

How to access my benefit information in Connect

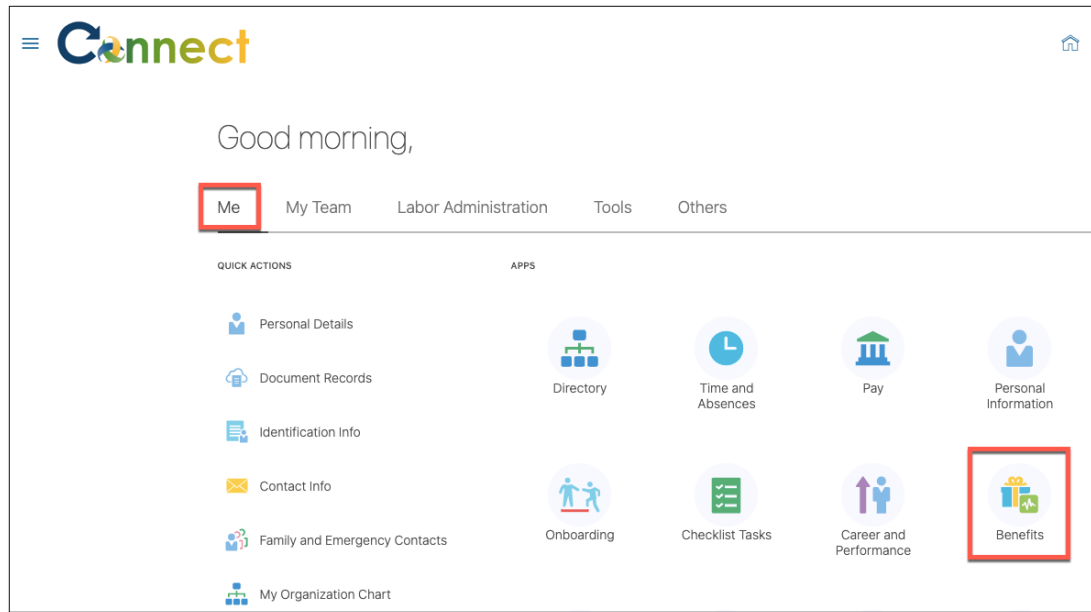
What and when is Open Enrollment?

CMHA life events explained

- What is a life event?
- New hire
- Position change
- Add a child
- Change HSA contribution
- Divorce
- Gain/loss of coverage
- Marriage & Domestic Partner

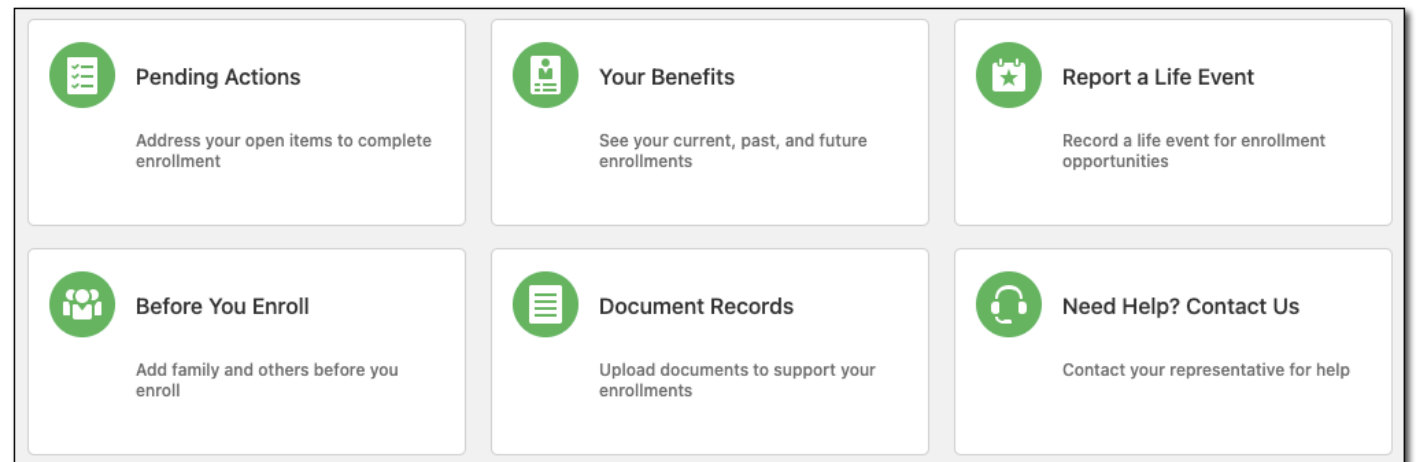
Pending Actions

Benefit validation rules



Benefit functions can be accessed from Connect by clicking the **Benefits** icon from the **Me** tab.

Additional job aids are posted to Connect Help that cover all the functions displayed below.



## What is Open Enrollment?

Open enrollment is the period of time in which CEI employees can elect or change their benefit options for the upcoming year. If you are a new hire in 2022 you must still complete open enrollment, even if you recently registered for your 2022 benefits. You will not have coverage in 2023 unless you complete your open enrollment.

## When is Open Enrollment?

Open enrollment for the 2023 plan year will occur from 10/31/22 – 11/11/22 at midnight. Several emails including resources and on site sessions will be sent to employees as well during this period.

## What is a life event?

Life events allow CEI employees to elect or change benefit coverages outside of the open enrollment period under the following qualifying life event situations:

- **New hire** – New employees who qualify for benefits can enroll within 30 days of their hire date or probationary period.
- **Position change** – Employees who change position and become eligible or ineligible for benefits.
- **Add a child**– Employee has a baby or adopts a child.
- **HSA contribution changes** – Employee can change their HSA contribution at any time.
- **Divorce** – Employee gets legally divorced
- **Gain/loss of coverage** – Employee or a dependent loses or gains eligibility for coverage elsewhere.
- **Marriage** – Employee gets legally married or adds a domestic partner



## Report a Life Event

Record a life event for enrollment opportunities

The following life events are available in Connect. If you have ANY changes to the below, you **MUST** complete a life event in Connect.

- **Add a Child**
- **Change HSA Contribution**
- **Divorce**
- **Gain of Coverage**
- **Loss of Coverage**
- **Marriage & Domestic Partner**

Note: To Update Beneficiary you will click on the Update beneficiary tile. Updating a beneficiary is not a life event in Connect and can be done at any time during the year.

## Pending Actions

Upon completing your benefit enrollment in Connect, be sure to check the **Pending Actions** to upload any supporting documentation needed to finalize your enrollment selections. Your enrollment selections will not be finalized until all forms are received and approved by Benefits.

Displayed below is a complete list of Pending Actions you might see in Connect and a description of the actions that need to be taken by employees.

Pending Action	Description
<b>Proof of Gain or Loss of Coverage</b>	Employee must present proof of the gain or loss of coverage
<b>Domestic Partner / OEI Form</b>	Employee must present the OEI form when enrolling a domestic partner in a medical plan
<b>Divorce Decree</b>	Employee must present the divorce decree when a divorce occurs
<b>Birth Certificate or Proof of Step/Adult Child</b>	Employee must present a birth certificate or a proof for adding a step or adult child to their plans
<b>Adoption Certificate</b>	Employee present an adoption certificate when an adoption occurs
<b>Marriage License</b>	Employee must present the marriage license when submitting a marriage event
<b>HSA Form</b>	Employee must submit an HSA form when enrolling in HSA plan. HSA form is also required when the employee has a change in banking information for their HSA Account. Proof of account information from the bank must also be attached.
	Employee must provide evidence of insurability when enrolling in the CIGNA Voluntary Life plan with an option over 150k
<b>Evidence of Insurability</b>	When enrolling in the CIGNA Voluntary Spouse Life, employee must provide evidence of insurability if option is greater than 25k

Connect has a number of validation rules built into the system that restrict certain combinations of plans and options to be selected. These rules are intended to prevent incorrect selections from being made that would otherwise result in having to make changes after the initial submittal.

If an incorrect combination of plan options are entered, an Error Message will appear when you submit your selections. This will require you to change your selections and submit again.

Illustrated below are the various validation rules that will assist you as you make your selections in order to reduce the likelihood of receiving an error.

Rules highlighted in **green** are valid combinations and those highlighted in **red** are invalid combinations. If you deviate from a rule highlighted in green, you are likely to receive an error. If you enter an invalid combination that is highlighted in red, you will likely receive an error.



Valid combinations



Invalid combinations



Valid combinations



Invalid combinations

## Waiving Plans

Plans not selected for enrollment must be waived

Plans not selected for enrollment and not waived will error





Valid combinations



Invalid combinations

HRA Factor Plan and Option Validations with Medical	
BCBSM HRA 1A	BCBSM HRA 1B 250/500
HRA Factor 1A (Option to be the same as selection for Medical)	HRA Factor 1B (Option to be the same as selection for Medical)

An HRA is both owned and funded by the employer and does not allow for employee contributions like the Flexible Spending Account (FSA) and Health Savings Account (HSA).

Both BCBS HRA 1A and HRA 1B plans have a \$5,000.00 deductible for single and \$10,000.00 deductible for double/family. **If you enrolled into the BCBSM HRA 1A medical plan, you must also enroll in the corresponding HRA Factor 1A option. If you enrolled into the BCBSM HRA 1B 250/500 medical plan, you must also enroll in the corresponding HRA Factor 1B option.**

**If you do not enroll in the HRA Factor, your enrollment is not complete.** The HRA factor is how CMA-CEI can offer plans with either a \$0 deductible to employees (HRA 1A) or with a 250.00 single 500.00 double family deductible (HRA 1B). The HRA Factor is the corresponding enrollment that fills the gap to make a higher out-of-pocket cost health plan so that it looks and functions like a lower out-of-pocket cost plan. Deductibles, Rx and office visit co-pays are reimbursed to the Factor level listed above.



Valid combinations



Invalid combinations

OEI (Other Eligible Individual) is an individual who currently resides in the same residence as the employee and has done so for the last 12 months. This individual is not a renter, boarder, or tenant of the employee, not a "dependent" of the employee as defined by the IRS and is not eligible to inherit from the employee under the laws of intestate succession in the State of Michigan. This excludes from eligibility: spouses, children, grandchildren, parents, siblings, nieces/nephews, aunts/uncles, cousins and grandparents.

An example of OEI is a Domestic Partner.

OEI (Other Eligible Individual) Validations with Medical			
BCBSM HDHP 1400/2800 <u>Double</u>	BCBSM HRA 1B 250/500 <u>Double</u>	BCBSM HRA 1A <u>Double</u>	Medical Plan - Single
BCBSM HDHP OEI - Single to Double	BCBSM HRA 1B OEI - Single to Double	BCBSM HRA 1A OEI - Single to Double	Not OEI eligible
BCBSM HDHP 1400/2800 <u>Family</u>	BCBSM HRA 1B 250/500 <u>Family</u>	BCBSM HRA 1A <u>Family</u>	
CBSM HDHP OEI - Double to Family	BCBSM HRA 1B OEI - Double to Family	BCBSM HRA 1A OEI - Double to Family	
BCBSM HDHP OEI - Family to Family	BCBSM HRA 1B OEI - Family to Family	BCBSM HRA 1A OEI - Family to Family	
BCBSM HDHP OEI - Single to Family	BCBSM HRA 1B OEI - Single to Family	BCBSM HRA 1A OEI - Single to Family	



Valid combinations



Invalid combinations

HSA/FSA Validations with Medical		
BCBSM HDHP Medical	BCBSM HRA Medical	No Medical
HSA only	FSA Health only	FSA Health only
Limited Purpose FSA only	Dependent Care FSA only	Dependent Care FSA only
Dependent Care FSA only	FSA Health & Dependent Care FSA	FSA Health & Dependent Care FSA
HSA & Limited Purpose FSA	Not eligible for HSA	Not eligible for HSA
HSA & Dependent Care FSA		Not eligible for FSA Limited Purpose
Limited Purpose FSA & Dependent Care FSA		
HSA, Limited Purpose FSA, & Dependent Care FSA		



Valid combinations



Invalid combinations

Buyout Validation with Medical	
Employee does not select a Medical plan	Employee enrolled in a Medical plan
Eligible for Medical Buyout	Not eligible for Medical buyout

Buyout Validation with Dental	
Employee does not select a Dental plan	Employee enrolled in a Dental plan
Eligible for Dental Buyout	Not eligible for Dental buyout

Buydown Validations with Medical			
Medical Single Option	Medical Double Option	Medical Family Option	Dependents
Buydown - Double to Single	Buydown - Family to Double	Not eligible for Buydown	Same dependents cannot be covered in both Medical and Buydown at the same time
Buydown - Family to Single			



Valid combinations



Invalid combinations

CIGNA Voluntary Life Validations	
Employee Enrolled	Employee not Enrolled
Eligible for CIGNA Voluntary Spouse Life	Not eligible for CIGNA Voluntary Spouse Life
Eligible for CIGNA Voluntary Child Life	Not eligible for CIGNA Voluntary Child Life
Eligible for CIGNA Voluntary Spouse & Child Life	Employee coverage amount cannot be more than 5 times salary up to 500K
Employee coverage amount must be double or greater than spouse coverage amount Ex. Spouse coverage = 50K, Employee coverage must = 100K or greater	Employee coverage amount cannot be less than double the spouse coverage amount Ex. Spouse coverage = 50K, Employee coverage cannot be less than 100K

UNUM Voluntary Accident & Critical Illness Validations	
Employee Enrolled	Employee not Enrolled
Eligible for UNUM Critical Illness Spouse	Not eligible for UNUM Critical Illness Spouse
Employee coverage amount must be exactly double the Spouse coverage amount Ex. Spouse coverage = 5K, Employee coverage must = 10K	Employee coverage amount cannot be greater than or less than double the Spouse coverage amount Ex. Spouse coverage = 5K, Employee coverage cannot be more or less than 10K