

2024 Health Insurance Open Enrollment details and instructions

☺ Please read document before starting ☺

Email Leta (LinternL@billingsmt.gov) (*preferred*) or call (406-657-8265) 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 Union & Fire Union Employees:** *electronically via city email only*

Please note, this open enrollment applies to all permanent employees, including new hires this year. The only exception is recent new hires with benefits that are effective 12/1 or after. Their new year elections are handled during the new hire process.

Open Enrollment is your opportunity to change your medical, dental, and vision plan options, Health Savings Account (HSA), and Flexible Spending Accounts (FSA)(Health Care & Dependent Care) for next year. All employees with FSA's must electronically re-enroll per IRS regulations if they are keeping their FSA, even if the personal contribution is the same. Open enrollment is done through your EBMS miBenefits login: www.EBMS.com

→**2024 Open enrollment will be:**

Tuesday - October 31st through Tuesday - November 14th

Changes are effective for January 1, 2024.

***** 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 Flexible Spending Accounts (FSA)(Health Care & Dependent Care) – then you do not have to do anything! Everything will stay the same for medical, dental, vision & health savings account (HSA) elections.
- **Scenario 2:** Even if you do not have any changes to your current elections, including Flexible Spending Accounts (FSA)(Health Care & Dependent Care), you are required to re-elect FSA annually per the IRS. Your election is completed through your EBMS miBenefits login, and if you fail to complete this step, then your FSAs will default to \$0.00 for **2024**. *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, FSA, 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 **2024**. *Instructions are in this document on how to complete this process.*

Open Enrollment Miscellaneous Items & Reminders:

- Computers are available throughout City building locations for employees to complete online enrollment, inquire with your supervisor.
- Use the "**2024 City of Billings Health Insurance Announcements and Benefits Guide**" as reference to your enrollment options, eligibility, and questions along with the actual plan documents. These documents are available on the public city website: <https://www.billingsmt.gov/417/Forms-and-Resources>



- The FSA Health Care (medical flex) annual maximum plan contribution limit is **PROJECTED** to increase from \$3,050 to \$3,200 for 2024. However, at the time of this document printing/emailing, the IRS had not finalized this. Once finalized, the flex amount will be updated in miBenefits open enrollment system at EBMS.
- City Council and Mayor are the only employees that have the option to decline a medical plan.
- If you have a health savings account (HSA) elected currently, the system will not pre-populate your current contribution since it is a bank account in your name. If you are submitting an open enrollment, you will need to enter your HSA \$ contribution.
- If you currently elect Medical Flex/FSA health care, due to system limits, in the initial summary of open enrollment it will not show if there is an employer/city contribution (HDHP-Employee only with kick to FSA health care), it is just one tally of personal contribution and city contribution, if applicable. Also, the Per Pay Period Deduction amount on the landing page will calculate as the annual listed by 26 pay periods, but if you were a mid-year hire, that won't match what your per pay period is in payroll/check stubs.

FSA	
Annual Election :	\$254.28
Employee Contribution :	\$254.28
Employer Contribution :	-
Number of Deductions :	26
Per Pay Period Deduction :	\$9.78

- As a reminder from the 2024 Benefits Guide & Announcement, effective 1/1/24 there no longer is a city kickback on the HDHP-Employee Only. If you are a HDHP-Employee only, in the flex or HSA sections, any contributions will be your own for 2024.
- If you have medical flex and daycare flex currently; however, for 2024 you are only going to elect medical, since the system will prepopulate your current, for the daycare flex you will need to select and delete the \$ amount and change the frequency to Select to clear that out. Do not just change it to zero, as the system will not accept it.
- If you were a mid-year new hire with benefits and elected FSA or HSA, keep in mind, contributions are based on the per pay period dollar amounts. For example, if you elected \$25/pp, that is \$25 x 26 paydays, for an annual election of \$650.00 for the new calendar year.
- During open enrollment, if you change demographic information, we are not looking for these changes in miBenefits since we are focusing on health insurance for the new year. Therefore, you will still need to submit the **Employee Information Change form** to HR. This is located on the public city website: <https://www.billingsmt.gov/417/Forms-and-Resources>
- Please just submit one (1) open enrollment. If you submit more than one, we will use the last one received.
- Audit your enrollment in Review **VERY CAREFULLY** before you submit. Just because it lists all the dependents you can pick from, you still need to make sure all your dependents are listed and checked under each plan election for medical, dental and vision. Open enrollment is a set period to make or keep elections. You can't contact me after open enrollment and say you elected Dental-Employee Only in error when you should have selected Dental-Family or that you want to elect more FSA. We can't change it, as we would have to open this option up to everyone. If it was a technology open enrollment system issue that we can prove, that is a different story. Keep a copy of your final enrollment for your records.
- Do not wait to the last minute to do your open enrollment, you will want time to deal with any tech issues that arise during the open enrollment timeframe. The EBMS miBenefits site may be down periodically and the city does not administer the site.
- You can disregard references in the final summaries regarding Student Status and Life Style.
- 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 at the beginning of open enrollment to determine how the change needs to be handled.
 - 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 open enrollment.

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 Flexible Spending Accounts (FSA)(Health Care & Dependent Care), you are still required to re-elect FSA contributions annually per the IRS. Your online election through your miBenefits account must be completed by **November 14th**, or your FSA contribution will default to \$0.00 for **2024**.

»»*Scenario 2 instructions are written for no changes; you are re-electing your current FSA for the new year.*

(1) Enrollment Current Selection:

- This will show your current elections, dependents, FSA contributions and if HSA is elected.
- Select “Update Flex/HSA Only”, so you can re-elect and keep your FSA for the new year, per IRS regulations.

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

(5) Product Selection:

- When selecting “Update Flex/HSA Only” in the product selection, you will only have FSA and HSA.

Product Selection – Health Savings Account (HSA):

- If you are keeping all your current elections, including your FSA contributions, AND you also have HSA contributions, you will be required enter your HSA \$ amount to keep it since the system will not populate your current contribution per pay period. If you need your current contribution per pay period, please refer to your check stub in your city employee portal or look at your contribution history in your mibenefits account prior to starting open enrollment.
- *Limited Scope FSA health care:* If you are on the HDHP and have a Health Savings Account (HSA) contributions in combination with a FSA health care contributions, your FSA health care 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 27 as of the end of the calendar year. You will be issued one debit Benefits card and the system will process your transactions through the correct account, either FSA health care 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.
- *Limited Scope FSA health care:* If you are on the HDHP and have HSA in combination with FSA heath care, your FSA becomes Limited in Scope. See details above in the HSA product section regarding Limited Scope FSA health care.

(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.

(8) Review & (9) Submit:

- Carefully review your open enrollment. Even though you were doing **Scenario 2**, make sure your selections and dependents covered on each plan didn’t change in error before you submit. You will certify your **01/01/2024** submission by selecting “Submit” and electronically sign acknowledgement, which is just typing your name, not an actual signature. This can take a moment to process. 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.



- In the “...enrollment has been submitted successfully” screen, select the “[Click here](#) to download your enrollment summary” for your records. This download, save electronically or print a copy for your records since this is your proof of your final submission and what you elected. After the new year, if there is a discrepancy of your elections, you may have to provide this proof. You will also receive an alert in your miBenefits Notifications that your request is being reviewed for approval. You will not be able to see your elections in your miBenefits until the new year.

Scenario 3-Instructions: If you have ANY allowed changes for **2024** 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 14th**, or you will forfeit the ability to make changes for **2024** open enrollment.

(1) Enrollment Current Selection:

- This will show your current elections, dependents, and FSA or HSA.
 - If you currently have HSA elected, this page will only display "HSA Plan: Elected". miBenefits will not show your actual \$ contribution.
 - You will select one option, depending on the changes you are making.
- [Update Flex/HSA Only](#) [Edit Current Selection >](#)
- If you have plan changes (Medical/Dental/Vision), then select *Edit Current Selection* and it will take you through all options, including FSA and HSA.
 - If you only have FSA or HSA changes, select *Update Flex/HSA Only* option
 - With this option, it will bypass plan sections since you are only *Updating Flex/HSA*. Your plan elections will remain the same.

(2) Demographic Information:

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

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

- For dependents (spouse and children) 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, proof of dependency is required. You can upload the document in the open enrollment. Please note that even though miBenefits allows you to state the documentation is on file, you're required to upload it for a newly added dependent. In addition, miBenefits has general language regarding documentation; however, the city has specific requirements:
 - Spouse: Proof of legal marriage - marriage certificate, certified/notarized Declaration of Marriage, certified/notarized Affidavit of Common Law marriage.
 - 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 during open enrollment, the city assumes it is due to other medical coverage; therefore, a COBRA health insurance notice will not be issued.
 - *If you are removing a dependent from your medical and they do not have other medical coverage, you are required to notify Leta by November 14, via email and include your dependent's mailing address, so Leta can send the required COBRA notice. Leta will acknowledge receipt of your email.*

(5) Product Selection:

- At the top of each, it will show current dependents, if any, covered for that product with a checkmark  , 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 unless Mayor/Council) before you can move to the next selection. "Selected" will show in the card corner. 
- Please refer to your **2024** Health Insurance Announcements & Benefits Guide & **2024** Plan Documents if you have questions regarding 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). Even though it marks your current, you will need to select to continue.

→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 **2024** based on individual or family unit coverage on the HDHP. Refer to your **2024** Benefits Guide.

- If you currently contribute to HSA, the system will not populate your current contribution. You will need to enter the \$ amount per pay period. If you need your current contribution, please refer to your check stub in your city employee portal or look at your contribution history in your miBenefits account.
- *Limited Scope FSA health care:* If you are on the HDHP and have HSA in combination with a FSA health care, 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 27 as of the end of the calendar year. You will be issued one debit Benefits card and the system will process your transactions through the correct account, either FSA health care or HSA.
- Newly elected HSA: HSAs are a bank account in your name, and they must go through a validation process to be set up through Avidia Bank. You should receive an email from "hsaalerts@avidiahealthcaresolutions" after you submit your open enrollment. Check your regular and junk email for this and follow their instructions. Once finalized and closer to the new year, you will receive your debit Benefits card.
 - Please note, if you had an HSA account this year on the HDHP, but are moving to the Standard for next year, you will be issued a new HSA Benefits card to work directly with Avidia Bank and see your details on their website.

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

- If you currently have FSA, your current election will show once you select "yes" that you want to contribute.
- *Limited Scope FSA health care:* If you are on the HDHP and elect HSA in combination with FSA health care, your FSA becomes Limited in Scope. See details above in the HSA product section regarding Limited Scope FSA health care.

→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.

(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.

(7) Beneficiary Information:

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

(8) 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 **01/01/2024** elections by selecting "Submit" and to electronically sign acknowledgement, which is just typing your name, not an actual signature. This can take a moment to process. 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.



- In the "...enrollment has been submitted successfully" screen (snip above), select the "Click here to download your enrollment summary" for your records. This download, save electronically or print a copy for your records since this is your proof of your final submission and what you elected. After the new year, if there is a discrepancy of your elections, you may have to provide this proof. You will also receive an alert in your miBenefits Notifications that your request is being reviewed for approval. You will not be able to see your elections in your miBenefits until the new year.



Open Enrollment Reminders, Requirements & Misc. items:

- **2024** Plan Documents for Medical/Rx/Dental and Vision will be on the city website when ready and on EBMS miBenefits and VSP sites.



<https://www.billingsmt.gov/417/Forms-and-Resources>

- Due to the deductible and out-of-pocket (OOP) maximum changes for **2024** (as referenced in the Benefits Guide), updated ID cards will be mailed to your home address as listed in miBenefits. Once you receive your new card, please destroy your old one. After the 1st of the year, if you need additional ID cards for your family, you can do this through your miBenefits account at EBMS under “Quick Actions”. You can download an electronic version and/or order a hardcopy.



- *EBMS provides city payroll a data file of open enrollment elections that city Payroll converts to upload into our system. As we have found in previous years, technology can cause issues. Therefore:*

It is your responsibility to view your **January 2024 paychecks in your employee portal AND in your EBMS miBenefits account to ensure all your health insurance elections are correct in BOTH systems.**

Notify Leta by email, before **January 31, 2024, if there is a discrepancy.**

- Health Insurance Open Enrollment questions, contact:

Leta Lintern, Human Resources Associate/Benefits Coordinator

- LinternL@billingsmt.gov
- **(406) 657-8265**

>>>Notice: see next page for notice regarding Retail Rx for short-term/acute scenarios.

10/25/23 Notice to Employees on City Health Insurance regarding Retail Pharmacy – acute short-term treatment scenarios:

Our plan document for 2024 was finalized, but HR was just informed there had been an issue with our pharmacy benefit manager (PBM) SmithRx processing Rx claims for Retail/Acute needs at a pharmacy outside of the allowed pharmacies for regular maintenance Rx.

Local allowed pharmacies are:

- *miRx Pharmacy*
- *Pharmacy 1-SCL*
- *Pharm406 Pharmacy*
- *Downtown Family Pharmacy*
- *Riverstone Health Pharmacy*
- *Costco Pharmacy*
- *Wal-Mart Pharmacy*
- *Sams's Club Pharmacy*

Most of you already go to one of these pharmacies for maintenance Rx, but the plan currently is written that for Retail – acute short-term Rx treatment you can go to any pharmacy.

Therefore, if you have a Retail – acute short-term treatment rx to fill, for example antibiotics, it is best to work with one of the allowed city pharmacies listed above. If you choose to use a pharmacy not listed, then, you will have to pay out of pocket for the Rx and then submit the manual Rx claim form with supporting documents via email to: LinternL@billingsmt.gov so it can be validated it was for an acute short-term treatment. The claim will then be forwarded to the PBM for processing under the appropriate Retail Rx language below, and you will be reimbursed by them for any amount the plan should have paid.

The PBM's manual Rx claim form is available in your miBenefits account under Document Library.

2024 Prescription Drug Benefits plan document language:

RETAIL PHARMACY PROGRAM, Administered by SmithRx

Retail Pharmacy medications are medications that *are not* considered maintenance medications (those that are taken for long periods of time) and are prescribed for acute conditions (a condition with a rapid onset and/or of short duration and generally urgent in nature, such as antibiotics). Participating pharmacies have contracted with the Plan to charge Plan Participants reduced fees for covered Prescription Drugs. SmithRx is the administrator of the Retail Pharmacy Program.

Retail Pharmacy medications are limited to a 30-day supply per prescription.

For Retail Pharmacy Program Prescription Drug claims questions
or to obtain a claim form contact:
SmithRx toll-free (844) 454-5201,
or visit <https://portal.mysmithrx.com/login>

Note: If a Prescription Drug is purchased from a Non-Participating Pharmacy or a Participating Pharmacy when the Plan Participant's ID card is not used, the Plan Participant will be required to pay 100% of the total cost at the point of sale, no discount will be given, and the Plan Participant will be required to submit the prescription receipt to SmithRx, the Pharmacy Benefit Manager, for reimbursement (minus any applicable deductible or copayments as shown in the Prescription Drug Benefit Schedule).

2024 Standard Plan – Retail Pharmacy language from plan document:

RETAIL PHARMACY PROGRAM

Retail Pharmacy medications are limited to a 30-day supply per prescription

Generic	\$5 after prescription drug deductible
Preferred Brand Name	20% after prescription drug deductible (\$30 minimum and \$60 maximum)
Non-preferred Brand Name	40% after prescription drug deductible (\$50 minimum and \$100 maximum)

2024 HDHP – Retail Pharmacy language from plan document:

RETAIL PHARMACY PROGRAM

Retail Pharmacy medications are limited to a 30-day supply per prescription

Generic	\$5 after medical deductible
Preferred Brand Name	20% after medical deductible (\$30 minimum and \$60 maximum)
Non-preferred Brand Name	40% after medical deductible (\$50 minimum and \$100 maximum)