2020-2021 OPEN ENROLLMENT
QUESTIONS & ANSWERS

OPEN ENROLLMENT PROCESS

Q. How will I enroll in Benefits this year?

A. All enrollment materials, applications and brochures are conveniently located on the **Benefits Open Enrollment Website.**
https://daemen.edu/benefitsopenenrollment

The forms have been converted to PDF fillable so you can complete them on-line, save them to a file on your computer and upload them securely through the Open Enrollment Portal.

It is recommended that you create an **Open Enrollment Folder** on your desktop to save your enrollment materials prior to uploading them on the Portal.

1. Open the Form/Application for the benefit you are selecting to enroll in by clicking on the PDF link and save/download it to a folder on your desktop.
2. Open the form you saved on your computer. Fill out the information required in each form and save again.
3. Go to the **Open Enrollment Upload Link** on the Website.
4. Complete the information required in the Portal: First Name, Last Name, Email Address.
5. Click the "upload file" button. After you add your first document, an option will become available to "add additional documents". You will click on this each time you add a new form.

IMPORTANT TIP for Fillable Forms: **Use the latest version of Adobe Reader.** To open and complete the PDF application forms, you will need Adobe Reader (the latest version is recommended). If you do not have it installed on your computer, you may download the latest version free of charge from https://get.adobe.com/reader/otherversions.

Once you open an application/PDF form, SAVE it to your computer first and then re-open it with Adobe and complete the form. If you do not save the PDF

form first, (prior to entering information on the form) the information you entered will be lost.

Q. How do I use the Open Enrollment Portal on the Benefits Open Enrollment Website?

A. Follow the **Step by Step Instructions** on the Website. The instructions will take you Step by Step through each benefit you are eligible to enroll in. Each step covers a new benefit and includes an application for that benefit, i.e. Medical, HSA, FSA, Dental, Vision, Life Insurance.

All employees enrolling in health insurance are required to complete a Univera application. If you are enrolling in the Deductible 3 Plan, you will also be required to complete the enrollment process to open an HSA account with Lakeshore Savings.

You are only required to complete a new application for Dental or Vision if you are making changes or are newly enrolling this year.

Q. What if I do not have a computer at home to access the Daemen website and I am not coming into work at Daemen prior to April 30th?

A. Please contact the Employee Engagement Department at hr@daemen.edu and request an enrollment kit to be mailed to you. There are limited paper enrollment kits available, so please do not request this unless you do not have access to a computer.

Q. I am not electing Health Insurance through Daemen, is there anything I need to do?

A. Yes, you must complete an **Insurance/Benefit Opt Out Form** and upload the completed form to the **Open Enrollment Portal** located on the Benefits Open Enrollment Website along with a copy of the Health Insurance Card you have coverage through.

HEALTH INSURANCE

Q. Am I required to complete a new application to enroll in one of the Univera Plans?

A. Yes, Univera offers two (2) plans, the Signature Co-pay 1 Plan and the Signature Deductible 3 Plan. Please review the summary of benefits for each plan located on the Open Enrollment Website, and select the plan that you prefer by completing the Univera Application.

Q. How do I complete Section 6 – Other Coverage on the Univera Enrollment Application?

A. This section is reserved for other coverage such as Medicare or other coverage. This does not include the current BCBS plan.

Q. When will I receive my new Univera Health Insurance Card in the mail?

A. You will receive your new card in the mail by May 30th.

Q. How can I find out if my current doctor participates with the Univera Plan?

A. This information is available on the Univera website.
https://www.univerahealthcare.com/find-a-doctor/provider

Please follow the steps below:

1. Click on the Start Search under the **I'm a Guest** section.
2. Once on the next page, in the upper right corner click on the **ALL PLANs button.**
3. Click on **Find a different plan**
4. Click on **Univera PPO/PPO HSA and Signature PPO**

Q. What is PPO mean?

A. Preferred Provider Organization.

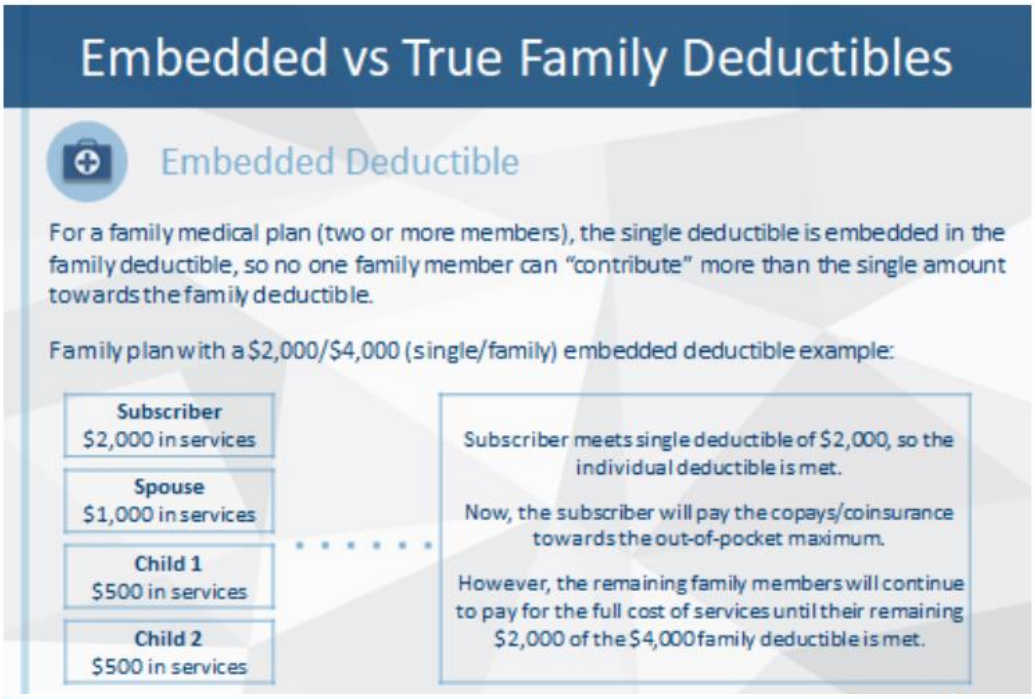
Q. How can I check whether a prescription drug I take is on the Univera Formulary?

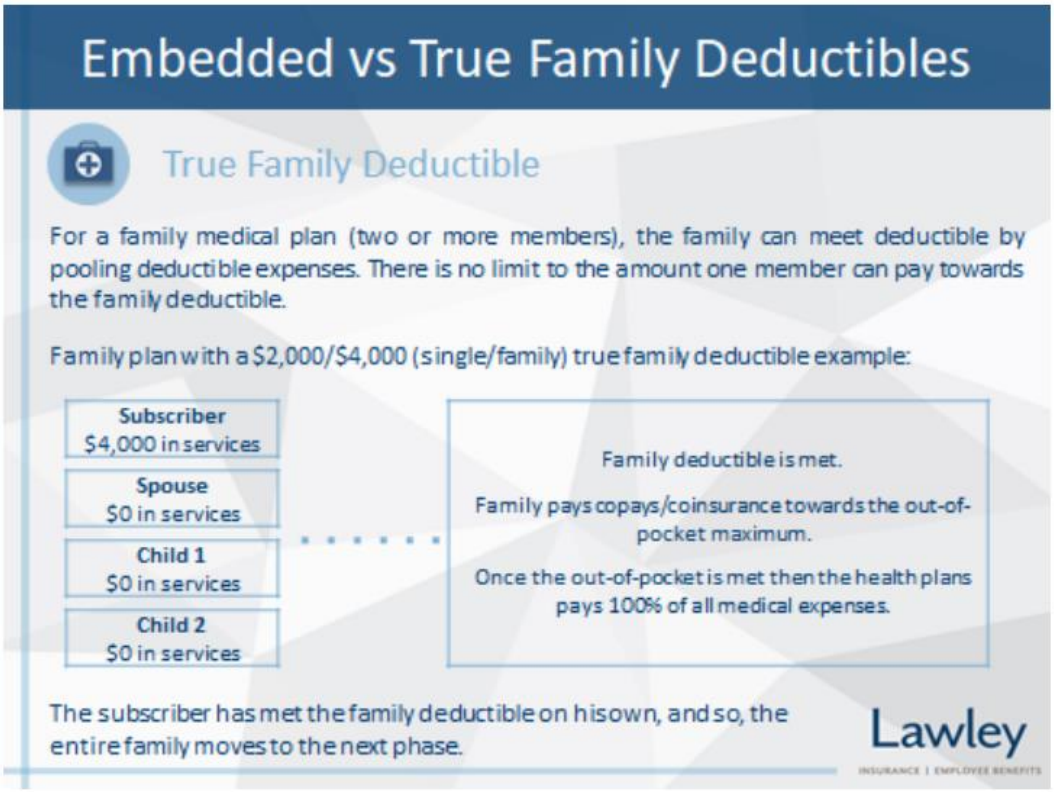
A. The formulary for our Plan is listed on-line. Our Plan uses the Tier 3 Formulary:
https://provider.univerahealthcare.com/policies/prescriptions/formularies

Q. Does Univera always require prior authorizations for tests?
A. There are some services that require prior authorization. Your provider will work with Univera to obtain authorizations for those services that require it.

Q. I have a procedure that was approved by BCBS that will not take place until this summer, will this be covered by Univera?
A. Yes, all prior authorizations will be honored.

Q. What is the difference between Embedded and True Family deductibles?





Q. When will the first payroll deduction for my new benefits take place?
A. The first paycheck in June, (6/12/20) will reflect the new deductions for the benefits you have elected for the plan year.

Q. With BCBS, we had to do a Good Life program. Is there something similar that we will have to complete with Univera?
A. Yes - Univera will offer a wellness program, Healthy-U.

The **Healthy-U Program** is the Wellness Program offered by Univera. It is similar to the Good Life Program we participated in through BCBS. It will include the following features:

- On-site biometric screenings (finger-prick testing)
- Health evaluations
- Individual risk assessment with health improvement recommendations
- Free access to online health coaching and support services

Q. Am I required to participate in the Healthy-U Program?
A. No, participation is not required, however, non-participation will result in a surcharge to your premiums.

- Single Plan: $50 surcharge to premiums per month
- Family Plan: $100 surcharge to premiums per month

Q. What is the pharmacy for specialty medications? Is it still Express Scripts?
A. Accredo Specialty Pharmacy (Express Scripts) is the pharmacy for Medical Specialty Drugs.

Q. Do you need a referral to see specialists?
A. No referrals are required to see a specialist.

Q. What about blood labs to use with Univera?
A. All Local Labs, not just Quest. Many Hospitals and MDs in the area offer lab services as well.

Q. For preventative care, e.g. one's annual well-visit, is it 1 per calendar year, or do they have to be exactly 12 months apart or more?
A. Preventative Care is covered at 1visit per calendar year.

Q. How does it work if your Doctor is not participating in Univera? Is there a negotiated price I would pay or is it the Doctor's price under the HDHP?
A. Once the deductible is met, Univera will remit 80% of the allowed amount to the Provider. The member is then responsible for 20%.
Example - $100 is the allowed amount. Univera will pay $80 and the member is responsible for $20.

Q. Where do we find information on Apnea coverage?
A. Discuss your needs with your provider for specifics. Any equipment needed would fall under the Durable Medical Equipment (DME) benefit.

Q. What is the mental health benefit?
A. On the copay plan, Inpatient Mental Health is $500 copay. Outpatient Mental Health services are $25 copay and covered in full for members to age 19. Mental Health is inclusive of autism care services.
On the HDHP plan, Inpatient and Outpatient Mental Health services are 20% coinsurance subject to deductible. Mental Health is inclusive of autism care services.

Additionally, members can access Mental Health care through our telemedicine vendor, MDLive. On the copay plan, visits are covered in full for adults and members to age 19. On the HDHP plan, visits are covered in full subject to deducible.

You can also reference the benefit book on the Daemen Open Enrollment website for a list of high level benefits.

Q. If you have a pre-existing condition, you may not be covered for 12 months?
A. Pre Existing applies to Disability Only.

Q. How will coverage work if I am traveling outside of WNY or if I have a dependent who is away at school?

A. As a Univera Healthcare member, you will get the in-network benefits when you receive care from a PHCS/Multi-Plan participating provider throughout the United States. Call 1-800-678-7427 Monday through Friday from 8AM to 8PM (EST) and identify yourself as a Univera Healthcare member accessing the PHCS Healthy Directions and MultiPlan Networks. You can also search online at Muliplan.com, by clicking on "Find a Provider". Alternatively, you may also contact Patricia Brooker, your dedicated Univera Network Navigator directly at patricia.brooker@univerahealthcare.com.

Q. If I travel internationally, would there be out of network coverage?
A. Emergency services are covered worldwide, although an international provider would most likely expect payment up front for services.
Retain all receipts and detailed invoices for reimbursement to submit to Univera.

Q. What coverage is available to family members that live out of area (e.g. kids attending college out of state)? Is that available under both plans or only the co-pay plan?
A. Under both plans, Univera provides local coverage in 39 counties; this includes the 8 WNY counties, in addition to 31 county extension between Rochester to Albany. Outside of this natural network of 39 counties, Univera offers Multiplan, a National Network with the Network Navigator, Patty Brooker available to assist. This coverage is available under both plans and is identified on the back on the reverse of ID Cards by the MultiPlan/PHCS logos. Welcome letters will be sent to out of area subscribers from Univera that provide Patty Brooker's contact information.

Q. Does a separate form need to be completed to have coverage for college student attending in Rochester area?
A. No additional forms are needed. Patty Brooker, the Univera Network Navigator, can assist with finding providers outside of WNY. Under both plans, we provide local coverage in 39 counties; this includes the 8 WNY counties, in addition to 31 county extension between Rochester to Albany.

Q. Who is my contact for questions about out of Network benefits?

A. Patty Brooker
Univera Network Facilitator
Univera Healthcare
205 Park Club Lane
Buffalo, NY 14221
Phone: (716) 857-6308
Fax: (716) 857-4578
Email: patricia.brooker@univerahealthcare.com

Q. Where can health insurance questions be addressed?
A. Any questions can be directed to the Dedicated Univera question line is 1-800-427-8490 for questions prior to 6/1/2020. 1-800-499-1275 after 6/1/2020.

Q. How many ID cards do we get? can we request additional cards for college students?
A. Initially, you'll receive two plastic ID cards. You may request more. We send 2 per order.

Q. Is there any vision coverage on Univera (discount) like we had on BCBS?
A. Adult and Pediatric Routine Eye Exam is covered in full under both plans. Members are covered for one exam per contract year. Univera does not have a vision discount program on the plans.

With BCBS, plans included a discount program with their benefits. We do not have the same discount program but you can show your ID card at your vision care provider to verify if they offer any discounts with our card.

Q. Can I have Medicare part A?
A. A member can have Medicare Part A but the Univera Plan would be Primary. If you are considering the HDP, Signature Deductible 3, please contact the Employee Engagement Department for more information before enrolling if you are enrolled in Medicare Part A.

Q. I am considering (or am already in) the High Deductible plan. Is there a way I can estimate what Doctor's Visits, Procedure's and other Medical events would cost?

A. Yes, you can use the Blue Cross and Blue Shield on-line cost estimator to find an estimate of how much Medical events would cost.
https://www.bcbswny.com/content/wny/find-a-doctor/treatment-cost-advisor.html
You are also able to call your providers ahead of time to receive a more accurate quote as negotiated rates differ depending on the provider.
The **Univera cost estimator** will become available for use through their portal on June 1st, 2020.

Q. Please explain the 80%- 20% payment after deductible that is that capped at a point?
A. Once the deductible is met, Univera will remit 80% of the allowed amount to the Provider. The member is then responsible for 20%.
Example - $100 is the allowed amount. Univera will pay $80 and the member is responsible for $20.

Q. Is there now a co-insurance amount? Or am I misremembering the BCBS deductible plan?
A. There is no change regarding the coinsurance amounts from last year to this year.

DOMESTIC PARTNER COVERAGE

Q. Are domestic partners eligible for the Medical, Dental and Vision benefits coverage?
A. Yes, please provide the documents required for proof of domestic partner relationship.

Documents Required for Domestic Partnership status:

- Driver's licenses listing a common address (must provide both licenses) AND ONE of the following:

- Common ownership of a car or other property (joint deed or mortgage agreement)
- Proof of joint bank accounts or credit card accounts and loans
- Designation as the primary beneficiary for life insurance, retirement benefits, or under a partner's will
- Assignment of power of attorneys

HEALTH SAVINGS ACCOUNTS (HSA)

Q. What is a Health Savings Account (HSA)?

A. A Health Savings Account (HSA) is a tax-advantaged medical savings account available to individuals enrolled in a High Deductible Health Plan (HDHP). Employees can contribute to the plan through payroll deduction using pre-tax dollars. The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike a Flexible Spending Account (FSA), **HSA funds roll over and accumulate year to year** if they are not spent. HSA funds are owned by the individual and may be used to pay for qualified medical expenses.

Q. What are qualified medical expenses?

A. An eligible medical expense is an expense that pays for healthcare services, equipment, or medications as described in IRS Publication 502. In general, your HSA can be used for (dental care services, vision care services, prescription services, certain over the counter medications without a prescription, certain medical equipment, telemedicine, menstrual care products, etc.).

Q. How do I qualify for an HSA?

A. You must be covered under a High Deductible Health Care Plan (HDHP), not covered by another health care plan, not enrolled in Medicare and not eligible to be claimed as dependent on another individual's federal income tax return.

Q. Who can make contributions to my HSA?

A. Both the employee and employer.

Q. What are the 2020 contribution limits for my HSA?

A. Individual: $3,550.00
Family: $7,100.00

Note: Both employee and employer contributions count toward the annual limit. Therefore, the maximum amount an employee can contribute is $2050 if they are enrolled in single coverage and $4100 if they are enrolled in a family plan.

Q. What are the 2020 contribution limits for the HSA Catch Up Contributions?
A. The 2020 HSA Catch Up Contribution is $1000 over the annual limit. HSA owners aged 55 and older may contribute up to $4550 if enrolled in a Single Deductible Plan and up to $8,100 if enrolled in a Family Deductible Plan.

Q. I enrolled in the Signature Deductible 3 Plan with Univera. How do I open my new HSA with Lakeshore Savings?
A. The college will provide you with three (3) electronic fillable forms you will need to complete. *Note, although the forms include a line for your signature, you will **NOT** be required to sign these forms before uploading them onto the Open Enrollment Portal.*

- ATM / Debit Card Request Form
- HSA Customer Verification Form
- W-9 Form
- You will also be required to upload a copy/picture of your driver's license for the account holder and spouse if they have been listed on the account as an authorized user and require their own ATM/Debit card.

Q. Which form (and where) do you designate your additional HSA funds you want taken out if on a HDHP?
A. The forms for enrolling in the HSA account through Lakeshore Savings and electing the funds for the new year are located on the HSA tile of the Open Enrollment Website. The name of the form to elect to contribute additional funds is **Employee H.S.A. Payroll Deduction Form**

Q. Am I required to transfer my funds from my HSA account with Health Equity to my new HSA account with Lakeshore?

A. No, you are not required to transfer your funds, you may keep your account at Health Equity, however, all new contributions, employee and employer will be made to your new account at Lakeshore Savings effective June 1, 2020, the start of the new plan year.

Q. Will my HSA account balance through Health Equity be automatically rolled over into my new account at Lakeshore Savings?

A. No, the money will not automatically transfer to your new account. To transfer your funds to your Lakeshore Savings Account, you must complete an **Account Transfer/Closure Form**, available on Daemen Open Enrollment website.

Q. How do I transfer my HSA Funds from my account with Health Equity to my new HSA account with Lakeshore Savings?

A. You will be required to complete an **HSA Account Transfer Form**, which is located on the Open Enrollment website under the HSA Tile, to move your funds from Health Equity to Lakeshores Savings. This form WILL require your signature. You may upload this completed form through the Open Enrollment Portal on the Daemen Website, without your signature to start the process. Lakeshore Savings will then mail you the form back to fully execute the transfer agreement and obtain your signature when they mail your Account Welcome Kit.

Q. When we transfer our balance from our previous HSA account to the new Lakeshore savings account, does this transfer count against the max employee contribution?

A. Transfers would not count against the max employee contribution. If you opt to transfer your account balance from Health Equity to Lakeshore, this do NOT count against the Max contribution set by the IRS.

Q. Is there a fee to process a transfer of HSA funds from Health Equity to Lakeshore Savings?

A. Yes, Health Equity charges its account holders a $25.00 account closure/transfer fee. This fee is deducted from the account holders balance.

Q. Are there any fees associated with maintaining my HSA account at Health Equity?
A. Yes, Health Equity charges account holders a $3.95 monthly administrative fee, which is auto deducted from your account balance. This fee is waived if you maintain a balance of $2500 over the course of that month.

Q. Is there a monthly service charge for my new HSA through Lakeshore.
A. There is NO monthly service charge for the HSA account.

Q. Is there a minimum balance requirement for a HSA with Lakeshore Savings?
A. There is NO Minimum balance requirement.

Q. Is there a charge for receiving a monthly statement?
A. There is NO charge for receiving a monthly statement or to manage your account online.

Q. When will I receive the employer contribution of $1500 (single coverage) or $3000 (family coverage) into my new HSA account with Lakeshore Savings?
A. The employer contribution to your HSA account will take place no later than the first payroll in June (6/12/20).

Q. When will I receive my new Debit card in the mail from Lakeshore Savings?
A. You will receive debit cards for yourself and for your authorized users / signers (i.e. spouse) within 10 days of account opening. You will also receive checks within the same timeframe. Both the cards and checks will have "HSA" printed on them.

Q. What happens to the money that I contributed to my HSA at the end of the year?
A. HSA's rollover from year to year, it is not a use it or lose it program.

Q. Can I keep my HSA if I later take insurance which is not a High Deductible Health Plan (HDHP)?
A. Yes, you can keep your HSA or use up the remaining funds for qualified expenses but you may not contribute to it any longer.

Q. How do I access my HSA with Lakeshore?
A. You can access your account by debit card, check, online bill-pay or in branch withdrawal.

Q. How do I pay a claim?
A. You can pay by debit card, HSA check, or cash at point of sale or by check or debit card if billed.

Q. If out of pocket expenses for a major medical event in 2020-2021 exceeds or exhausts all moneys in the HSA, can we pay ourselves back in 2021-2022?
A. Yes, and ensure you keep good records and receipts.

Q. Is there an app to keep track of my transactions?
A. Lake Shore Savings provides mobile banking and online banking that you could enroll in to keep track of your transactions. You can sign up for e-statements or receive paper statements with check copies to keep track of as well. There is no additional fee for receiving paper statements in the mail.

Q. What is my HSA debit card limit with Lakeshore?
A. $2000.00 / day.

Q. Can my spouse have an ATM/debit card for my HSA with Lakeshore?
A. Yes, as long as they are an authorized user/signer. If you elect for your spouse to be listed as an authorized user and receive their own debit card, you must provide a copy of your spouse's driver's license with the ATM/Debit Card Enrollment Form.

Q. Can I receive a debit card for my college student (age 18 -26)?
A. Only if they are an authorized user. Typically, only a spouse is an authorized user. Maximum two cards per account.

Q. How do I pay a claim with my HSA from Lakeshore?

A. By HSA debit card, check, online bill payment or cash. You do not file a claim.

Q. The new CARE Act regulations allow me to use my HSA funds to pay for OTC and menstrual products that I previously bought from January 1st, 2020 to present. How do I get reimbursed for these previously incurred expenses from my account at Lakeshore that I paid for already with after-tax dollars?

A. Lakeshore does not use claim forms, so if you have a prior medical expense that you want to cover with funds from your HSA, you will simply use your debit card to withdrawal the funds or write yourself a check to reimburse yourself. Please make sure you keep records of the expenses (receipts) and records of your self-reimbursement for your tax records.

Note: If you choose to use funds from your HSA account with Health Equity for OTC purchases that you made prior to the CARES Act (January 1st – present), you will need to use their claim form and submit receipts to process your reimbursement.

Q. My spouse or dependent child is enrolled in Medicare Part A or Part B, in Medicaid or has coverage by a Non-HDHP. Can I still enroll in the Family Deductible 3 Plan and contribute money to an HSA Plan?

A. Yes, if you (the subscriber) are not enrolled in Medicare or Medicaid, you can enroll you and your spouse and/or dependents in the Family Deductible 3 Plan and contribute the maximum amount allowed by IRS limits. However, the funds in the HSA plan cannot be used to pay for medical expenses for the spouse or dependent that is covered by Medicare, Medicaid or a Non-HDHP.

Q How do the maximum annual HSA contribution limits apply to an eligible individual with family HDHP coverage for the entire year if the family HDHP covers spouses or dependent children who also have coverage by a non-HDHP, Medicare, or Medicaid?

A The eligible individual may contribute the § 223(b)(2)(B) statutory maximum for family coverage. Other coverage of dependent children or spouses does not affect the individual's contribution limit, except that if the spouse/dependent is

not an otherwise eligible individual, no part of the HSA contribution can be allocated to the spouse or dependent with other coverage that makes them ineligible.

Q. Can I make a 2019 deposit into my new HSA account with Lakeshore Savings?

A. Yes, you can "make up" in the current year previous allowed contributions (up to the previous year maximum) by April 15th (tax filing date) of the current year. However, this year due to the Corona Virus the tax deadline has been extended to July 15th for federal and state filers. If you want to make a 2019 deposit, you can come to the Lakeshore Savings Branch, 4950 Main Street, Amherst, NY 14226 (drive-up) or inside if you feel comfortable and they will code your deposit properly.

Q. How does Express Scripts work for the HDHP? Is it still 2.5 copays? What about before the deductible?

A. During the deductible phase of the plan, you pay the negotiated rate for any prescriptions. Once you meet the deductible, you will then pay copays for your prescriptions. You still have the 2.5 copays for a 90-day supply mail order benefits.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Q. What is a Flexible Spending Account (FSA)?

A. An FSA is an employer-sponsored plan that allows to deduct dollars from your paycheck and deposit them into a special account that's protected from taxes. FSA accounts are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. The money in an FSA can be used for eligible health and/or dependent care expenses that are incurred while you are participating in the plan.

Questions related to current FSA account with M&T:

Q. When will my FSA - M&T debit card be deactivated?

A. The last day to use your M&T debit card will be on May 31, the last day of the plan year.

Q. When is the last day to submit manual claims to M&T?
A. The last day to submit claims to M&T will be May 31, the last day of the plan year. After that, all claims should be submitted to ProFlex.

Q. Where should I submit my claims during the run-out period (60 days after plan year ends)?
A. You should submit your run-out claims to your new plan administrator, ProFlex. This will be a manual submission process for any claims with dates of service from 6/1/19 through 5/31/20.

Q. Will my unused funds from my FSA account with M&T still roll over?
A. Yes, M&T will provide a report to ProFlex after the plan year ends with any unused funds. These funds will be deposited in to an account with ProFlex.

Questions related to my new FSA account with ProFlex – 6/1/20

Q. When does my FSA become effective and when will I receive my Benefit Card?
A. Your FSA becomes effective on the first day of our plan year, June 1st, or on the date you become eligible for benefits. Your benefit card will arrive by the end of May, but will not be loaded with funds until June 1st when your plan year begins.

Q. How do I participate in an FSA?
A. To participate, you must enroll during annual Open Enrollment or during your initial benefit eligibility period. If you have a qualifying life event (for example, birth or adoption of a child), you may be able to enroll without waiting for Open Enrollment, as long as you enroll within 30 days of the event.

Q. How much money can I put into my FSA?
A. You must contribute at least $400 to the FSA, and the current IRS maximum is $2750 per employee.

Q. Who qualifies as an eligible dependent?
A. An eligible dependent is any dependent for which an employee pays a provider to care for him/her while they are at work or looking for work. The

dependent must be under the age of 13 or incapable of taking care of themselves, and live in the employee's home for more than half of the year.

Q. What happens if I have money remaining in my account at the end of the year?

A. You are able to roll over up to $500 of remaining funds into the next plan year.

Q. Can I change my election or stop contributing money to my FSA at any time during the plan year?

A. Federal regulations state that once you have enrolled in an FSA, you cannot change your election amount unless you have a qualifying life event. Your employer can give you a list of permitted change events.

Q. How much will I really save in taxes by contributing to an FSA?

A. Generally, contributions you make to your FSA are not subject to federal or social security taxes. In most instances, there are no state taxes taken out either. The amount you may save depends upon:

- The amount you put into your FSA
- The tax percentage you would normally pay on that money (tax bracket)

Let's say you want $2,000 taken out of your paycheck this year to put into your FSA. The money you direct to your FSA is taken out of your check before taxes are taken out. That reduces your taxable income by $2,000.

Let's say you normally pay 30 percent in federal, social security and state taxes on your income. In this example, you would enjoy a tax savings of 30 percent of the $2,000. In other words, you could get a $600 tax savings on the $2,000 you directed to your FSA.

Q. What type of flexible spending plans are there?

A. Health Care FSA: Covers medical, prescription, dental and vision expenses
Dependent Care FSA: Covers dependent care expenses including daycare, nursery school and day camp for children, and services for adult dependents who cannot care for themselves.

Q. Is there an age limit for using the money in an FSA for braces?

A. Dependents medical expenses are covered up to the age of 26. If the braces are for the subscriber, there is no age limit.

Q. FSA for Dependent Daycare – Can you also have H.S.A?

A. Yes. Please note the HSA is only available if on HDHP

TELEMEDICINE

Q. How do I enroll in Telemedicine through Univera?

A. You can activate this healthcare benefit by activating your account on-line at Univera Healthcare.com/telemedicine or by calling 1-866-914-8426. You can also download the MDLive app to your smartphone. You will be able to enroll in these benefits effective June 1st.

Q. Can Telemedicine just work with your own Primary Care Physician?

A. If your Primary Care Physician is credentialed with Telehealth, yes.

Q. Are telemedicine visits covered in full?

A. MDlive is covered in full on the copay plan and covered in full subject to the deductible on the HDHP.

WELLNESS

Questions related to the BCBS Wellness Card:

Q. When do my BCBS Wellness Card Funds expire?

A. The Wellness Card with BCBS will need to utilized by 5/31/2020. This can be used for massages, gym memberships, Feel Rite Foods etc.

Questions related to the Univera Wellness Card:

Q. What steps do I need to take to claim my Wellness Card from Univera?

A. Simply register online and your Wellness Debit card will be sent in the mail.

1. Log in/Register at UniveraHealthcare.com
2. Go to the Rewards & Incentive area under Health and Wellness
3. Click the Wellness Your Way tab to request your debit card which is used for wellness related purchases
4. Your rewards card is in the mail!

Q. Is my spouse eligible to receive a $250 Wellness Debit Card through Univera?
A. Yes, for those enrolled in Family Coverage, their spouse is also eligible for the $250 wellness card with Univera.

Q. Are dependent children on the Family Plan also eligible to obtain a $250 Wellness Debit Card through Univera?
A. No, this benefit is not available to dependent children on the Univera Plan.

Q How does the Wellness Card Benefit work for the Subscriber and Spouse?
A Both the Subscriber and Spouse have to create accounts on our website and sign off on the Wellness agreement on the site as long as both do that they will get the total $500 if only one does it then they would get $250. They will each get their own card for $250.

Q Can I use my card to buy vitamins at GNC?
A Yes, they are setup as a debit card so can be used locally or online and are accepted anywhere.

Q When can I create my account with Univera to request my Wellness Card?
A Employees can create an account with Univera starting June 1st

Q When will I receive by Wellness Card in the mail?
A It will take about 2 to 3 weeks after you request you card on the Univera site to receive your card in the mail.

Q. Is there a list of providers where we can use the $250 card?
A. Wellness Your Way Rewards debit cards are not linked to any specific networks. Any vendor or merchant that accepts Mastercard would accept, but members are encouraged to use rewards towards health-related activities.

DENTAL INSURANCE

Q. What specific plan name is the dental from Met Life, the website has many listed in order to look up a dentist?
A. PDP Plus

Q. For dental cleanings, is it 2 per calendar year, or is it every 6 months?
A. Every 6 months.

Q. To clarify, with the MetLife Dental insurance, $1000 per person is the maximum benefit per year? If, for example, a major work for $5000 would only have $1000 maximum benefit paid?
A. Correct. Most Plans only cover $750 to $1500 for dental. Members can use their FSA or HSA to help cover dental expenses.

LIFE INSURANCE

Q. Do we need to fill out forms if we are not making any changes to our Life Insurance Benefit through Lincoln?
A. No, you only need to complete new forms for Lincoln Life Insurance if you are changing your beneficiary or electing a new coverage amount through the Supplemental/voluntary insurance. If electing a higher amount, you will also need to complete an Evidence of Insurability (EOI).

Q. What is a "Waiver of Premium" on the supplemental life insurance policy?
A. The waiver of premium applies when an employee becomes permanently disabled. The premium owed is waived by the insurance company.

Q. What is the "Accelerated Life Benefit" on the supplement life insurance policy?
A. The Accelerated Life Benefit applies if you have a medical condition that is expected to result in your death within 6 months; you may apply for an Accelerated Life Benefit. An Accelerated Life Benefit is a payment of part of your group term life insurance made to you before you die.

Q. If you have the additional life insurance already do you need to redo paperwork for it?
A. Unless you are making a change to the voluntary life insurance amounts or to your beneficiaries, you do not need to complete a new enrollment form for the Life Insurance.

COBRA

Q. If I am on COBRA, am eligible to receive the employer contribution to the HSA account?

A. No, COBRA participants are not eligible to receive the employer contribution.

RETIREE BENEFITS

Q. If I participate in the Retiree Benefits through BCBS, does the change to Univera affect me?

A. No, the Open Enrollment period is for current, full time employees who are enrolled in Group Plan Coverage through the College. This is separate from Retirement Benefits.