

Frequently Asked Questions

Q: What about Dental and Vision Insurance – are we having an open enrollment for those benefits too?

A: No. The Affordable Care Act does not apply to our dental and vision plans. At this time, there are no plans to have an open enrollment for these benefits. (Our last open enrollment for dental insurance was in September 2013.)

Q: If I'm already enrolled in the district's health insurance, do I have to complete a Benefits Election Form?

A: Yes. Your enrollment choices will no longer automatically roll over from year to year. You must complete and return a benefits election form to confirm your intentions for the new plan year by August 19, 2016.

Q: What if I know I'm not interested in enrolling in the district's health insurance?

A: You must still complete and return an election form confirming that you were offered health insurance for yourself and your eligible dependents (if any) and declined to enroll. The Affordable Care Act requires that we obtain written confirmation of your decision.

Q: If I don't currently cover myself or a family member and elect to enroll in coverage at this time, when is coverage effective?

A: Your coverage will be effective October 1, 2016. Premium Deductions would begin with the September 16th pay.

Q: I don't remember which plan I'm enrolled in. How can I find out?

A: Check your ID card. You are enrolled in Choice 1 if your UnitedHealthcare ID card lists co-payments. If no co-payments are shown on your ID card you are enrolled in Choice 2.

Q: What if I want to switch from the Choice 1 plan to the Choice 2 plan (or vice versa)?

A: You may switch plans by marking your election form accordingly. Coverage under the new plan will take effective 1/1. The change to your premium will take effect beginning with your December 9th pay.

Q: How can I confirm which family member(s) are currently covered on my health insurance?

A: Your UnitedHealthcare ID card includes the names of all family members covered under your health insurance plan.

Q: If I add a family member to my current coverage, when will their coverage be effective?

A: Coverage will be effective October 1, 2016. Premium Deductions would begin with the September 16th pay.

Q: If I'm currently enrolled and decide not to re-enroll myself and/or my family, when will coverage end?

A: Coverage will go through September 30, 2016 and terminate October 1, 2016.

Q: If I'm currently enrolled and decide not to re-enroll myself and/or my family, can I enroll at a later date?

A: Yes. You would be able to enroll during the next annual open enrollment period or within 31 days of a qualifying life event (marriage, divorce, birth of a child, loss of coverage under another employer plan).

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Q: How can I confirm what I'm currently paying each pay period for the district's health insurance?

A: Your bi-weekly pay statement includes details of all payroll deductions. You may view your pay statement by accessing the Employee Portal on the district website at <https://msdwt.k12-portal.in/portal.php>

Q: Why must I provide a social security number for my dependents?

A: The Affordable Care Act requires that we provide the IRS with a detailed listing of all individuals covered by our health plans, including their legal name, date of birth, and social security number.

Q: How long can I cover my child on my health insurance plan?

A: You may cover your child until the end of the month in which they reach age 26, regardless of marital status.

Q: Can I cover my spouse on my health insurance?

A: Your spouse is only eligible to be covered under your health insurance plan if they are unemployed, self-employed, retired, or their employer does not offer health insurance benefits to its employees. If the employer offers coverage to positions like your spouse's then your spouse would not be eligible to be covered under your plan – regardless of whether they actually enrolled in their employer's plan. If your employed spouse loses their coverage because they're no longer eligible or they lose their job, you may be add them to your coverage within 31 days of the date their coverage ends.