

FREQUENTLY ASKED QUESTIONS

Answers to some of your most commonly asked benefits questions.

WHAT IS A DEDUCTIBLE? A deductible is the amount of money you are responsible for before the insurance company starts covering claims.

DOES MY DEDUCTIBLE GO TOWARDS MY OUT OF POCKET MAX? Yes – office and prescription copays also apply toward the out of pocket max.

IF I HAVE AN OFFICE VISIT COPAY, DO I STILL HAVE TO PAY MY DEDUCTIBLE? All plans are different. In general, you will pay the copay at the time of service and that copay will be applied to your out-of-pocket maximum. The copay applies to most services in the doctor's office, but lab work and minor surgery may be subject to the deductible and coinsurance.

WHAT IS COINSURANCE? This is also known as cost-sharing. It is the percentage of the health care costs that you and your insurance company split. For example, if your coinsurance is 20% and you have a \$1,000 bill, you will pay 20% of that (\$200) and your insurance company will cover the rest. Coinsurance applies after the deductible is met.

WHAT DOES "IN-NETWORK" MEAN? The approved list of providers (doctors, nurses, clinics, hospitals, etc.) that contract with an insurance company to provide services.

WHY DO I HAVE TO STAY IN-NETWORK? You don't necessarily have to, but staying in-network gives you better rates and discounts. It also protects you from balance-billing, which can be expensive and does not apply toward your out-of-pocket maximum. Some plans do not allow services received outside of the network. In those plans you would be responsible for the total cost of care.

WHAT HAPPENS IF I GO OUT OF NETWORK? Except for true emergency services, if your plan allows out-of-network coverage, you will still be seen by a provider, but you will be subject to the out of network costs which could include higher deductibles, coinsurance, out-of-pocket maximums and balance billing.

WHAT IS A DEPENDENT? A dependent is a legally married spouse or in most cases a child under the age of 26. See you HR or benefits plan administrator for more information on eligible dependents.

WHAT HAPPENS WHEN MY CHILD TURNS 26? They must become responsible for their own healthcare coverage (unless they are deemed unable to care for themselves, i.e. disabled.)

WHEN CAN I DROP A DEPENDENT? This requires a "qualifying life event," which is considered one of the following: birth or adoption of a child, death, marriage or divorce, change in employment status, aging out of dependent status or becoming a citizen. These events open up a special enrollment period, giving you a specified number of days to make changes to coverage.

HOW LONG DO I HAVE TO ADD A DEPENDENT AFTER A QUALIFYING LIFE EVENT? Depending on the event, you have between 30 and 60 days from the date of the event to change coverage.



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DO I HAVE TO USE MY INSURANCE TO PAY FOR PRESCRIPTIONS? In some instances, a prescription may cost less when insurance isn't used; for example, \$4 generics at some pharmacies or there may be a prescription discount card program. You may want to ask your pharmacist about the cost of the medication with and without insurance to determine which is best. It's very important to understand that any prescriptions purchased outside of the insurance plan will not count towards your deductible and/or out of pocket maximum.

WHAT IS AN HSA? A Health Savings Account (HSA) is an individual, IRS regulated medical savings account that allows you to make deposits tax free. Money saved in the HSA can be used to pay for qualified medical expenses (including dental and vision) also without being taxed.

IF I LEAVE MY CURRENT COMPANY, WHAT HAPPENS TO FUNDS IN MY HSA? The funds are yours to keep. You may use those funds at any time for qualified medical expenses.

WHAT IS A FSA? A Flexible Spending Account (FSA) is similar to a HSA in that it is tax free, but you usually have to use the funds within the year. Some employers may offer a grace period or carryover for a portion of funds to be used in the following year.

CAN I HAVE AN HSA AND A FSA TOGETHER? You can have an HSA and a Limited Purpose FSA, if offered by your company. The limited Purpose FSA can only be used for eligible dental and vision expenses.

WHAT MAKES A DEPENDENT CARE FSA DIFFERENT FROM A MEDICAL FSA? A dependent care FSA must be used for eligible dependent and elderly care. Unlike a medical FSA, funds for a dependent care FSA must be deposited into the account before they can be used for eligible expenses.

WHAT IS THE DIFFERENCE BETWEEN SHORT-TERM AND LONG-TERM DISABILITY?

Short-term disability (STD) provides income replacement on a weekly basis when you are unable to work for a period of time due to your own illness or injury.

Long-term disability (LTD) provides monthly income replacement when you are unable to work for an extended period of time due to your own illness or injury.

WHY DO ORTHODONTIA BENEFITS HAVE A LIFETIME MAXIMUM, EVEN IF I CHANGE ORTHODONTISTS? The lifetime maximum is an industry standard adhered to by most dental insurance companies.

I'M 65 – WHAT DO I DO ABOUT MEDICARE IF I WANT TO KEEP WORKING AND STAY ON MY EMPLOYER'S GROUP PLAN? You don't have to sign up for Medicare if you want to remain on your employer's health plan. But, within eight months of retiring, you have to enroll in Medicare Part B to avoid incurring penalties.



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