

OPEN ENROLLMENT 2019 FAQ

OPEN ENROLLMENT

When is Open Enrollment?

Open Enrollment begins November 5th through December 7th

What benefits are included in this Open Enrollment?

During the enrollment taking place November 5th through December 7th, you can enroll, make changes to or terminate coverage for your Medical, Dental, Vision, Flexible Spending Accounts (FSA/FSD), and all Voluntary Benefits.

If I don't want to make changes do I need to enroll?

*Yes, this is an Active enrollment meaning everyone has to log in and make an election or waiver on all eligible benefits. **If you do not make an election you will not have coverage for 2019.** You must go online between November 5th and December 7th if you want coverage for 2019.*

If I was hired recently or at the start of the school year, do I have to go through open enrollment?

*Yes, this is an Active enrollment meaning everyone has to log in and make an election or waiver on all eligible benefits. **If you do not make an election you will not have coverage for 2019.** You must go online between November 5th and December 7th if you want coverage for 2019.*

What changes can I expect this Open Enrollment?

- *Premium increase on Medical and Dental per pay deductions*
- *Vendor change for short term disability and voluntary life from Colonial to Cigna*
- *Enrollment method is all electronic through Plansource*

How do I enroll?

Between November 5th and December 7th you can enroll online at www.plansource.com/login. You can access enrollment 24/7 during this timeframe at your own convenience. However, during this period HR will be hosting computer labs at every location to assist with any enrollment issues and/or questions related to benefits. Schedule posted online.

Do I have to meet with an enroller?

No, we will not have enrollers this year due to us having an online enrollment. However, HR will be at each location hosting computer labs where you can drop in and ask questions or get enrollment help.

Can I make changes to my retirement plan?

No, you will not make any changes to your 403b during this Open Enrollment. The information seen is informational only.

What are the deduction changes to my benefits?

Deduction information was included in the interoffice mailing you received on or after Thursday, October 18th. Please contact Deena for any deduction questions. Any changes will take effect on the first pay in 2019.

ELIGIBILITY

Am I eligible for benefits?

Eligibility has not changed. In the letter you received in your interoffice on or after Thursday, October 18th a benefits confirmation was included detailing what benefits you were eligible for and/or currently enrolled in. If you have questions about your eligibility contact Deena Burks.

How do I know what benefits I currently have?

In the letter you received in your interoffice on or after Thursday, October 18th a benefits confirmation was included detailing what benefits you were eligible for and/or currently enrolled in. You can also reference your pay stub and it will indicate your current selections as well.

MEDICAL PLANS**What is our network?**

NPOS or National Point of Service. Network is the same for all 4 plans.

How do I know if my provider is in network?

You can call the provider and ask if they are in network with Humana National Point of Service or you can go online to humana.com and click Find a Doctor and follow prompts.

What is the Coverage 1st \$1500? How does it work?

Has \$500 benefit allowance built in, per member per year. The \$500 is facilitated and monitored by Humana, you do not receive a card or anything for the \$500. Any first dollar claims go towards this \$500 first per member per year. (ex. Once the \$500 is exhausted then you start paying towards your deductible, i.e. you have an x-ray for \$600 it goes towards the \$500 first then the remaining \$100 will go towards your deductible. If you have another \$600 x-ray, all \$600 will now go towards your deductible.) \$1500 individual deductible, \$3000 family deductible. After deductible reached then Humana pays 80% and you pay 20% until you reach an additional \$3000 out of pocket individual \$6000 out of pocket family. Benefit summary says \$4500 & \$9000 because the deductible is included in max out of pocket. Your medical copays \$30 pcp/\$50 specialist goes towards that max out of pocket as well. Pharmacy does not go towards that max out of pocket, pharmacy has a separate max out of pocket.

What is a HDHP? How does it work?

An HDHP is a High Deductible Health Plan. Everything goes towards your deductible until you reach your deductible. Once you reach your deductible then everything will be covered at 100%. The plan is embedded meaning one person cannot exceed the individual limits. I.e. you utilize benefits to the fullest, once you reach \$2700 or \$5000 (based on plan choice) you will be covered at 100% then one or more of the remaining people on your plan can reach the family deductible and then everyone will be covered at 100%. Prescriptions go towards your deductible. Even though you get the plan discounts, prescriptions can be very expensive. If you are moving to this plan please call your pharmacy and see what the retail cost of the Rx is. Expect to pay that much. If you cannot afford to pay that cost per month, think of another plan.

What is the best plan for me*?

Every situation is different. However, to figure that out you can review your claims from 2017 and 2018 by going to your myhumana account (if not currently registered go to Humana.com click on log in and from there you are given the option to enroll. You will need your member ID from your ID card) and see how much you spent in those years. If you are not utilizing the benefit to the fullest, you may consider moving to a more cost effective plan so that you are not spending money on a plan that you are not utilizing. You will also want to see how much you are paying in premium dollars (per pay deductions). If you look at a full picture to see how much you are spending you and it is exceeding what you thought, consider a more cost effective plan. If you want to manage your own dollars the HDHP allows you to do that. By being on the HDHP you are able to utilize the H.SA which allows you to use pre-taxed dollars to fund for healthcare costs including dental and vision. The H.SA is always your money, you don't have to use it prior to the end of the year; if you leave our employ, it is still your money to be used for qualified medical expenses (as prescribed by the IRS).

How do I get a new ID card?

You can get an electronic card by going Humana.com, downloading the Humana app on your phone or you can call customer service at 800.448.6262 and request a new ID card.

**General advice only. Every situation is different. You know your situation and should do what is most comfortable and practical for your individual circumstances.*

H.S.A

What is a Health Savings Account (H.S.A)?

It is a savings account that you are able to save pre-taxed dollars to for healthcare expenses.

Is there a limit on how much I put in a H.S.A?

Yes, there are per year maximums. For 2019 for employee only coverage you can contribute \$3500 and for employee plus you contribute \$7000. If you are 55 or older you can do an additional \$1000 "catch up".

Is there a maximum amount I can have in my H.S.A?

No, there is not a maximum amount you can have in your H.S.A at a given time, you just have the yearly contribution maximums.

How do I get a H.S.A?

You will need to visit a First Financial branch and open an account. After opening the account please send Deena a confirmation of enrollment that includes your account number. This can be a canceled check, if available.

Can I open a H.S.A through another bank and have payroll deduction?

No, we will only send payroll deductions and deposit any NAFCS Contributions for an H.S.A to First Financial.

DENTAL

Who is our dental carrier?

For all new enrollments we have Delta Dental.

What is our network/plan?

Delta Dental PPO and Delta Dental Premier

How do I know if my provider is in network?

You can call the provider and ask if they are in network with Delta Dental of Indiana or you can go online to deltadentalin.com and click Find a Dentist and follow prompts.

How do I get a new ID card?

If you are a new enrollee you will get a card through interoffice mail. Otherwise, Delta does not send out additional cards. You can get a PDF copy of your card by requesting one from Deena Burks. Additionally, you do not get a new card for adding spouses and/or dependents. The card is the same for all family members.

VISION

Who is our vision carrier?

Anthem

What is our network/plan?

Blue View Vision

How do I know if my provider is in network?

You can call the provider and ask if they are in network with Anthem Blue View vision or you can go online to anthem.com, click on "apps" picture in top right and click Find a Doctor and follow prompts.

How do I get a new ID card?

If you are newly enrolling you will receive one at your home address. It will come in a non-descript envelope. Otherwise, you can go online to anthem.com, click on "apps" picture in top right and click on Request ID card and register for Anthem access. You can get a PDF copy of your card by requesting on from Deena Burks.

ADDITIONAL INFORMATION

Where can I find additional information about benefits and Open Enrollment?

You can access additional information at www.nafcs.k12.in.us >Staff>Staff Group Benefits.