

FREQUENTLY ASKED QUESTIONS

Answers to some of your most commonly asked benefits questions.

WHAT IS A DEDUCTIBLE? A deductible is the amount of money the insured owes 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? Yes – you will pay the copay up front, but the copay will still contribute to your deductible.

WHAT IS COINSURANCE? 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.

WHAT DOES “IN-NETWORK” MEAN? The approved list of providers (doctors, nurses, clinics, hospitals, etc.) that your insurance company uses.

WHY DO I HAVE TO STAY IN-NETWORK? You don't necessarily have to, but staying in-network gives you better rates and discounts.

WHAT HAPPENS IF I GO OUT OF NETWORK? You will still be seen by a provider, but you will be subject to the out of network costs.

WHAT IS A DEPENDENT? A dependent is a legally married spouse or child under the age of 26.

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.)

MY CHILD IS UNDER 26 AND MARRIED – CAN THEY STILL BE ON MY PLAN? Yes, the child can still be covered, but their spouse will not be eligible for coverage under your plan.

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 (turning 26) or becoming a citizen.

HOW LONG DO I HAVE TO ADD A DEPENDENT AFTER A QUALIFYING LIFE EVENT? 30 days.

WHY DON'T I HAVE TO SHOW MY INSURANCE CARD WHEN I GET MY PRESCRIPTION FILLED AT A RETAIL PHARMACY? Once your pharmacy has entered your insurance information, they won't have to enter it again unless you change insurance plans or companies.



WHAT IS THE DIFFERENCE BETWEEN A \$4 GENERIC PRESCRIPTION AND A \$10 COPAY PRESCRIPTION? In some instances, a prescription may cost less when insurance isn't used; for example, \$4 generics at some pharmacies. You may want to ask your pharmacist the cost of the medication with and without insurance and determine if the savings is worthy not using your insurance. It's very important to understand that any prescriptions purchased outside of the insurance plan will not count towards your out of pocket maximum.

WHAT IS A HSA? A Health Savings Account (HSA) is a 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.

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 two and half month grace period to use the funds and/or allow for up to a \$500 carryover to the following year.

CAN I HAVE A HSA AND A FSA TOGETHER? Yes – you can have both if your company offers a limited purpose FSA for dental and vision.

WHAT MAKES A DEPENDENT CARE DIFFERENT FROM A MEDICAL FSA? A dependent care FSA must be used for the care of those dependents who are under age 13 or a dependent/spouse who is legally disabled. Funds must be used for in-home care, daycare, after school programs, etc.

IF I LEAVE MY CURRENT COMPANY, WHAT HAPPENS TO THE FUNDS IN MY HSA? The funds are yours to keep.

WHAT IS THE DIFFERENCE BETWEEN LONG-TERM AND SHORT-TERM DISABILITY? Short-term disability (STD) can last up to 12 or 13 weeks, providing a percentage of weekly salary, typically between 40-60%. Long-term disability (LTD) starts once the STD benefits end and typically provide 50-60% of weekly salary – LTD can last indefinitely .

WHY IS ORTHODONTIA ONLY A LIFETIME MAXIMUM 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 turning 65, you have to enroll in Medicare Part B to avoid incurring penalties.

