

Open Enrollment FAQ's



- **When is Open Enrollment?**
 - October 1 through October 31
- **How do I enroll?**
 - By logging in to Employee Navigator at www.employeenavigator.com
- **Does my deductible restart every year?**
 - Yes, deductibles are reset every January 1st.
- **What are the health plan options for 2022?**
 - We have six different health plan options to choose from, please refer to the Open Enrollment Guide to compare and choose the best option for you.
- **Copay, Coinsurance and Deductible: What is the difference?**
 - A deductible is an amount that must be paid for covered healthcare services before insurance begins paying. Copay is a set rate you pay for prescriptions, doctors visits, and other types of care. They are typically charge after a deductible has already been met. In some cases, though, copays are applied immediately. Coinsurance is the percentage of costs you pay after you've met your deductible.
- **Do co-pays count towards my deductible?**
 - No, co-pays cover the cost of an office visit. You may also incur co-pays when utilizing an E.R. or are admitted to a hospital. However, CDHP office visit costs do apply to deductible.
- **Do I have to re-enroll during open enrollment?**
 - Yes, you must enroll to keep your current elections because your current elections will NOT roll over for the following plan year.
- **Is open enrollment the only time I can elect FSA or HSA?**
 - Yes, it is a great time to review your medical expenses and determine if it may benefit you.
- **Can employee change their 125-cafeteria plan contribution?**
 - HSA contributions can be increased or decreased once a month. FSA contributions cannot be changed.



Medical FAQ's



- **Do all County health plans cover preventive visit (exam/physical)?**
 - Yes, each plan covers one preventive exam/physical per year.
- **Is everything covered under a preventive visit?**
 - Not necessarily. Only those services considered and billed as preventive during your visit will be covered 100%.
- **Can I be reimbursed if my provider requires full payment upfront?**
 - Yes, if medical expenses are approved and covered by your plan you will be reimbursed once the provider submits the claim. For out of network (OON) reimbursements, you will need to keep your receipts and file an out-of-network claim. Out of network claims will be applied to OON deductible.
- **Are out of network (OON) expenses applied towards my deductible?**
 - Yes, but they will be applied to the OON deductible according to your plan.
- **Will my newborn baby be covered under my plan?**
 - Newborns will be covered if they have been added to your health plan within 31 days of their birth.
- **What if I have a doctor that is not in my network?**
 - It will be considered out of network and the amount you pay will be applied to the OON deductible.
- **How do I find out if my doctor is in my network?**
 - Call your HR Benefits Representative so we can assist you in verifying that information
- **Do I have to change the current plan I'm enrolled in?**
 - No, you may keep your traditional plan for 2022. Make sure you select the correct option within the traditional plan; CDHP or Core.

Medical FAQ's (cont.)



- **If I don't agree with charges on an Explanation of Benefits (EOB), can I dispute?**
 - Yes, you can appeal the claim with your health insurance company. Appeal instructions are always indicated on the last page of an EOB.
- **When can I make changes to my benefits election?**
 - Changes can be made during an Open Enrollment Period or if you qualify for a special enrollment (Qualifying Event). *Qualifying events include:*
 - Marriage, divorce, death, birth of a child, adoption, and coverage somewhere else.
- **When is the last day to submit medical reimbursement claims for 2021?**
 - Last day to submit claims for 2021 is March 31, 2022. No exceptions.
- **Where can I find the reimbursement forms?**
 - It's located on the County's HR page under benefits. You can also go to www.aetna.com, log in to your Aetna Navigator, click on the link for "Spending Account", and submit your claim for reimbursement electronically.
- **Haven't received my PayFlex card or lost it?**
 - Contact PayFlex at 888-678-8242 or logon to your PayFlex account and request it online. You can also request a card for your spouse through the site. You may also contact your HR Benefits Representative.
- **I have a question about my FSA/HSA account, who would I call?**
 - Contact PayFlex at 888-678-8242 or your HR Benefits Representative

