

# Open Enrollment

**Dates: October 30 - November 17, 2023**



**Shaker Heights Schools**

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## Open enrollment is coming soon!

**Open Enrollment is the time for you to review your benefit elections and either enroll in or make changes to your medical, prescription drug, or dental coverage.** You can add or delete coverage for yourself or your eligible dependents.

**IMPORTANT:** If you are not changing any of your benefit elections, you are not required to take action and your current benefit elections will carry forward for the 2024 plan year. **PLEASE NOTE: if you are enrolled in the Health Care or Dependent Care FSA, you are REQUIRED to take action to re-enroll in the FSA benefit for the 2024 plan year.** If you do wish to enroll in or make changes for medical, Rx drug or dental benefits, OR re-enroll in the FSA, please see the enrollment instructions below. **If you do not re-enroll in the FSA, your FSA election will NOT rollover to 2024.**

This year, there are two simple options:

(1) Self-Enroll Online, or (2) Call the SMBO Call Center to speak with an enrollment specialist.

## Two Ways To Enroll/Make Benefit Changes

### 1 - Self-Enroll Online

- Review your open enrollment benefit materials
- Go to [www.shakerbenefits.com](http://www.shakerbenefits.com)
- Click "Enroll Online"
- Log into the Enrollment Software (*Instructions Below*)
- Complete your benefit elections

#### Employee Number (Login):

Use your full Social Security Number

Example Employee: John Smith | SSN - 555-25-5874

Your "Employee Number" is **555255874**

#### Personal ID Number (PIN):

Use the Last four digits of SSN + the last two digits of birth year.

Example: SSN 555-55-5874 | DOB: 09-01-1963

Your PIN is **587463**

### 2 - Enroll Over The Phone

- Review your open enrollment benefit materials
- When ready to enroll or confirm your benefits, be in front of a computer if possible. *It is not necessary to have a computer for enrollment over the phone, but it's helpful.*
- Call the SMBO Benefits Call Center to enroll.
- An Enrollment Specialist will assist you by phone.

**877-282-0808**

8:00am-6:00pm EST

Monday - Friday

## IMPORTANT:

- Reminder: medical and prescription drug coverage is required to be a bundled election. This means you must enroll in both medical and prescription drug, or waive both medical and prescription drug. Also, your election tier must either be single medical and prescription drug, or family medical and prescription drug, with all covered dependents enrolled in both plans.

#### Flexible Spending Account (FSA) Information:

- Health Care FSA maximum annual contribution is **\$3,200 (increased amount for 2024)**
- Dependent Care maximum annual contribution is \$5,000
- Health Care FSA Carryover for the 2024 Plan Year is **\$640 (increased amount for 2024)**
- FSA Administration fee is \$2.70 per pay (in addition to your FSA contribution amount)

- If you are newly enrolling your spouse in medical coverage, the Shaker spousal COB rule applies. You will be required to complete a spousal certification form, which you can obtain from Human Resources.

- Outside of open enrollment, you are permitted to make benefit changes **ONLY** if you have a qualifying life event.

- If you have any questions, please contact Shaker's Human Resources Department or contact the SMBO Call Center.