Detailed information about your benefit plans will be available in MyEnroll360 in the online Reference Library link under “Quick Links” or in “Tools” found under the left menu bar. You must log-in with your User ID and Password to access this resource.

If have questions while you are using MyEnroll360, you may contact Benefit Allocation Systems, LLC. (BAS) at Service@BASusa.com or call 1.800.945.5513 from 8:30 a.m. to 5:00 p.m. EST, Monday through Friday.

Note: If you do not have internet access or need help with accessing the technology needed for your online enrollment, please contact your supervisor or your parish/school business manager for assistance.

Thank you in advance for your cooperation through our Open Enrollment process.