

Frequently Asked Questions About Your Benefits

This section is designed to answer some of your frequently asked questions about your benefits with your school district. It is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. In the event of any difference between this document and the summary plan document, the terms of the summary plan document applies. If you are unable to find an answer to your question(s), please contact your HR/Treasurer's office.

As a new hire, how long to I have to enroll in medical, prescription, dental and/or vision?

- You must enroll within 31 days of your date of hire or during the Annual Open Enrollment.

If I do not enroll in benefits within the 31 day enrollment period, what can I do?

- You will need to wait until the Annual Open Enrollment or until you have a qualifying event/family status change during the year.

What is a “qualifying event” or “family status change”?

- A “qualifying event” or “family status change” allow you to make changes to your benefits during the plan year within 31 days. Following are examples of “qualifying events” or “family status changes”:
 - ◆Birth of a child, adoption or change in custody of child
 - ◆Marriage or divorce
 - ◆Death of a spouse or child
 - ◆Spouse's involuntary loss of coverage
 - ◆A dependent's loss of eligibility (for example, your child loses his job and is no longer eligible for medical coverage and is under the age of 26).

When is Open Enrollment for health insurance?

- Annual Open Enrollment is held from late August through early September with a plan year of October 1 through September 30.

Can I change my coverage(s) during the plan year?

- If you have a qualifying event which is a change in family status between the close of Open Enrollment and the beginning of the new plan year, you can make changes to our benefits within 31 days of the qualifying event. Otherwise, you will have to wait until the next Open Enrollment.

My child is a dependent between the ages of 19 through 25. How long is his/her eligibility under my medical coverage?

- FEDERAL LAW takes the dependent age up to **26** as part of family coverage. If the employee has family coverage already, there is no additional cost. Coverage for the dependent will end the last day of the month in which the child turns 26.
- The OHIO LAW allows employees TO PURCHASE coverage for their dependent child from 26 to 28 via payroll deduction.

Are the dependent requirements different for the OH coverage to age 28?

- Yes. To be eligible for the employee paid coverage from 26 to 28 the child must be:
 - Not married
 - Living in Ohio or enrollment in school out of state with their legal address in Ohio.
 - Not eligible for Medicaid or Medicare
 - Not working and eligible for their employer's plan

Does this apply to dental and vision coverage?

- No. EPC Delta Dental and VSP vision ends at the end of the calendar year in which the dependent child turns **24** and child **cannot be married**. Note: Some districts may have dental and/or vision plans outside the EPC and their age maximums may be different.

What documents are needed for my dependents to be enrolled in the plans?

- Documentation for newly enrolled dependents (birth certificates for dependent children, marriage license and recent tax form for spouses) must be submitted with completed dependent enrollment affidavit or coverage will not be made effect. See your Treasurer or HR office for the Dependent Enrollment Affidavit form or www.epc-online.benelogic.com or www.epcschools.org.

Are my deductibles calendar year or fiscal year?

- The deductibles that you pay are based on the calendar year.

If I separate from my district, when does my coverage end?

- Normally, your coverage will end on the last day of the month in which you separate from your district or when you are no longer eligible for coverage under the plan. You will be offered the opportunity to continue your benefits through COBRA coverage.

What is HIPAA?

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects you from being denied group health insurance coverage based solely on your health status. It also provides workers who change or lose jobs better access to health insurance; limits exclusions for pre-existing conditions; and guarantees renewability and availability of health coverage to small employers and individual members.

Can I enroll my 26-28 year old dependent and not be covered under the plan myself?

- No, this is dependent coverage. You must be enrolled for at least single coverage to purchase coverage for your 26-28 year old (OH28).

I don't know if my dependent is enrolled now-how can I tell?

- Look them up on the online enrollment system at www.epc-online.benellogic.com.