

Frequently Asked Questions

2018 Annual Enrollment

The Annual Enrollment window will open on Monday, Oct. 9 to make 2018 benefit elections. Failure to enroll by Monday, Oct. 23 will result in no coverage for 2018. Visit windstreambenefits.com to enroll.

Table of Contents

Annual Enrollment.....	1
Benefit Plans.....	3
Health Savings Plans.....	6
Benefit Enrollment Tools.....	8
Transitioning to Windstream Plans.....	10
Preparing for Enrollment.....	10

Annual Enrollment

Q. When is Annual Enrollment?

A. This year's Annual Enrollment begins Monday, Oct. 9, 2017, and ends on Monday, Oct. 23, 2017. During this time, you must enroll through Mercer Marketplace 365 to have health benefits starting January 1, 2018. Your current coverage will not continue after Dec. 31, 2017.

Q. Do I need to enroll? What happens if I do nothing?

A. Yes, action is required! You must use Mercer Marketplace 365 to enroll and make your 2018 health and welfare benefits elections between Oct. 9 and Oct. 23. If you do not take action, you will not have Windstream benefits coverage in 2018.

Q. How do I enroll?

A. Starting October 9, visit windstreambenefits.com or call **866.553.9409** to enroll. You can review enrollment instructions and link directly to the Mercer Marketplace 365 website by going to windstreambenefits.com. Enrollment instructions can also be found in the [2018 Annual Enrollment Decision Guide](#) which was mailed to your home address.

The Mercer Marketplace 365 website will guide you through the enrollment process step by step. As you go through the site, you will see the coverage details and costs for each plan clearly displayed in your shopping cart. When you check out, you will have a chance to review your selections and see your total cost. It is that simple!

If you prefer to enroll by phone, you can also contact a Mercer Marketplace 365 benefits counselor from 7 a.m. – 10 p.m. ET, Monday through Friday, and 10 a.m. – 2 p.m. ET on Saturdays.

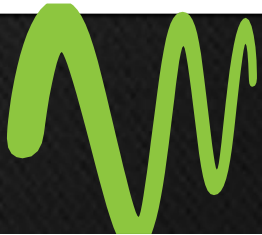
Q. Who is eligible to enroll in Windstream benefits?

A. Health coverage is available to all U.S. based employees regularly scheduled to work at least 30 hours per week and their eligible dependents, including a legal spouse (not separated or divorced), dependent children, and dependent grandchildren.

Q. What information is required to enroll my dependent in coverage?

A. If you are enrolling dependents in a Windstream plan for the first time, you will need to provide their name, date of birth and social security number. In addition, you will need to submit government-issued

**Information in this document pertains to all full-time, non-bargaining, U.S. based employees.
Participation in Windstream's benefit plans by bargaining unit employees is subject to the terms of their collective bargaining agreement.*



Frequently Asked Questions

2018 Annual Enrollment

documentation showing your relationship, like birth and marriage certificates. Since you may need to order documents from vital records/your local clerk's office, please begin collecting these documents immediately. If this information is not provided, your dependents will not be able to have coverage in 2018. All legacy EarthLink and Broadview employees will need to submit dependent documentation for 2018 coverage.

Q. How can documentation be submitted?

During enrollment, you will have the option to upload the documents in the enrollment system, or you can use one of the options below. You will be notified by email after enrollment about any necessary documentation you need to provide.

You may submit by:

- Email: MercerMarketplace.BenefitCenter@mercer.com
- Fax: 515.365.4364
- Mail: Mercer Marketplace/PO Box 14501/Des Moines, IA, 50306-3501

Q. How long do I have to provide proper documentation?

If you newly enroll dependents on a Windstream medical, dental or vision plan, you will have until **Nov. 24, 2017** to submit documentation. Ongoing hires or qualified life events will also have 31 days from date of hire or event date to provide documents.

Q. How long will it take Mercer Marketplace to confirm my dependents are eligible?

The standard turn-around time is 2-3 business days after receipt of documentation. However, with increased volume during annual enrollment, the time may increase to 7-10 business days.

Q. I'm a Canadian employee, do I have access to Windstream's benefits?

A: Windstream benefits are only available to U.S. based employees. Canadian benefits will remain as is. No action is required to continue coverage under Canadian health plans.

Q. Does Windstream cover domestic partners?

A: Since marriage equality and the opportunity to marry exists between same-gender and opposite-gender partners, Windstream does not offer insurance coverage to unmarried partners of any gender.

Q. What should I consider before I enroll in my 2018 benefits?

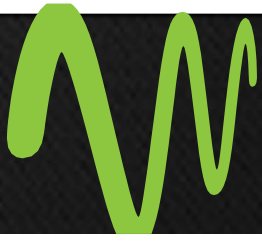
A. We encourage you to give some thought to these questions before you enroll:

- How much health care and what type of care did you and your covered family members need in 2017?
- Will your needs be similar in 2018? Do you foresee any changes?
- How do you prefer to handle costs? For instance, would you rather pay more from your paycheck for a medical plan that covers more of your costs when you need care, or pay as little as possible from your paycheck – even if that means bigger bills when you need care?
- How much life insurance do you need to feel comfortable and well protected?

Carefully consider all your enrollment decisions. After Annual Enrollment ends, you won't be able to change your benefits until the next enrollment period, unless you experience a qualified life event, like a marriage, divorce, birth of a child or a change in your spouse's work status.

Q. What if I make a mistake when I enroll in my 2018 benefits?

A. We encourage you to review your benefits carefully after enrolling to ensure you have enrolled yourself and your intended dependents in the plan you choose. Please print out your confirmation statement as a record of your enrollment. If you realize you made a mistake after the enrollment window closes, you should



Frequently Asked Questions

2018 Annual Enrollment

contact Mercer Marketplace 365 at 1-866-553-9409 before your 2018 benefits begin. Please note that you must have enrolled during the enrollment window to make changes. If you miss the enrollment deadline, you will not be able to enroll unless you have a qualifying event.

Benefit Plans

Q. Where can I learn about my health and welfare benefit options for 2018?

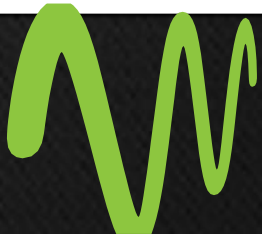
A. With so many benefit choices, you have important decisions to make. We will support you every step of the way with education and resources to ensure you understand your options and feel confident about the enrollment process, including:

- windstreambenefits.com – Beginning Sept. 7, windstreambenefits.com will provide all the details you need to understand your expanded set of 2018 options. You will also have access to a series of informational videos that will help you understand your benefits and the improved enrollment process through Mercer Marketplace 365.
- **Annual Enrollment Decision Guide** – You will receive a guide, mailed to your home address in mid-September, which provides an overview of your expanded benefits program and the improved enrollment process.
- **Mercer Marketplace 365 website** – Starting Oct. 9, you will be able to access Mercer Marketplace 365 through windstreambenefits.com. This site provides education and decision-support tools to help you select the benefits that are right for you. This is also where you will enroll for 2018 benefits.

Q. How are my health and welfare benefits changing for 2018?

A. All eligible employees will have access to new and enhanced benefit options for 2018, which means some change for everyone. You can find more information about your 2018 benefit options on windstreambenefits.com. Once the Mercer Marketplace 365 website opens on Oct. 9, you will also be able to see your cost and coverage details as you go through the enrollment process. At a high level, you will be offered:

1. **Your choice of carriers – Blue Cross Blue Shield (BCBS) or UMR (UnitedHealthcare).** In each state, one carrier will have a lower cost than the other. This represents the larger discount that doctors and facilities have with one carrier over the other in each state. The lower cost provider is identified as Carrier 1. The plan design features with each carrier are the same.
2. **Prescription drug coverage.** Coverage for prescription medications comes with each plan and is provided by Express Scripts.
3. **Free in-network preventive care.** Services like annual physicals, immunizations and routine cancer screenings are fully covered at 100% in-network. That means you pay nothing. For a list of covered services, review the summary plan document for your plan.
4. **Annual deductible.** You pay for initial medical and prescription drug costs until you meet your annual deductible.
5. **Coinsurance.** After meeting the deductible, you pay a small percentage of eligible costs through coinsurance, then the plan pays the rest. In most plans, a single member of your family can meet the embedded deductible and enter the coinsurance phase without all covered members reaching the full plan deductible.



Frequently Asked Questions

2018 Annual Enrollment

6. **Tax-saving opportunity:** If eligible, you can contribute to a Health Savings Account (HSA) on a before-tax basis to help pay for your eligible out-of-pocket healthcare costs – in 2018 or in the future.
 - a. Your HSA funds roll over year after year; they are always yours to keep!
 - b. Windstream will contribute up to \$600 tax-free to your HSA, deposited over the course of the year (per pay period).
 - c. If you enroll in a high-deductible health plan and you do not meet the HSA eligibility requirements, or choose not to enroll in one, Windstream will contribute up-to \$500 tax-free to a Health Care FSA. The IRS limits employer contributions to a Health Care FSA to \$500.
7. **Out-of-pocket maximum.** Each plan protects you by capping the total amount you will pay each year for medical care. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible expenses for the rest of the year. Medical premiums are not included in the out-of-pocket maximum calculation.
8. **Health Advocacy** – Get free, personalized assistance to help you navigate the health care system, from understanding claims to choosing providers and negotiating fees. Available to you and your family members January 1, 2018, this service can save you time and money.

Q. What is staying the same?

A. Basic Life and AD&D insurance, disability insurance, retirement savings and other voluntary benefits will continue to be offered. Depending on which carrier you are with today, you may have a carrier change.

Q: Is my insurance going to cost me more than last year?

A: Many employees will have the option to pay a higher annual premium for a lower deductible plan in 2018 or choose a lower annual premium for a higher deductible plan than available in 2017. Using Windstream's 2017 Consumer 5000 plan with a \$2,000 deductible as an example:

- If you move from the Consumer 5000 to the \$1,850 Deductible Plan, your annual premium increases \$145 and your deductible decreases \$150.
- If you move from the Consumer 5000 to the \$2,850 Deductible Plan, your annual premium decreases \$617 and your deductible increases \$850.

Q. Will there still be surcharges?

A. Yes, the following surcharges will remain in place. The chronic condition surcharge will not continue with the transition to Mercer Marketplace 365.

Spousal Surcharge – Windstream has a spousal surcharge of \$100 per month for spouses who have coverage available through his/her employer but chooses to be on a Windstream medical plan. If your spouse is not offered coverage through his/her employer or is not employed, the surcharge does not apply. If your spouse is employed by Windstream, the surcharge does not apply.

Tobacco Use Surcharge – A \$50 monthly surcharge will be applied to each medically enrolled employee and spouse who attest to using tobacco products during enrollment. The surcharge can be removed if you complete a tobacco cessation program or quit tobacco use by calling 866.553.9409.

Biometric Screening/Health Assessment Non-Completion Surcharge – Employees AND spouses who enroll in a Windstream medical plan must complete BOTH the biometric screening and online health assessment. There is a \$500 annual surcharge for not completing those activities by the deadline. More detail and deadline information will be provided in 2018.



Frequently Asked Questions

2018 Annual Enrollment

Q. What about preventive care?

A. Windstream health plans cover a set of preventive services in-network at no cost to you even if you haven't met your deductible. Covered preventive care services include biometric screenings, mammograms, colonoscopies, vaccines and well-woman visits. Be sure to follow the recommended age guidelines outlined in the medical summary plan description when scheduling your preventive care. Also, certain medications are defined by the IRS as preventive. Preventive prescription medications are available at a coinsurance rate whether or not you have met the deductible of your medical plan.

Q. Will I get new ID cards?

A. Yes, new medical and prescription cards will be mailed to your home in late December. VSP and dental ID cards are not required.

Q. How much does Windstream contribute toward employee health care?

A. National healthcare costs are increasing 6-8% per year. Despite overall cost increases, the company continues to provide competitive plan options to our employees. Total spending on medical and dental care in 2018 is expected to be approximately \$120 million, or \$11,000 per participant. The company's share of the expense exceeds 70%.

Q: Why is Windstream making changes to our health insurance?

A: Over the past few years, we have made some changes to our benefits strategy to be more in line with overall healthcare trends. Our new benefits platform, Mercer Marketplace 365, will offer more choice to meet diverse needs of our employees, offer employees licensed benefits counselors so you can get the right advice and make decisions while proactively managing healthcare costs.

Q. How can I tell if my doctor is in-network?

A. Using in-network providers saves you money. You can easily find doctors in your medical plan network by visiting each provider's website:

Blue Cross Blue Shield

1. Visit windstream.blueadvantagearkansas.com
2. Put your cursor over Members on the top tool bar
3. Click Find a Doctor or Hospital. If you are not yet enrolled, continue as a guest

UMR/United HealthCare

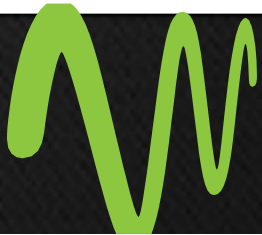
1. Go to UMR.com
2. Click on "Find a Provider"
3. Enter "UnitedHealthcare Choice Plus Network" in the network search bar
4. Click "Search for a Medical Provider"
5. Enter zip code and search

Starting Oct. 9, you may call 866.553.9409, for assistance locating an in-network physician.

Q. Who can I contact with questions?

A. For questions regarding your 2018 benefits, you have the following options available to you for personalized service:

Enrollment – If you need help choosing your plan or have trouble navigating the enrollment system, Mercer Marketplace 365 offers a team of licensed benefits counselors to provide you with personal support. Just pick up the phone or chat with them online if you need help. Licensed benefits



Frequently Asked Questions

2018 Annual Enrollment

counselors will be available by phone at 866.553.9409 or online at mercermarketplace.com/Windstream once the enrollment window opens Oct. 9.

Claims Issues and Insurance Questions – Beginning Jan. 1, 2018, Windstream will provide you access to Health Advocate services at no cost to you. You can turn to Health Advocate when you need help navigating the health care system, understanding a bill, dealing with a claim issue, making a doctor's appointment, and more. Simply call 866.553.9409 and ask to be connected to a representative. You may also use the online chat tool in the enrollment site.

Advanced Health Resources – If you enroll in the new employee-paid Mercer Marketplace 365 HUB, you will also receive access to enhanced services and resources, like price comparison tools, physician performance ratings, and expert medical opinions – all designed to help you take more control over your health care and health spending. Once enrolled, you will have access to these tools starting Jan. 1, 2018. Simply call 866.553.9409 and ask to be connected to a representative. You may also use the online chat tool in the enrollment site.

Note: With the transition to Mercer Marketplace 365, Coordinated Care will not be accessible as a benefits resource after Dec. 31, 2017. As a result, they will not be equipped to answer any questions about 2018 benefits.

Health Savings Plans

Q. What is the difference between an HSA and a Health Care FSA?

A. A Health Savings Account (HSA) offers you the ability to build up tax-free money to pay your health care expenses. In addition to your own contributions, you will also receive up to \$600 in tax-free company contributions from Windstream if you enroll in a Windstream medical plan and elect an HSA. The contribution will be deposited in prorated amounts throughout the year each pay period. With an HSA, the account is yours to keep – unused money rolls over year after year, and it can even be used to help plan for health care expenses in retirement.

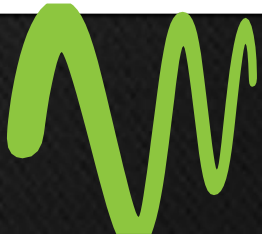
If you do not meet the IRS eligibility rules to open an HSA, or if you choose not to open one, you can enroll in a Health Care Flexible Spending Account (FSA). With this account, you can contribute money to pay for health care expenses tax-free. You will receive up to \$500 tax-free contribution from Windstream. (The IRS limits an employer contribution to a Health Care FSA to \$500.) Unlike an HSA, a Health Care FSA is a “use it or lose it” account, so you will need to use the entire balance each year or forfeit what remains when the plan year ends.

Q. Can anyone enroll in a Health Savings Account (HSA)?

A. No. This plan design is governed by federal regulations. You cannot contribute to a HSA if:

- You are enrolled in Medicare, TRICARE or TRICARE for Life
- You are claimed as a dependent on someone else's tax return
- You are covered by a Full Medical Flexible Spending Account, or
- You are covered by any other health plan that is not a federally qualified, high deductible plan.

You'll be prompted to affirm the set-up of a Health Savings Account during your online Annual Enrollment session while making your medical election. If you do not open a new HSA, Windstream will be unable to make the contribution.



Frequently Asked Questions

2018 Annual Enrollment

Q: Will there be a new administrator for 2018 Health Savings Accounts (HSA) or Flexible Spending Accounts (FSA)?

A: Yes. In 2018, Discovery Benefits will begin managing the Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) for Windstream employees. This means that if you enroll in an HSA or FSA account for 2018, you will receive a new account and debit card with Discovery Benefits.

If you have an existing HSA or FSA account, you will continue to use your account and submit claims as you do now through Dec. 31, 2017.

Q. When should I transfer my Health Savings Account (HSA) balance to my Discovery Benefits bank account?

A. You can simplify your account management by transferring your existing HSA balance with your current bank to your new Discovery Benefits HSA. An HSA Transfer Request Form and instructions will be available on the Mercer Marketplace 365 website accessible through windstreambenefits.com. A one-time transfer fee may be required.

You should request the transfer between Jan. 1 and Jan. 31, 2018. If you transfer before January, you may miss your last 2017 contribution. If you transfer after January 31, you may incur a one-time transfer fee and a monthly service fee from your 2017 bank.

Q. What happens to my current Flexible Spending Account (FSA) funds now that my carrier is changing for 2018?

A. If you have an existing FSA account, you will continue to use your account and submit claims as you do now through December 31, 2017. Claims can be incurred through December 31, 2017 and submitted through March 31, 2018 for healthcare and dependent care FSA accounts. Unlike an HSA, a Health Care FSA is a “use it or lose it” account, so you must use the entire balance each year or forfeit what remains when the plan year ends. \$500 can be rolled over from a 2017 healthcare FSA to a 2018 healthcare FSA if you are not enrolled in an HSA in 2018.

If you enroll in an FSA account for 2018, you will receive a new debit card and account information from Discovery Benefits. To receive reimbursement for charges incurred in 2017, you will need to submit for reimbursement manually with your current provider by March 31, 2018.

Q. What family members can I cover on a Windstream medical plan with an HSA?

A. All eligible family members (see eligibility section) may be enrolled in a medical plan. However, federal law only allows your federal tax dependents to have claims paid from your HSA.

Q. Can I have a Medical Flexible Spending Account and a Health Savings Account?

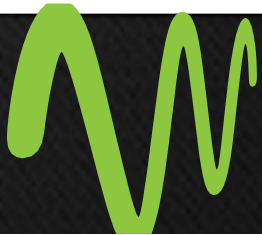
A. No. Federal law does not permit you to participate in a Full Medical Reimbursement Flexible Spending Account (FSA) if you enroll in a Health Savings Account. You'll still be able to participate in Dependent Care Reimbursement, Mass Transit and Parking Reimbursement Accounts.

Q. Can I enroll in a Flexible Spending Account (FSA) if I don't enroll in a Windstream medical plan?

A. Yes. You can enroll in an FSA account without enrolling in a Windstream medical plan. However, you will only be eligible for the company contribution by enrolling in a Windstream high-deductible medical plan.

Q. Can I enroll in a Health Savings Account (HSA) if I don't enroll in a Windstream medical plan?

A. No. Enrollment in a Windstream HSA account is dependent on enrollment in a Windstream high-deductible medical plan.



Frequently Asked Questions

2018 Annual Enrollment

Q: Once I choose how much I want taken out of my paycheck for my HSA contribution, can I ever change it?

A: Yes. You will be able to change your contribution throughout the year through Mercer Marketplace 365. However, you are responsible for making sure your annual voluntary contribution does not exceed the annual limits set by the IRS.

Benefit Enrollment Tools

Q. What is Mercer Marketplace 365?

A. Mercer Marketplace 365 is an online benefits shopping platform where you will enroll in your Windstream health and welfare benefits during Annual Enrollment this fall. Through the Mercer Marketplace 365 website, you will choose from an expanded selection of benefits – including a choice of four medical plans and two medical plan providers, and robust voluntary benefits like hospital indemnity insurance and identity theft protection. The website has decision-support tools to help you see which plans best fit your unique needs.

Q. Why are we making the change to Mercer Marketplace 365?

A. Windstream is committed to offering benefits that work for you and your family. That means making it easier for you to find the right coverage, manage your expenses and take charge of your well-being.

Everyone needs benefits that support good health – but what works for you might be different from what works for someone else. Through Mercer Marketplace 365, you have access to a wider range of options, giving you greater flexibility to tailor a customized benefits package that fits your needs and budget. The Mercer Marketplace 365 website offers an easy, guided shopping experience and built-in tools to help you understand your options and select the right coverage for your needs. Beginning Oct. 9, it will be available 24/7, allowing you to review your options and make your 2018 benefit elections at your convenience. After Annual Enrollment ends on Oct. 23, Mercer Marketplace 365 remains available as an ongoing resource for you to use your benefits wisely.

Moving to Mercer Marketplace 365 also helps Windstream control premium increases in 2018 and beyond. It allows us to keep our medical cost trend below the national average and makes Windstream plans attractive in both coverage and price.

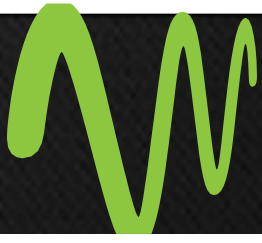
Q: This system is called the Marketplace, does this mean we are now part of a public exchange?

A: Mercer Marketplace is not a part of the public exchange established by the Affordable Care Act. This is a private insurance marketplace consisting of hundreds of large employers (over 4.5 million eligible) across more than 25 industries. You still receive company-provided benefits that are paid fully by the company. All that's different is the range of choice we're now offering employees, and a new experience when it comes to choosing and using your benefits. The partnership with Mercer Marketplace 365 is intended to enhance your choice and flexibility, while offering tools and resources to help you make decisions with confidence.

Q. How will enrollment be different for me?

A. While the idea of shopping for benefits through an online marketplace isn't new, you will enjoy an easier, more supported enrollment experience along with a wider range of benefit options that offer more choice and flexibility.

Your expanded selection of benefit options includes several medical plans and a choice of carriers, supplemental medical coverage, dental and vision plans, tax-advantaged accounts, life and disability coverage, and additional benefits such as auto and home insurance, legal services, identity theft protection, pet



Frequently Asked Questions

2018 Annual Enrollment

insurance, and more – all designed to let you choose just the right protection for your needs. Overall plan designs are substantially similar to last year.

For medical benefits in particular, it will be important that you take the time to review plan features, along with the total cost for each plan and not simply what you contribute from your paycheck before you make your election. Your cost for benefits will depend on the plans and coverage levels you select.

With more benefit options comes more responsibility to make good choices for you and your family. You will be supported every step of the way to help you choose benefits with confidence. Through Mercer Marketplace 365, you will have:

- **Easy enrollment with built-in decision support** – Step-by-step guidance through a simple shopping experience to give you confidence as you enroll. You will have the convenience of enrolling 24/7 from work or home.
- **Cost transparency** – Clear online comparison tools that show you the cost and coverage differences for each plan, so you can make informed decisions about how to spend your health care dollars.
- **Personalized advice** – Access to licensed benefits counselors by phone or secure online chat, ready to help you understand your options, walk you through the enrollment process, and help you select your benefits.

Q. How will Mercer Marketplace 365 help me make decisions?

A. As you enroll on the Mercer Marketplace 365 website, you will find key information displayed for each plan, including coverage details and what it will cost. You will also find tools, videos and other information to help you better understand your benefit options.

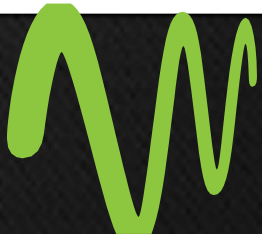
If you need help finding the right coverage, you can use the Mercer Marketplace 365 “best match” feature. After you log in, you will be asked a few profile questions about your medical insurance usage, payment preference and ability to afford an unexpected medical expense. Then, the website will show you the plans that may best match your situation. While the decision is yours, these suggestions may help you make an appropriate choice.

Another great new tool is the plan comparison feature on the Medical Plan page of the Mercer Marketplace 365 website. This tool allows you to compare different medical plan options and their costs. You can plug in different scenarios based on who you are covering in your family and what services you think you will need next year. Then, the tool will show you what your estimated costs for the year will be for each of the plans.

Q. How will Mercer Marketplace 365 help me stretch my health care dollars?

A. The Mercer Marketplace 365 website will help you take control of your health spending by:

- Clearly showing the costs associated with each plan;
- Offering a range of options at different prices;
- Helping you find the most cost-effective plan for your needs;
- Offering valuable tax savings through health and dependent care accounts; and
- Giving you access to group discounts on additional benefits such as auto and home insurance, pet insurance, and more.



Frequently Asked Questions

2018 Annual Enrollment

Transitioning to Windstream Plans

Employees new to Windstream, including legacy EarthLink and Broadview employees, will choose from Windstream's benefits plan offerings for 2018. There are several differences between your former benefit options and health care costs in general. You will want to review benefit materials closely.

Q. What do I do if I experience a qualifying life event during or after annual enrollment?

A. Qualifying events such as a marriage, death, birth or divorce are effective on the date of the event. Should you have a qualifying event before the end of 2017, you will need to notify your 2017 benefits provider within 30 days of the event to enroll for coverage for the remainder of the year.

- Windstream employees should call 844.689.7832
- EarthLink employees should email benefits411@ELNK.com.
- Broadview employees should email humanresources@broadview.net

Should your qualifying event occur during or after annual enrollment, you will also need to update your benefit elections for 2018. After changing your 2017 benefits, update your 2018 enrollment by logging into windstreambenefits.com or calling 1.866.553.9409.

Q. Are voluntary medical supplement plan premiums pre-tax or post-tax?

A. Supplemental medical premiums are deducted on a post-tax basis. Claim payments made are not taxable.

Q. I was recently hired, where do I enroll?

A. If you were hired before Oct. 7, you will need to enroll in Windstream benefits for 2017 benefits as well as through Mercer Marketplace 365 (during annual enrollment Oct. 9-23) for 2018 benefits coverage. Those with a start date of Oct. 7 or after will only need to enroll via Mercer Marketplace for 2018 benefits coverage.

Preparing for Enrollment

Q. How do I make sure I receive the enrollment brochure at home?

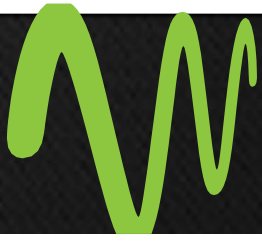
A. Make sure your home mailing address is up to date using Employee Self Service in [The Hub](#). Click on the Personal Details Tile (on the Employee Dashboard). Choose the Menu link for the information that needs to be changed. For example: if you are changing your home mailing address, click on the Addresses menu link. Your current information will appear. Click on the item you want to change, update it and click submit.

Q. What information do I need to enroll my dependents?

A. Gather birth dates and social security numbers of dependents you plan to enroll. The law requires Security Numbers (SSN) for all family members enrolled in insurance. Please make sure that the SSN for each of your dependents is correct. Failure to update the SSN will result in a tax penalty for you and may cause issues with processing your claims.

Q. What do I need to do to verify that my dependents are eligible for coverage?

A. If you plan on enrolling a dependent, you will need to gather and submit government-issued documentation showing your relationship, like birth and marriage certificates. **Since you may need to order documents from vital records/your local clerk's office, please begin collecting these documents immediately.**



Frequently Asked Questions

2018 Annual Enrollment

Q. Where do I go when I need help?

A. Once Annual Enrollment begins on Oct. 9, licensed benefits counselors will be available by phone or secure online chat to answer your questions and provide any assistance you might need.

During Annual Enrollment, Mercer Marketplace 365 benefits counselors will be available with extended hours from 7 a.m. – 10 p.m. ET, Monday through Friday, and 10 a.m. – 2 p.m. ET on Saturdays.

After Annual Enrollment ends, licensed benefits counselors will remain available to you year-round to help you use your benefits wisely and answer any questions that may come up. Turn to these counselors when you have everyday questions about your benefits, like what is covered and what is not, as well as when you need guidance about how to make the best use of your benefits. Regular hours after Annual Enrollment ends are Monday through Friday, 7 a.m. – 9 p.m. ET.

In addition, if you enroll in Mercer Marketplace 365 HUB, you will gain access to price comparison tools, physician performance ratings, and expert medical opinions effective Jan. 1, 2018.