

Frequently Asked Questions for 2026 Benefits Open Enrollment

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General

- Is this a passive or active Open Enrollment (OE)?
 - This is a passive Open Enrollment for health plans (medical, dental and vision) and voluntary plans, which means that unless you want to change the plan you are currently enrolled in, you do not have to make any selections. Please note: the Flexible Spending and Health Savings Accounts **do require active enrollment** each year.
- If I make updates to my insurance elections or my dependents elections, when will they be effective?
 - All benefit elections made during OE are effective **January 1st** of the next plan year.
- Where can I read about 2026 Benefits?
 - We have made several resources available to our employees. You can find benefits related information in the Employee Benefits Webpage: <https://www.columbuslibrary.org/employee-benefits>:
 - The Open Enrollment video presentation will be available mid-October. On this video both Magaly and Allison Svec, our United Health care Account manager discuss CML's benefit offerings.
 - The 2026 Benefits Guide
 - Quick Start Open Enrollment Guide (an abbreviated version of the Benefits Guide)
 - 2026 Summary of Benefits and Coverages (SBCs) will be available mid-October.
 - 2026 Open Enrollment FAQ
 - 2026 Medical Plan Comparison Examples will be available mid-October.
 - MyHR Employee Solution Center. They are CML's dedicated groups of payrolls and benefit specialist at ADP that can assist with questions related to ADP and can assist with Open Enrollment. They can be reached at 855-547-8508 Monday through Friday, from 8am to 11:30 pm EST or at mylifeadvisor@adp.com.
- My spouse also works for CML. If we wanted to move our kid from my plan to his plan, would we need to go through that dependent approval process again?
 - No. The dependent eligibility verification process is only for newly enrolled dependents in medical, dental or vision coverage with CML.

- Can I enroll in just the vision and dental plan?
 - Yes, you can choose any or all of the plans offered for medical, dental and vision. Each plan is separate from each other.
- Where do I submit my Spousal/Domestic Partner Additional Charge Removal Form?
 - Please submit to payrollbenefits@columbuslibrary.org

Medical

- What is the best way to compare the PPO, HDHP and MEC plans?
 - The services covered under the plans are the same, but how the plans cover them is different. It is important that you be aware of the premiums, deductible, coinsurance and total out-of-pocket expenses. These are described in the Benefits Guide and the Summary of Benefits Coverage. We also recommend watching the Open Enrollment video where all plans are compared. We also have a medical plan comparison examples document available on the Benefits Website (<https://www.columbuslibrary.org/employee-benefits/>).
- Is there a difference between the HDHP and the MEC plan?
 - Yes. Premiums are lower in the MEC plan. However, deductibles, out of pocket max, and co-insurance are much higher. The MEC plan is designed for those with minimal healthcare needs.
 - With the MEC plan, you want to make sure to evaluate individual healthcare requirements and your financial situation.
 - The MEC plan is also paired with an HSA bank account. CML does not contribute to the HSA bank account paired with MEC. However, employees may contribute via payroll deduction.

Cost estimators

- How do I compare which doctors to go to? Other than myVoyage, are there any other cost estimators or decision-making tools that you can recommend?
 - myVoyage summarizes projected medical costs based on national averages, while myuhc.com provides estimated costs of medical care based on local medical providers and the medical plan you are enrolled in.
 - To locate this tool go to: MyUHC > Find Cost and Care
 - You can search by type of care (allergies, diabetes, etc.), provider name, or service/type of condition (MRI, Acupuncture, Back pain)
 - There are a number of wellness and preventative in-network services which are covered by UHC plans at no cost. The listing of these services can be found at <https://www.uhc.com/health-and-wellness/preventive-care>

Prescription

- Is the preventative drug list (PDL) changing?
 - UHC evaluates the PDL throughout the year and it is subject to change. The latest copy is available on MyHR -> Resources -> Tools/References -> MyHR: Benefits.

Price Edge Technology

- UHC members have access to Price Edge. This discount price solution helps you save on generic drugs covered by our benefit plan and specific brand and generic drugs not covered by our plan. It can also help you save money on select over the counter (OTC) medications if you have a prescription.
- Price Edge is an additional savings opportunity under UHC's pharmacy benefit.
- How does Price Edge work?
 - When at a pharmacy, show your UHC ID card. Price Edge may lower copayment costs on certain covered retail and home delivery medications. If your next fill qualifies, you will automatically receive a discount.
 - To obtain a discount on OTC items and other medications not covered by our plan, contact your doctor for a prescription. (Medications not covered by our plan, including OTC products, will not count toward your yearly out of pocket max or deductible.)
 - You can also access Price Edge via myuhc.com. You will want to enter the name of the prescription, and it will show you the cost of the medications at the different pharmacies near you to compare.
- How can I access Price Edge?
 - It is built into the existing pricing tool. You will price out a medication the same way you do today. Log into myuhc.com -> Pharmacies & Prescription -> My Prescriptions (or Click on Drug Pricing). You can select to sort the results by "price" and "distance".
- I will not enroll in the medical/Rx plan with CML, only the FSA, will I still have access to Price Edge?
 - Price Edge is only available to those enrolled in the Medical/Rx plan.

FSA

- When I go through the Open Enrollment process, will my FSA maximum allowed automatically show?
 - Yes, your FSA maximum limit is dictated by your standard hours worked each week, otherwise known as your full-time equivalency (FTE). You do not have to remember what your maximum amount is.
- What is the difference between the Health Care FSA, Limited Purpose FSA and Dependent Care FSA?
 - A Health Care FSA is for eligible health care expenses for you and your eligible dependents (medical care, dental and vision).
 - The Dependent Care FSA is for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.
 - The Limited Purpose FSA is a special flexible spending account that is only available to HDHP and MEC plan participants. It may only be used to pay for eligible dental and vision care.

- Do I have to be enrolled in the medical plan to enroll in the medical FSA?
 - No, you can choose to enroll in the Health Care FSA only. This situation may occur when you have medical coverage through another plan, but you wish to have a separate FSA account for yourself.
- For Dependent Care FSA, does the childcare have to be a registered daycare/official daycare' or can it be used for a regular babysitter?
 - It can be a regular babysitter or even a family member as long as that family member is not your spouse, the parent of the child, your dependent, or your child under age 19. The person cannot be your tax dependent. They would have to claim the income on their tax return and provide you with their taxpayer ID or SSN so you can file your taxes. See more information here: <https://www.irs.gov/newsroom/irs-highlights-importance-of-child-and-dependent-care-credit-can-help-families-others> and also <https://www.irs.gov/pub/irs-pdf/p503.pdf>
- Until when do I have to use the FSA carryover?
 - The carryover balance must be used within 12 months (until December 31 of the following plan year). These funds are forfeited after that 12 month carryover period. Note that any current year FSA dollars must be used before carryover monies can be applied.
- How much is the FSA carryover?
 - The 2026 carryover is \$680.

HSA

- If I switch to the PPO plan for 2026, can I still contribute to my HSA?
 - No. In order to be able to contribute to an HSA you have to be enrolled in a HDHP. You are able to use the monies in your HSA to pay for eligible health expenses in the future. The dollars always belong to you even if you leave CML.
- I am electing a family HDHP and my spouse will be covered under my plan. Can my spouse contribute to his own HSA account?
 - The total contribution to a HSA for a family is \$8,750. If you are over 55 years of age, you can increase your contribution by \$1,000 for a total of \$9,750. If your spouse is also over 55 years of age, your spouse can contribute to their own HSA account \$1,000. An HSA user guide is available <https://www.uhc.com/content/dam/uhcdotcom/en/Employers/communication-resources/PDFs/UHC-HSA-User-Guide.pdf>
- What happens my HSA account if I decide to leave the HDHP and move to the PPO?
 - The HSA account is yours to keep. While you will not be able to contribute additional dollars to it, you can use it for eligible health expenses now and into the future. Depending on your balance, you may also consider investing what you have which grows tax deferred. In the Open Enrollment video, we touch on investing HSA dollars.
- What other information is helpful to know about HSAs:
 - HSA calculators: Visit optumbank.com for calculators that can help you manage your HSA now and in the future.

- Qualified medical expense tool: Visit [optumbank.com/qualifiedexpenses](https://www.optumbank.com/qualifiedexpenses) to determine what is considered a qualified medical expense by the IRS
 - Any funds used for purposes other than qualified medical expenses are taxable as income and subject to a 20% penalty. The penalty does not apply to account holders age 65 and older, those who become disabled or enrolled in Medicare.
- Health Savings Checkup: Wondering how much money you will need for health care expenses in retirement? Take the Optum Financial Health Savings Checkup at <https://www.optumbank.com/resources/healthsavingscheckup.html>
- Can I open an HSA at any time during the year?
 - Yes. You can open an HSA at any time, as long as you are covered by your employers HSA eligible high-deductible health plan.
- Can I take the funds in my HSA with me if I leave my employer?
 - Yes. Funds in your HSA belong to you, including any contributions that your employer or anyone else has made.
- Am I required to contribute a specific amount each year?
 - No. You can contribute as much as you'd like up to the IRS maximums.
- Do I need to use all of the funds in my HSA during the year?
 - No. HSA plans are not subject to IRS "Use it or Lose It" rule. This means that funds in the account continue to accumulate over time.
- I heard that CML contributes to the HSA paired with the HDHP. How does it work?
 - When you are enrolled in the HDHP and have indicated in our HRIS system, ADP, that you are eligible to contribute to HSA, CML's contribution works as follows: 50% of the contributions are guaranteed. You will see these contributions on a per payroll basis. You receive these CML contributions even if you indicated in ADP that you are contributing \$0. However, if you are also contributing a specific amount; on the first check of July CML will match what you have been contributing up to \$300 for employee-only coverage and up to \$500 for employee +1 or Family. In December we will then do a catch-up. This means that if you continue to contribute after July and did not receive the full \$300 or \$500, we will catch you up on the remainder of the CML match.
 - Please review the OE videos for a more detailed explanation.
 - A reminder that CML does not contribute to the HSA paired with the MEC plan.

Medical Discount

- CML offers a medical premium discount to employees and spouses (or domestic partners) who have completed an annual preventive care visit. Employees with employee-only coverage may receive up to \$300 per year (\$11.54 per pay period). Employees and spouses (or domestic partners) may receive up to \$600 per year (\$23.08 per pay period). The discount is divided on a per payroll period basis. During preventive care visits, a relationship with a medical team is established, and early detection of health risk factors is more likely.

- CML staff enrolled in the PPO, HDHP and MEC plans are eligible to receive the discount up to the maximum amounts indicated above.
 - An annual preventive care visit is one of the following: an annual well visit with a primary care physician, mammogram, pregnancy care, colonoscopy, or a well visit with a gynecologist. Preventive visits must occur no earlier than January 1 of the previous calendar year to count toward the discount for the next plan year. Current medical plan enrollees will not have to submit any forms; the Payroll & Benefits team will work directly with UHC on eligibility for the discount. The discount will be applied as soon as CML receives confirmation that a preventive visit has taken place, as defined above.
 - If you completed a preventive visit as previously defined, you can confirm your discount by logging into MyHR (ADP), clicking on Myself>Benefits Enrollments> 2026 Medical Discount Employee or 2026 Medical Discount Employee & Spouse. *(This information will not be available until the second week of January 2026 in ADP.)*
- How can staff check if they've had a preventive care visit?
 - Steps on how to confirm your medical discount are found here: <https://www.columbuslibrary.org/employee-benefits/plans/>, under Additional Medical Plan Information. More information is also found on the Benefits Guide, page 7.
- I was not enrolled in CML's medical plan in 2025, how can I become eligible for the discount?
 - New hires and new enrollees for the medical plan may complete the Medical Discount Attestation form found here: <https://www.columbuslibrary.org/employee-benefits/enrollment/>

Embedded vs Non-Embedded (True Family)

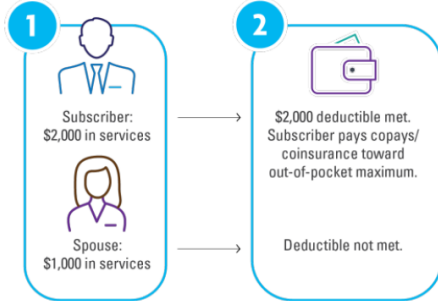
- What is the difference between these two terms?
 - If you are enrolled in family coverage (two or more members), there are two types of deductibles:
 - Embedded – the single deductible is embedded in the “family deductible”, so no one family member can contribute more than the single amount toward the family deductible. Once a member meets their single deductible, they will start paying copayments or coinsurance toward the out-of-pocket maximum. The PPO is embedded.
 - True Family – this means that a family can meet the deductible by pooling deductible expenses. Unlike embedded deductible plans, there is no limit to the amount one member can pay toward the family deductible. Both the HDHP and MEC are non-embedded (True family) plans.
 - The same logic can be applied to the out-of-pocket maximum.

Common terminology defined

Embedded vs True Family Example

Embedded Example

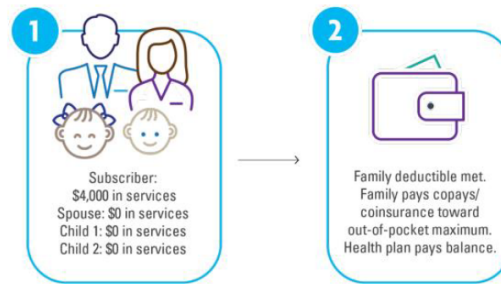
If you have a \$2,000/\$4,000 (single/family) embedded deductible, this is how it would work:



Since the subscriber met his deductible, he was able to move on to his copays/coinsurance. The spouse will continue to pay toward the deductible until it is met.

True Family Example

Let's say you have a \$2,000/\$4,000 (single/family) true family deductible. Here's how your plan would work:



In this example, the subscriber met the entire family deductible, so the entire family moves on to copays/coinsurance.

 Mercer

For both types of deductibles, once the deductible is met, you will pay copays or coinsurance when you receive covered services.

457 – Ohio Deferred Comp Retirement Plan

- Do I have to wait for Open Enrollment to sign up? How do I enroll in the Smart Plan?
 - You can enroll in 457 Deferred Comp at any time. Visit <http://www.ohio457.org/home> for more information in enrolling and the Smart Plan.
 - You may also change your contribution amount at any time by contacting Ohio457.org