

City of Columbus PPO and HDHP Open Enrollment 2026

IMPORTANT CHANGE COMING IN 2026:

Beginning February 1, 2026, the City of Columbus will be transitioning to Anthem Blue Cross Blue Shield for medical coverage and CVS Caremark for pharmacy coverage.

For your 2026 elections, January 1, 2026 - January 31, 2026, medical and pharmacy coverage will remain under UnitedHealthcare/OptumRx. Starting on February 1, 2026, Anthem Blue Cross Blue Shield will be your new medical and CVS Caremark will be the new pharmacy carrier.

Transition communication and ID cards will be provided prior to February 1, 2026.

The 2026 carrier changes will not result in an additional open enrollment period. All benefit elections for 2026 must be made during this fall's open enrollment: **October 27 - November 30, 2025.**



Open Enrollment is **October 27 - November 30, 2025.** Plan changes take effect **January 1, 2026.**

Review the enclosed information to learn more about:

- Two plan choices: HDHP (High Deductible Health Plan) or PPO Medical
- Pharmacy
- Dental Care
- Vision Care
- Short-Term Disability
- Basic Life Insurance - Beneficiary Designation

NEW! One Open Enrollment, Two Medical Plan Choices!

This year, you will have the opportunity to choose the City's two medical plan options during the fall open enrollment:

- Preferred Provider Organization (PPO) Plan
- High Deductible Health Plan (HDHP)

This means the City will have one open enrollment period for benefits that take effect in 2026.

Reminder for HDHP Enrollees!

You need to make an HSA election each year in the Dayforce Enrollment System. Your previous plan year contributions, if applicable, will not automatically rollover. An HSA is a personal bank account that YOU own, and open with CME Federal Credit Union. Account must be opened by **December 1, 2025.**

Medical Plans

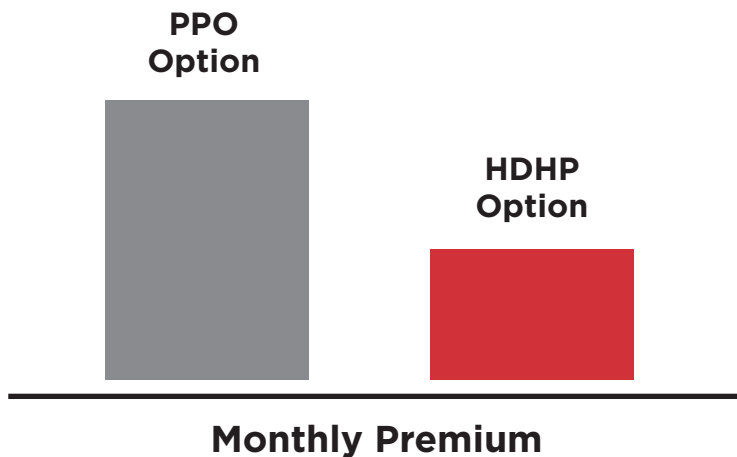
City of Columbus employees have two plans to choose from during open enrollment.

- **Traditional PPO Plan:** A preferred provider organization (PPO) is a health insurance plan with higher monthly premiums but lower deductibles and out-of-pocket maximums. PPO enrollees are not eligible to contribute funds into a Healthcare Savings Account (HSA).
- **Qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA):** A high-deductible health plan (HDHP) has lower monthly premiums than a traditional PPO plan, but has higher deductibles and out-of-pocket maximums. HDHP enrollment also permits access to a Health Savings Account (HSA) which allow members to save pre-tax money for health care expenses.



Premium Comparison

The HDHP has a lower employee contribution premium than the Traditional PPO Plan.



Premium contribution savings between PPO & HDHP

- **For Single Coverage**, the HDHP enrollee will pay \$600 less in annual premium contributions (\$50 less per month)
- **For Family Coverage**, the HDHP enrollee will pay \$1,560 less in annual premium contributions (\$130 less per month)

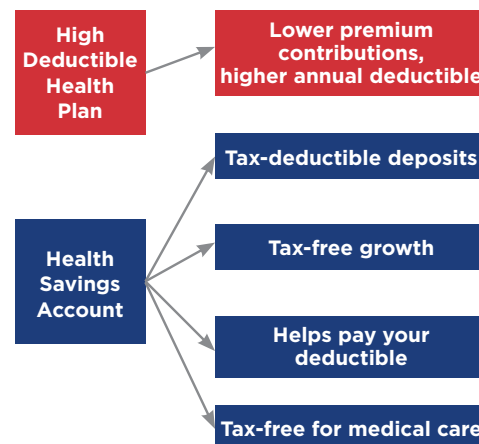
Your per pay contribution is less if you choose the HDHP, which adds up to BIG savings. Consider depositing your monthly premium savings per pay into your Health Savings Account with CME to increase healthcare savings!



How does an HDHP with HSA work?

An HDHP with HSA has two parts, first is your HDHP medical plan that covers all the same services that the Traditional PPO plan offers. The only difference is premium contribution and higher deductible without the flat-dollar copay you pay for doctors appointments and prescription drug purchases.

The second part is the Health Savings Account. The HSA is owned by the employee who can deposit money into the account in addition to the money the City contributes. Employer deposits are made in January and July. The money is typically spent to help pay for your deductible, but some people use it to save money for future medical expenses. Your money can grow interest, and even the interest is tax free. The money is federal tax free if it's spent on a qualified medical expense. Please see [irs.gov/publications/p502](https://www.irs.gov/publications/p502) for more information on qualified medical expenses.



HSA Bank Account:

What do I need to know?

Open a health savings bank account – it’s a personal account you own for medical needs, even into retirement. No “use it or lose it.”

- You or others make deposits to grow the account, not to exceed the annual IRS limits.
- Money you spend from your HSA is for qualified medical expenses.
- You can even earn interest on your balance, see a CME representative for more details or log on to [CMEFCU.org](https://www.cmevcu.org).

Building a Balance in my HSA Bank Account:

Where does the money come from?

The City will make the employer deposit into your HSA bank account on a semi-annual basis in January and July each plan year.*

- \$600 for single coverage annually
- \$1200 for family coverage annually

Participants in the HDHP will pay lower monthly premium contributions.

Healthcare consumers should consider depositing the premium savings into an HSA bank account to increase savings potential.

- \$50 per month for single coverage or \$600 annually
- \$130 per month for family coverage or \$1560 annually

* Changes coming in 2026, HSA employer deposits for MCP Fire and MCP Police will be made semi-annually, consistent with other employee groups.

Health Savings Bank Account

What are the 2026 contribution limits? How much money can I put away?

Amount of Funding

The IRS determines how much you can fund annually. There is no limit on how much money can accumulate, the IRS only limits how much can be deposited each year.

Contribution Rules

Consumers can contribute up to the annual maximum amount as determined by the IRS. Maximum contribution amounts for 2026 are \$4,400 for single coverage and \$8,750 for family coverage.

Additional Funding

Those 55 years of age or older, but not yet entitled to Medicare benefits, can fund an additional \$1,000 per year “catch-up” contribution. If your spouse is 55 or older, they can open an HSA bank account and deposit a \$1,000 “catch-up” contribution in addition to these amounts.

Making HSA Deposits

How do I get the money into my HSA bank account?

Payroll deduction

Contribute through payroll deduction, up to the annual IRS maximum limit as determined by your coverage level. Enter Dayforce, complete the annual open enrollment election and enter your annual HSA contribution amount after you elect the HDHP for plan year 2026. You must elect both the HDHP and the HSA during Open Enrollment. Dayforce will have already taken into account your employer contribution amount.

Mail a Check

You can write a check out of a personal checking or savings account to fund your HSA account. Deposit additional dollars into your account by April 15 of the current year in order to realize tax savings for the prior year (applicable for members only who took the HSA option in 2025).

e-Contribute

Contact CME Federal Credit Union to set up an electronic transfer from an existing CME account or from an account at another financial institution. See your CME Federal Credit Union representative for more details, or go to [CMEFCU.org](https://www.CMEFCU.org).

Paying for Non-Qualified Expenses

What happens if I spend the money on a non-qualified medical expense, like a new car?

Any HSA funds used for purposes other than to pay for qualified medical expenses are:

- Taxable as income
- Subject to a 20% tax penalty*

* The 20% tax penalty does not apply to account holders aged 65 and older, those who become disabled or enroll in Medicare.

What does this mean? It means be thoughtful about what your HSA dollars are used for, so you don't have to pay taxes!

HSA Bank Account Eligibility

Because you don't pay taxes on the money, the IRS has rules about who can open the bank account.

You are eligible to open and contribute to an HSA if:

- You are covered by an eligible high deductible health plan (HDHP) – which means you can't take the Traditional PPO plan and open an HSA account
- You are not covered by any other traditional health plan that is not a high deductible health plan (vision & dental is permissible)
- You are not entitled to Medicare, TRICARE or TRICARE for Life
- You have not received VA benefits within the past three months unless the care was for a service-related disability
- You are not claimed as a dependent on someone else's tax return
- You are not covered by a Health Care Flexible Savings Account (FSA)

Please see [irs.gov/publications/p502](https://www.irs.gov/publications/p502) for more information on eligibility

HSA Qualified Medical Expenses

*What does the IRS consider a qualified medical expense?
What can I spend the money on?*

- Medical and pharmacy deductibles and coinsurance
- Dental and vision care services and products
- Use HSA dollars to pay for qualified medical expenses for your spouse or eligible dependents (*Please note that the IRS considers a dependent eligible until age 24*) So, although you can keep dependent children on the medical plan until age 26, you can only spend HSA dollars on their care until age 24
- Health coverage while receiving unemployment benefits
- COBRA continuation coverage
- Qualified long-term care
- Medicare premiums and out-of-pocket expenses

For a complete list of qualified medical expenses, visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502)

Any money you take out of your HSA for qualified medical expenses is income-tax free.

Paying for Services

Do I get a debit card?

Your HSA Debit Card will be mailed to your home within 7-10 business days of your completed account activation.



Open Your HSA Bank Account Today!

Refer to the CME Step by Step Guide under the Enrollment Reference Guides and resources on [page 25](#) to learn how **new** and **existing** CME Federal Credit Union Members can open an HSA Bank Account.

2026 Open Enrollment: Comparison of AFSCME 1632 & 2191, CWA, FOP-OLC, HACP, MCP, MCP Fire and MCP Police Plan Designs

	Traditional PPO	HDHP with HSA
Annual Deductible		
In-Network	\$300 single/\$600 family*	\$1,700 single/\$3,400 family**
Non-Network	\$800 single/\$1,600 family*	\$3,400 single/\$6,800 family**
Co-insurance		
In-Network	20% after deductible is met	20% after deductible is met
Non-Network	40% after deductible is met	40% after deductible is met
Out-of-Pocket Maximum (OOPM)		
In-Network	\$700 single/\$1,200 family*	\$3,000 single/\$6,000 family**
Non-Network	\$1,600 single/\$3,200 family*	\$6,000 single/\$9,000 family**
Office Visit Co-pay		
Primary Care	\$20 co-pay	20% after deductible is met
Specialist	\$30 co-pay	20% after deductible is met
Hospital Inpatient Stay		
In-Network	20% after deductible is met	20% after deductible is met
Non-Network	40% after deductible is met	40% after deductible is met
Outpatient Surgery		
In-Network	20% after deductible is met	20% after deductible is met
Non-Network	40% after deductible is met	40% after deductible is met
Emergency Room Co-pay		
In-Network	\$150 co-pay, 20% after co-pay and deductible (co-pay waived if admitted)	20% after deductible is met
Non-Network	same as in-network	20% after deductible is met
Urgent Care Co-pay		
In-Network	\$30 co-pay	20% after deductible is met
Non-Network	\$30 co-pay, 40% after co-pay and deductible	40% after deductible is met
Lifetime Maximum	No maximum	No maximum
Rx Co-pays	Retail/Mail	
Tier 1	\$5/\$12.50	20% after deductible is met
Tier 2	\$15/\$25	20% after deductible is met
Tier 3/ Dispense as Written	\$30/\$60	20% after deductible is met
Rx OOP Max	\$2,000 single/\$4,000 family	Medical and Rx Combined

* PPO Family Deductible and OOPM are EMBEDDED

** HDHP Family Deductible and OOPM are NON-EMBEDDED

2026 Open Enrollment: Comparison of FOP Plan Designs

	Traditional PPO	HDHP with HSA
Annual Deductible		
In-Network	\$300 single/\$600 family*	\$1,700 single/\$3,400 family**
Non-Network	\$800 single/\$1,600 family*	\$3,400 single/\$6,800 family**
Co-insurance		
In-Network	90%/10% after deductible is met	90%/10% after deductible is met
Non-Network	60%/40% after deductible is met	60%/40% after deductible is met
Out-of-Pocket Maximum (OOPM)		
In-Network	\$700 single/\$1,200 family	\$3,000 single/\$6,000 family
Non-Network	\$1,600 single/\$3,200 family	\$6,000 single/\$9,000 family
Office Visit Co-pay		
Primary Care	10% after deductible is met	10% after deductible is met
Specialist	10% after deductible is met	40% after deductible is met
Hospital Inpatient Stay		
In-Network	10% after deductible is met	10% after deductible is met
Non-Network	40% after deductible is met	40% after deductible is met
Outpatient Surgery		
In-Network	10% after deductible is met	10% after deductible is met
Non-Network	40% after deductible is met	40% after deductible is met
Emergency Room Co-pay		
In-Network	10% after deductible is met	10% after deductible is met
Non-Network	same as in-network	same as in-network
Urgent Care Co-pay		
In-Network	10% after deductible is met	10% after deductible is met
Non-Network	40% after deductible is met	40% after deductible is met
Lifetime Maximum	No maximum	No maximum
Pre-Notification Penalty	Benefits reduced to 50% of eligible expenses	Benefits reduced to 50% of eligible expenses
Rx Co-pays	Retail/Mail	Retail/Mail
Tier 1	\$5/\$12.50	10% after Deductible is met
Tier 2	\$15/\$25	10% after Deductible is met
Tier 3/ Dispense as Written	\$30/\$60	10% after Deductible is met
Rx Copays Accumulate	Yes	Yes
Rx OOP Max	\$2,000 single/\$4,000 family	Medical and Rx Combined

* PPO Family Deductible and OOPM are EMBEDDED ** HDHP Family Deductible and OOPM are NON-EMBEDDED

2026 Open Enrollment: Comparison of IAFF Plan Designs

	Traditional PPO	HDHP with HSA
Annual Deductible		
In-Network	\$300 single/\$600 family*	\$1,700 single/\$3,400 family**
Non-Network	\$800 single/\$1,600 family*	\$3,400 single/\$6,800 family**
Co-Insurance		
In-Network	20% after Deductible	20% after Deductible
Non-Network	40% after Deductible	40% after Deductible
Out-of-Pocket Maximum (OOPM)		
In-Network	\$700 single/\$1,200 family*	\$3,000 single/\$6,000 family**
Non-Network	\$1,600 single/\$3,200 family*	\$6,000 single/\$9,000 family**
Office Visit		
In-Network	20% after Deductible	20% after Deductible
Non-Network	40% after Deductible	40% after Deductible
Hospital In-Patient Stay		
In-Network	20% after Deductible	20% after Deductible
Non-Network	40% after Deductible	40% after Deductible
Outpatient Surgery		
In-Network	20% after Deductible	20% after Deductible
Non-Network	40% after Deductible	40% after Deductible
Emergency Room		
In-Network	20% after Deductible	20% after Deductible
Non-Network	20% after Deductible	20% after Deductible
Urgent Care		
In-Network	20% after Deductible	20% after Deductible
Non-Network	40% after Deductible	40% after Deductible
Lifetime Maximum	No Maximum	No Maximum
Rx Co-pays	Retail/Mail	
Tier 1	\$5/\$12.50	20% after Deductible is met
Tier 2	\$15/\$25	20% after Deductible is met
Tier 3/ Dispense as Written	\$30/\$60	20% after Deductible is met
Rx OOP Max	\$2,000 single/\$4,000 family	Medical and Rx Combined

* PPO Family Deductible and OOPM are EMBEDDED

** HDHP Family Deductible and OOPM are NON-EMBEDDED

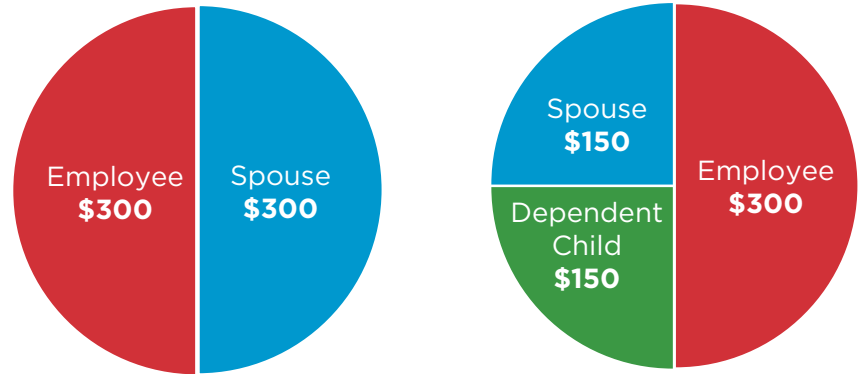
Embedded vs Non-Embedded Deductible

What does “Embedded” deductible mean?

Traditional PPO Plan:

\$300 Individual deductible
\$600 Family deductible

An embedded deductible means nobody in the family will pay more than the single deductible. The PPO plan has a \$600 family deductible which could be met by the employee and spouse both meeting \$300, or could



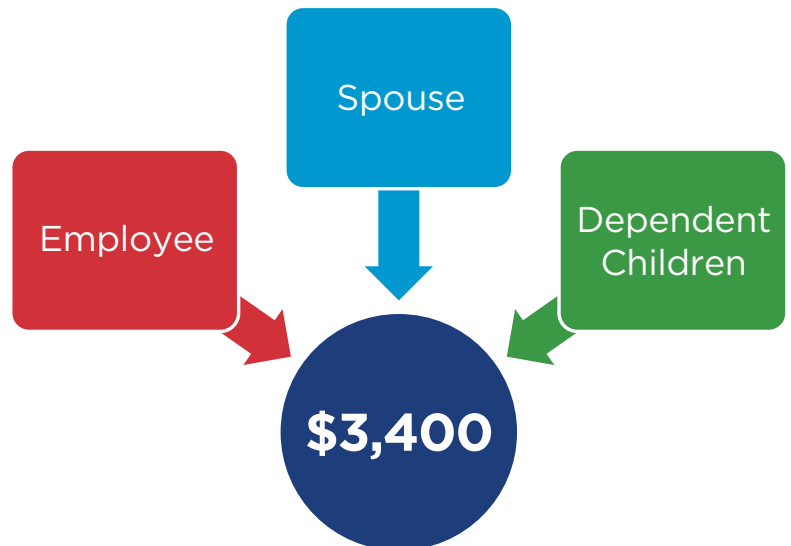
be met by a combination of family members totaling \$600. Just like the PPO/traditional deductible, the out-of-pocket maximum is also embedded.

What does “non-Embedded” deductible mean?

High Deductible Health Plan:

\$3,400 Family deductible

A non-embedded deductible means that any one person in the family could meet the entire family deductible. The HDHP has a \$3,400 family deductible that can be satisfied by a single person, or the combination of everyone in the family totaling \$3,400. Just like the HDHP deductible, the HDHP out-of-pocket maximum is also non-embedded.



Choosing Between the PPO and HDHP Plans

What do I need to think about when I make the decision?

When choosing your plan for 2026, you need to consider the amount of money you pay in monthly premiums, the plan design and what works for you and your family.

A side-by-side comparison of the plans' in-network benefits:

	PPO	HDHP
Medical Out-of-Pocket Maximum	Employee Only: \$700 Family: \$1,200	Combined Medical & Pharmacy Out-of-Pocket Max for the HDHP Plan Employee Only: \$3,000 Family: \$6,000
Pharmacy Out-of-Pocket Maximum	Employee Only: \$2,000 Family: \$4,000	
Total Out-of-Pocket Maximum	Employee Only: \$2,700 Family: \$5,200	Employee Only: \$3,000 Family: \$6,000
<hr/>		
City of Columbus' Contribution into the HSA Bank Account	N/A	Employee Only: \$600 Family: \$1,200
<hr/>		
Annualized difference in the premium between the HDHP and PPO Options	Employee Only will pay \$600 MORE in premium on the PPO Family will pay \$1,560 MORE in premium on the PPO	Employee Only will pay \$600 LESS in premium on the HDHP Family will pay \$1,560 LESS in premium on the HDHP

CancerBridge: Connecting you with world-renowned cancer experts

*CancerBridge provides cancer concierge services to all members, employees, and their immediate family members at no cost to you, in AFSCME 2191 & 1632, CWA, IAFF, FOP-OLC, MCP and HACP Ordinance groups and Elected Officials.**

CancerBridge is available to provide personalized support programs focused on cancer education, prevention, and the importance of early detection screenings. If you or any member of your immediate family receive a cancer diagnosis, we are here to provide expert guidance and support throughout the experience by connecting you to cancer experts from a National Cancer Institute designated Comprehensive Cancer Center.



Access:

Employees have access to our:

- Nurse phone line—for cancer-related questions, call 1-855-366-7700 Monday through Friday, 8:00 am–8:00 pm EST
- Virtual Healthy Living Programming via our Nutrition, Financial Wellness, Exercise, Self-Care and Cancer Support Series
- On-site Events
- C.A.R.E. Program to receive one-on-one support through your cancer journey

Benefit Eligibility:

The CancerBridge service is available to all employees and their immediate family members.

Cost:

There will never be a fee for covered employees and their family members to use the CancerBridge service.

CancerBridge has your online guide to cancer prevention, screening and detection and cancer support.

Our Member Area gives you access to the CancerBridge resource library stocked with featured benefit information, webinars, downloadable resources and recipes. Visit mycancerbridge.com/member-login or simply scan the QR code to access our Member Area.



Username: **cityofcolumbus**
Password: **mycancerbridge**

For all benefit-related questions, please email hello@mycancerbridge.com.

*Not available to FOP currently.

2026 Dental Benefits - Delta Dental: AFSCME 1632 & 2191 and CWA

Covered Services

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings and fluoride	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Basic Services			
Space Maintainers - appliances to prevent tooth movement, space maintainers	75%	75%	75%
Emergency Palliative Treatment - to temporarily relieve pain	75%	75%	75%
Sealants - to prevent decay of permanent teeth	75%	75%	75%
Radiographs - X-rays	75%	75%	75%
Minor Restorative Services - fillings and crown repair	75%	75%	75%
Endodontic Services - root canals	75%	75%	75%
Periodontic Services - to treat gum disease	75%	75%	75%
Oral Surgery Services - extractions and dental surgery	75%	75%	75%
Other Basic Services - misc. services	75%	75%	75%
Relines and Repairs - to bridges, implants and dentures	75%	75%	75%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Prosthodontic Services - bridges, implants and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit <i>PPO, Premier and Non-Participating combined</i>	Treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached		
Maximum Payment per Benefit Year - (Does not include orthodontics) <i>PPO, Premier and Non-Participating combined</i>	\$1,500		
Orthodontics per Lifetime <i>PPO, Premier and Non-Participating combined</i>	\$1,850		

Frequency

Oral Exams (including evaluations by a specialist)	Twice in any 12 consecutive month period
Prophylaxes (cleanings)	Twice in any 12 consecutive month period - Benefits for periodontal maintenance procedures are unlimited
Fluoride Treatments - No age limit	Twice in any 12 consecutive month period
Space Maintainers - Age 18 and under	Once per area per lifetime
Bitewing Xrays	Twice in any 12 consecutive month period
Full Mouth Xrays including Bitewings	Once in any 3 year period
Crowns over Implants	Once per tooth in any 5 year period
Sealants - Age 18 and under	First and second permanent molars and bicuspid which are free from decay and restorations

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

2026 Dental Benefits - Delta Dental: FOP-OLC, HACP, MCP, MCP Fire and MCP Police

Covered Services

Covered Services	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings and fluoride	100%	100%	100%
Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Basic Services			
Space Maintainers - appliances to prevent tooth movement	80%	70%	70%
Sealants - to prevent decay of permanent teeth	80%	70%	70%
Radiographs - X-rays	80%	70%	70%
Minor Restorative Services - fillings and crown repair	80%	70%	70%
Endodontic Services - root canals	80%	70%	70%
Periodontic Services - to treat gum disease	80%	70%	70%
Oral Surgery Services - extractions and dental surgery	80%	70%	70%
Other Basic Services - misc. services	80%	70%	70%
Relines and Repairs - to prosthetic devices	80%	70%	70%
Major Services			
Major Restorative Services - crowns	60%	50%	50%
Prosthodontic Services - bridges, dentures and crowns over implants	60%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit	This lifetime maximum payable for any covered members		
Deductible	None	\$25	\$25
Maximum Payment per Benefit Year - (Does not include diagnostic, prophylaxes (cleanings), emergency palliative, fluoride and brush biopsy) PPO, Premier and Non-Participating combined	\$1,500		
Maximum Carryover	See below**		
Orthodontics per Lifetime PPO, Premier and Non-Participating combined	\$1,850		

Frequency

Oral Exams (including evaluations by a specialist)	Twice per calendar year
Prophylaxes (cleanings)	Twice per calendar year - Benefits for periodontal maintenance procedures are unlimited
Fluoride Treatments - No age limit	Twice per calendar year
Space Maintainers - Age 18 and under	Once per area per lifetime
Bitewing X-rays	Twice in any 12 consecutive month period
Full Mouth X-rays including Bitewings	Once in any 3 year period
Crowns over Implants	Once per tooth in any 5 year period
Sealants - Age 18 and under	First and second permanent molars and bicuspid which are free from decay and restorations

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

** Maximum Carryover - If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, \$250 will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.

2026 Dental Benefits - Delta Dental: FOP

Covered Services

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings and fluoride	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Sealants - to prevent decay of permanent teeth	75%	75%	75%
Minor Restorative Services - fillings and crown repair	75%	75%	75%
Endodontic Services - root canals	75%	75%	75%
Periodontic Services - to treat gum disease	75%	75%	75%
Oral Surgery Services - extractions and dental surgery	75%	75%	75%
Other Basic Services - misc. services	75%	75%	75%
Relines and Repairs - to bridges, implants and dentures	75%	75%	75%
Major Services			
Prosthodontic Services - bridges, dentures and crowns over implants	75%	75%	75%
Implants - endosteal implants to replace missing teeth	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	75%	75%	75%
Orthodontic Age Limit - <i>PPO, Premier and Non-Participating combined</i>	Treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached		
Maximum Payment per Benefit Year - (Does not include orthodontics) <i>PPO, Premier and Non-Participating combined</i>	\$1,500		
Orthodontics per Lifetime <i>PPO, Premier and Non-Participating combined</i>	\$2,500		

Frequency

Oral Exams (including evaluations by a specialist)	Twice in any 12 consecutive month period
Prophylaxes (cleanings)	Twice in any 12 consecutive month period - Benefits for periodontal maintenance procedures are unlimited
Fluoride Treatments - No age limit	Twice in any 12 consecutive month period
Space Maintainers - Age 18 and under	Once per area per lifetime
Bitewing Xrays	Twice in any 12 consecutive month period
Full Mouth Xrays including Bitewings	Once in any 3 year period
Crowns over Implants	Once per tooth in any 5 year period
Sealants - Age 18 and under	First and second permanent molars and bicuspid which are free from decay and restorations

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

2026 Dental Benefits - Delta Dental: IAFF

Covered Services

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings and fluoride	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Sealants - to prevent decay of permanent teeth	75%	75%	75%
Minor Restorative Services - fillings and crown repair	75%	75%	75%
Endodontic Services - root canals	75%	75%	75%
Periodontic Services - to treat gum disease	75%	75%	75%
Oral Surgery Services - extractions and dental surgery	75%	75%	75%
Other Basic Services - misc. services	75%	75%	75%
Relines and Repairs - to bridges, implants and dentures	75%	75%	75%
Major Services			
Prosthodontic Services - bridges, dentures and crowns over implants	75%	75%	75%
Implants - endosteal implants to replace missing teeth	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	75%	75%	75%
Orthodontic Age Limit - PPO, Premier and Non-Participating combined	Treatment must begin prior to age 19 and coverage will continue to the end of treatment or until the maximum has been reached		
Maximum Payment per Benefit Year - (Does not include orthodontics) PPO, Premier and Non-Participating combined	\$1,500		
Orthodontics per Lifetime PPO, Premier and Non-Participating combined	\$1,850		

Frequency

Oral Exams (including evaluations by a specialist)	Twice in any 12 consecutive month period
Prophylaxes (cleanings)	Twice in any 12 consecutive month period - Benefits for periodontal maintenance procedures are unlimited
Fluoride Treatments - No age limit	Twice in any 12 consecutive month period
Space Maintainers - Age 18 and under	Once per area per lifetime
Bitewing Xrays	Twice in any 12 consecutive month period
Full Mouth Xrays including Bitewings	Once in any 3 year period
Crowns over Implants	Once per tooth in any 5 year period
Sealants - Age 18 and under	First and second permanent molars and bicuspid which are free from decay and restorations

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

Your dental benefits, at your fingertips!

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search or toothbrush timer without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.

» Coverage and claims information

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family's coverage in one spot.

» Dental Care Cost Estimator

This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

» Dentist search

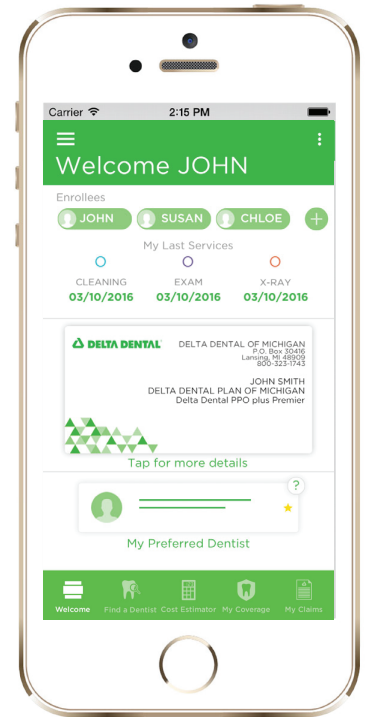
It's easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like 'language spoken' and 'specialty.' After you choose a dentist, you can save the contact information and get directions.

» Mobile ID card

There's no longer a need to carry a paper ID card. Simply show the dentist's office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Wallet or Google Wallet.

» Toothbrush timer

Keep up with your oral health routine by using this handy tool. Our timer counts down for two minutes while reminding you to brush each tooth.



Get started

Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for **Delta Dental**.

Log in for secure access

Delta Dental subscribers can log in using the username and password used to log in to www.deltadentaloh.com. If you haven't registered for an account yet, you can do so within the app. If you've forgotten your username or password, you can also retrieve these within the app. You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device.

2026 Vision Benefits - EyeMed: AFSCME 1632 & 2191, CWA, FOP-OLC, HACP, MCP, MCP Fire and MCP Police

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an Eye Doctor (Insight Network)

- Eyemed.com
- EyeMed Members App
- For LASIK, call 1-800-988-4221

Heads Up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

Vision Care Services	In-Network Member Cost	Out-Of-Network Member Reimbursement
EXAM SERVICES		
Exam	\$5 copay	Up to \$35
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit & Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit & Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$35
STANDARD PLASTIC LENSES		
Single Vision	\$12.50 copay	Up to \$35
Bifocal	\$12.50 copay	Up to \$50
Trifocal	\$12.50 copay	Up to \$60
Lenticular	\$12.50 copay	Up to \$90
Progressive - Standard	\$55 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$85 - 175 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$90
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$90
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1-877-203-0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	Not covered

FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every plan year	Once every plan year
Frame	Once every other plan year	Once every other plan year
Lenses	Once every plan year	Once every plan year
Contacts Lenses	Once every plan year	Once every plan year

(Plan allows member to receive either contacts and frame, or frame and lens services)

2026 Vision Benefits - EyeMed: IAFF and FOP

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an Eye Doctor (*Insight Network*)

- Eyemed.com
- EyeMed Members App
- For LASIK, call 1-800-988-4221

Heads Up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

Vision Care Services	In-Network Member Cost	Out-Of-Network Member Reimbursement
EXAM SERVICES		
Exam	\$0 copay	Up to \$35
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit & Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit & Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$35
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$35
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$60
Lenticular	\$0 copay	Up to \$90
Progressive - Standard	\$55 copay	Up to \$50
Progressive - Premium Tier 1-4	\$85 - 175 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$90
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$90
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every plan year	Once every plan year
Frame	Once every other plan year	Once every other plan year
Lenses	Once every plan year	Once every plan year
Contacts Lenses	Once every plan year	Once every plan year

(Plan allows member to receive either contacts and frame, or frame and lens services)

City of Columbus EyeMed Vision Care Diabetic Product

Diabetic Care Services	In-Network Member Cost	Out-Of-Network Member Reimbursement
For Type 1 or Type 2 Diabetes with Diabetic Retinopathy		
Medical Follow Up Eye Examination	\$0 copay	Up to \$77
Fundus Photography Examination	\$0 copay	Up to \$50
Extended Ophthalmoscopy (initial and subsequent)	\$0 copay	Up to \$15
Gonioscopy	\$0 copay	Up to \$15
Scanning Laser	\$0 copay	Up to \$33

Benefit Frequency: All Diabetic Care Services are covered once every 6 months*

Vision Care Definitions

Medical Follow-Up Examination means an office visit for diabetic vision care after the initial Comprehensive Eye Examination.

Some or all of the diagnostic services described below will be provided as deemed appropriate, subject to provider determination and the benefit frequency limitations referenced above. More comprehensive descriptions of these services are available in the Certificate of Insurance.

Fundus Photography Examination* means photographing portion(s) of or the complete retina surface and structures, with interpretation and report.

Extended Ophthalmoscopy** means an examination of the interior of the eye, focusing on the posterior segment of the eye, including the lens, retina, and optic nerve, by direct or indirect ophthalmoscopy, and includes a retinal drawing with interpretation and report.

Gonioscopy means an eye examination of the front part of the eye (anterior chamber) to check the angle where the iris meets the cornea with a gonioscope or with a contact prism lens.

Scanning Laser means a computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report.

* The Fundus Photography Examination is not covered if an Extended Ophthalmoscopy was provided within the previous six-month period.

** The Extended Ophthalmoscopy is not covered if Fundus Photography Examination was provided within the previous six-month period.

2026 Short Term Disability Benefits - The Hartford

*The Hartford provides short-term disability benefits to eligible members in AFSCME 2191 & 1632, CWA, FOP-OLC, MCP and HACP Ordinance groups.**

The Hartford makes it easy to file a claim.

Step 1: Know when it's time to file a claim.

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready.

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- The nature of your claim or leave request.
- Your treating physician's name, address, phone and fax numbers.

Step 3: Make the call or file online.

With your information handy, call The Hartford at 1-866-223-0367. Or file online at <https://abilityadvantage.thehartford.com>. You'll be assisted by caring professionals who'll take your information, answer your questions and file your claim or process your leave request.

Get supportive assistance.

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

Relax and stay positive.

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

To File a Claim:

1-866-223-0367

8am-8pm EST

Policy #: **697812**

<https://abilityadvantage.thehartford.com>

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

When you call, The Hartford will ask you to provide:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- The nature of your claim or leave request.
- Your treating physician's name, address, and phone and fax numbers.

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. We'll be there when you need us.

[Abilityadvantage.thehartford.com](https://abilityadvantage.thehartford.com)

*Not currently available to FOP and IAFF.

Basic Group Term Life Insurance - The Hartford: Benefit Highlights

The group term life insurance available through your employer gives extra protection that you and your family may need. Life insurance offers financial protection by providing you coverage in case of an untimely death. Life insurance is disbursed to your beneficiaries in a lump sum in the event of your death.

City of Columbus Employee Union Group	Term Life Insurance Benefit
AFSCME 1632, AFSCME 2191, MCP and HACP	1.5 times annual salary, up to a maximum of \$200,000
CWA	1.5 times earnings, up to a maximum of \$250,000
FOP	\$200,000
MCP Police, MCP Fire - - Fire Chief, Fire Assistant Chief, Battalion Chiefs, Deputy Chiefs	1 times annual salary, up to a maximum of \$200,000
FOP-OLC	1.5 times earnings, up to a maximum of \$200,000
IAFF	\$100,000

To learn more about life insurance,
visit thehartford.com/employeebenefits

Basic Group Term Life Insurance - The Hartford: Frequently Asked Questions

ASKED & ANSWERED

Who is eligible?

ALL: You are eligible if you are an active full time employee who works at least 30 hours per week on a regularly scheduled basis.

Am I guaranteed coverage?

ALL: This insurance is guaranteed issue coverage - it is available without having to provide information about your health.

When can I enroll?

ALL: Your enrollment is completed online through the employee self-service Dayforce system. Enrollment must be completed within the first 30 days of eligibility. If you have not already done so, you must designate a beneficiary.

When does this insurance begin?

This insurance will become effective on the 1st of the month following your full time hire date. You must be actively at work with your employer on the day your coverage takes effect.

When does this insurance end?

ALL: This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer or the coverage is no longer offered.

Can I keep this insurance if I leave my employer or am no longer a member of this group?

ALL: Yes, you can take this life coverage with you. Coverage may be continued for you under a group portability certificate or an individual conversion life certificate. The specific terms and qualifying events for conversion and portability are described in the certificate.

LIMITATIONS & EXCLUSIONS

ALL: This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LIFE INSURANCE General Limitations and Exclusions

ALL: You must be a citizen or legal resident of the United States, its territories and protectorates.

AFSCME 1632, AFSCME 2191, MCP, HACP: Your benefit will be reduced to 65% at age 65 (not to exceed \$65,000) and to 39% at age 70 (not to exceed \$39,000). Reductions will be applied to the original coverage amount.

2026 Life Insurance Benefits - The Hartford



Funeral Concierge

Helps provide peace of mind when it's needed most.

The Hartford's Funeral Concierge offers a suite of online tools to help guide you through key decisions. It allows for pre-planning, documentation of wishes and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings. And Express Pay guarantees beneficiaries can receive payment in as little as 48 hours.

Find out more by calling: **866-854-5429**

Visit: **www.everestfuneral.com/Hartford**

Use code: **HFEVLC**

Beneficiary Assist® Counseling

Getting through a loss is hard. Getting support shouldn't be.

The Hartford offers Beneficiary Assist counseling services, compassionate professionals that can help you or your beneficiaries cope with emotional, financial and legal issues that can arise after a loss. Includes unlimited 24/7 phone access for legal advice, financial planning and emotional counseling, and up to five face-to-face sessions or equivalent professional time for one or a combination of services for up to a year from the date a claim is filed.

Learn more: **800-411-7239**

Estate Guidance® Will Services

Create a simple will from the convenience of your home.

Whether your assets are few or many, it's important to have a will. Through the Hartford, you have access to Estate Guidance® Will Services. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Visit: **www.estateguidance.com**

Use code: **WILLHLF**

Travel Assistance with ID Theft Protection

Even the best planned trips can be full of surprises.

Travel assistance with ID theft protection includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID theft services are available to you and your family at home or when you travel.

In case of a serious medical emergency when traveling, obtain emergency medical services first (contact the local "911"). Then, contact travel assist to alert them to your situation.

Call: **800-243-6108**

Collect from other locations: **202-828-5885**

Fax: **202-331-1528**

Just provide your employers name, a phone number where you can be reached, nature of the problem, travel assistance identification number **GLD-09012** and your company policy number **GL-681893**.

Front Street Fitness: The City Employee Fitness Center

Front Street Fitness Center is managed by OhioHealth exercise physiologists and offers a healthy experience for people of all fitness levels.

Membership includes:

- Cardiovascular equipment
 - Treadmills
 - Ellipticals
 - Rower
 - Bike
 - Stepmill
- Strength equipment
 - Selectorized machines
 - Multi-purpose cable towers
 - Free weights
 - Smith Machine
- Locker rooms with showers and day-use lockers
- Body composition assessment
- Personal training - 8 free sessions

Additional programming includes:

- Live virtual and on-demand fitness classes
- Healthy Lifestyle programs, webinars, and live cooking demos



Front Street Fitness Center

FSFitness@columbus.gov

(614) 645-3979

102 N Front St, Columbus, OH 43215

Located near Cravings Café. Employees must sign up first to get badge access at unmarked entrance.

Open daily

Sign up today!

- Free to all City of Columbus employees
- Visit [Columbus.gov/FSF](https://columbus.gov/FSF) or scan the QR code



Enrollment Reference Guides and Resources

Enrollment

Dayforce Open Enrollment Guide

https://www.columbus.gov/files/sharedassets/city/v/1/human-resources/employee-benefits/general-benefit-information/dayforce-open-enrollment-guide_3.pdf

Dependents and Dependent Verification

City of Columbus Definitions and Required Documents Verification List

<https://www.columbus.gov/files/sharedassets/city/v/1/human-resources/employee-benefits/general-benefit-information/city-of-columbus-definitions-and-required-documents-verification-list.pdf>

Required Verification Documents: Adding Dependents

<https://www.columbus.gov/files/sharedassets/city/v/1/human-resources/employee-benefits/general-benefit-information/open-enrollment-required-dependent-verification-document-list.pdf>

Dependent Verification Guide

<https://www.columbus.gov/files/sharedassets/city/v/1/human-resources/employee-benefits/general-benefit-information/dependent-verification-guide.pdf>

HSA

CME Step by Step

<https://www.columbus.gov/files/sharedassets/city/v/1/human-resources/talent-acquisition/cme-hsa-account-step-by-step.pdf>

Life Insurance Beneficiary Designation

Updating Your Beneficiary Designation in Dayforce

<https://www.columbus.gov/files/sharedassets/city/v/1/human-resources/employee-benefits/general-benefit-information/updating-your-beneficiary-designation-in-dayforce.pdf>

Frequently Asked Questions

Dayforce Enrollment

Q: When will Open Enrollment occur? When will coverage elections be effective?

A: Open Enrollment will run October 27 through November 30, 2025. Elections will become effective on January 1, 2026.

Q: Am I able to make changes to my Open Enrollment election after the Open Enrollment period has concluded?

A: Employee Open Enrollment elections are irrevocable unless the employee has a qualifying life event.

Q: Am I able to change between Healthcare Plan Designs during any enrollment period?

A: Employees can only change Healthcare Plan Designs (HDHP to PPO, PPO to HDHP) during Open Enrollment, unless the employee is moving from a waived coverage status. Employees are unable to change Healthcare Plan Designs during Work and Life Event Enrollments.

Q: I want to switch plans from my current plan election. Am I required to complete Open Enrollment if I want to make a change to my coverage?

A: Yes. Employees are required to make an active election to change health care plans.

Q: Do I need to designate a life insurance beneficiary for my elected Life Insurance?

A: Yes. ALL EMPLOYEES are asked to designate their life insurance beneficiaries while completing their Open Enrollment. This ensures that we have a current designation on file that accurately depicts your wishes for distribution in the event of your passing.

Q: How will I get my new or updated ID cards?

A: Updated ID cards will be mailed to the home address we have on file in Dayforce closer to the beginning of the 2026 plan year. PPO plan participants who do not make a change will not receive new ID cards.

Q: Where can I get more information on the PPO and HDHP with HSA plan offerings?

A: Additional Information is available on the Employee Benefits Website. <https://www.columbus.gov/Government/Departments/Human-Resources/Employee-Benefits>

HSA

Q: If I enroll in the HDHP plan, do I need to open an HSA account?

A: Yes. Employees who enroll in the HDHP with HSA plan also need to open a health savings account with CME. Without opening a HSA, the City is unable to make the employer deposits.

Q: Do I need to update my HSA during Open Enrollment? Can I update my election at any time?

A: Yes. Employees will need to complete both an active election into the HDHP and make an annual Health Savings Account election from \$0 to the IRS annual limit. You can periodically adjust if needed.

Frequently Asked Questions

Q: If I elect an employee contribution amount for my HSA in Open Enrollment, how will that be deducted?

A: Employees who elect employee health savings account contributions through Open Enrollment will contribute to the health savings account 24 times annually. Employee contributions are automatically deducted from the first and second pay of the month, upon timely healthcare savings account opening.

Q: When will I receive my employer contributions in my HSA account?

A: City of Columbus will contribute in January and July to the employee's single or family account.* Employees must have an opened HSA Account with CME to receive their deposit. See your Collective Bargaining Agreement or the Ordinance for more details.

Life, New Hire & Work Events

Q: I am experiencing a Qualifying Life Event during Open Enrollment. Do I need to submit my enrollments in a particular order?

A: Yes. Qualifying Life Events during this Open Enrollment will need to be processed first, then the employee completes Open Enrollment elections.

Q: If I have a Qualifying Life Event that occurs on or after January 1, 2026, when can I submit that change?

A: Employees with Qualifying Life Events occurring on or after January 1, 2026, will have 30 days to enter the requested change in the Dayforce employee self-service system. Please contact the Employee Benefits office for assistance.

Q: I am a New Hire who will be starting during/after Open Enrollment has begun. What will my enrollment look like?

A: New Hires who start in October will receive a New Hire Enrollment and an Open Enrollment Event. You will need to submit your New Hire Event Enrollment in Dayforce first, then complete Open Enrollment. This will help ensure your desired elections for New Hire start as of November 1, 2025, and your Open Enrollment elections are effective as of January 1, 2026.

New Hires who start in November will receive a New Hire Enrollment and an Open Enrollment Event. You will need to submit your New Hire Event Enrollment in Dayforce first, then complete Open Enrollment. This will help ensure your desired elections for New Hire start as of December 1, 2025, and your Open Enrollment elections are effective as of January 1, 2026.

Q: I am an employee who is having an employment change that will produce a Work Event Enrollment during Open Enrollment. How will that impact my enrollment?

A: Employee who are experiencing a Work Event during this Open Enrollment will need to submit their Work Event Enrollment in Dayforce first, then complete Open Enrollment. This will help ensure your desired elections are in chronological order or carry over into the new plan year.

* Changes coming in 2026, HSA employer deposits for MCP Fire and MCP Police will be made semi-annually, consistent with other employee groups.

THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF
HUMAN RESOURCES

