Open Enrollment 2022

WorkSmart SYSTEMS

Frequently Asked Questions

GENERAL OPEN ENROLLMENT INFORMATION

Q. What is Open Enrollment?
A. Open Enrollment is the period each year when you can make changes to your benefit elections for any reason. All 2022 elections must be made during Open Enrollment (October 29, 2021 – November 12, 2021). If you do not make changes, your current 2021 medical, dental and vision plan elections will continue into 2022. Your Flexible Spending Account and/or Health Savings Account DO NOT automatically continue year to year. **If you wish to participate in 2022 Flex or HSA, you must complete a 2022 election.**

Q. If I want to make changes to my medical, dental and/or vision plans, how do I begin?
A. You need to complete the open enrollment process online by logging in to **Employee.myWorkSmartCloud.com**. If you don't remember your username, click *Forgot Username?* and enter your email address. To retrieve your password, click *Forgot Password?* and enter your username.

Q. Where can I see 2022 premium information?
A. You can view medical, dental and vision premiums online by logging in to **Employee.myWorkSmartCloud.com**.

Q. When does my medical and/or dental deductible and coinsurance start over?
A. January 1, 2022

Q. If I do not wish to make any changes to my medical, dental and/or vision plans for 2022, do I have to do anything?
A. It is always a good idea to reassess your medical, dental and vision coverage needs and review the new premiums each year. However, if you would like your 2022 medical, dental and vision elections to be the same as you currently have for 2021, you do not have to complete an enrollment.

Q. When will deductions come out of my paycheck?
A. Payroll deductions for all 2022 benefits will be deducted beginning with your first January pay. Your 2022 insurance deductions (medical, dental, vision, and life insurance premiums) are deducted based on your pay frequency:
- Weekly: 48 deduction periods
- Semi-monthly & Biweekly: 24 deduction periods
- Monthly: 12 deduction periods

Your 2022 Flex Spending and Health Savings Account deductions are deducted from every pay, based on your pay frequency:
- Weekly: 52 deduction periods
- Semi-monthly: 24 deduction periods
- Biweekly: 26 deduction periods
- Monthly: 12 deduction periods

Q. When can I make changes to my plan(s) outside of the open enrollment period?
A. All mid-year medical, dental, vision and flex spending plan changes (adding coverage and/or dependents to current plan; dropping coverage and/or dependents from current plan) must result from a qualifying event. Changes must be made within 30 days of the qualifying event. Qualifying events include:
- Marriage or divorce
- Birth, adoption or placement for adoption of a child
- Death of your spouse or a dependent
- Significant change in coverage by your spouse's employer
- Change in your spouse's employment resulting in gain or loss of coverage
- Change from part-time to full-time (or vice versa) by you or your spouse
- Dependent ceases to satisfy eligibility requirements
- Qualification by Plan Administrator of medical child support order
- Change in entitlement to Medicare or Medicaid

MEDICAL INSURANCE

Q. Will I get a new medical card for 2022?
A. Maybe. If you are electing different medical coverage for 2022 or adding/dropping vision, you will receive a new Anthem ID card at your home address in December. Your new card(s) will be effective January 1, 2022. If your medical and vision coverage will remain the same from 2021 to 2022, you will not receive a new card.

Q. Who is Anthem?
A. Anthem is the service provider for the WorkSmart Systems Medical Plan.

Q. What is our medical provider network and how do I find out if my provider is in-network?
A. Participants of WorkSmart's medical plan have access to Anthem providers and the BlueCross BlueShield network nationwide. Go to **anthem.com** and select Find Care to begin your search for in-network providers. You may also call Anthem Member Services at the number on the back of your Anthem ID card.

Q. Who should I contact if I have an issue with a medical or prescription claim or another customer service question?
A. You may contact Anthem directly by calling the Member Services number on the back of your Anthem ID card, or you may create an online account at **anthem.com**. The WorkSmart Systems Benefit Team is always available to assist you.

Q. What is LiveHealth Online?
A. LiveHealth Online provides access to a doctor anywhere you have internet connection, at any time. LiveHealth Online is designed to accommodate your health care needs with real-time visits that will typically last about ten minutes. The cost for participants in the Traditional medical plans is $5. For members enrolled in a High Deductible Health Plan, a standard LiveHealth Online doctor visit is $59 and will apply to the deductible and/or coinsurance. Register at **livehealthonline.com** or via the app.

Q. What tools, cost containment and resources are available to me with Anthem?
A. Anthem provides many online tools on their website. Once you have your member ID number, create a username and password at **anthem.com** by selecting Register Now and following the steps. In addition to your benefit and claim information, each member has access to Anthem's Health and Wellness Programs which include 24/7 Nurseline, ConditionCare, Future Moms, and Health Risk Assessment tools. You will also have access to Anthem's Find Care, which is designed to help you navigate health care costs, become a better health care consumer and save you time and money in the process.

Q. Does Anthem have an app?
A. Yes, Sydney Health is Anthem's app. You can find what you need with text-based, real-time, AI-driven responses to common questions. With Sydney, you can see your benefits and get access to medical and vision claims all in one place. Sydney's interactive chat feature gives you answers right away. Sydney provides a quick view of your care team with contact information and more. You can also view and use digital ID cards. Download the app today.

PHARMACY

Q. Will I receive a separate prescription card?
A. No. Your Anthem ID card will also serve as your prescription card.

Q. How do I find out if my pharmacy is in-network?
A. IngenioRx is the Pharmacy Benefit Manager. The national chain pharmacies participate, as well as most local pharmacies. Go to **anthem.com**, select My Plan > Pharmacy > Find to search an in-network pharmacy near you.

Q. How do I get started with the home delivery pharmacy?
A. Log in to **anthem.com** and select My Plan > Pharmacy > Request a New Home Delivery Prescription. You can also call the home delivery pharmacy at 1.833.203.1739 to get started.

Q. What is the Essential Drug List?
A. This is a closed formulary list. Drugs that are not on the list are not covered by the plan. The Essential Drug List includes the essentials but is a more focused list that offers pharmacy cost savings while ensuring there are no gaps in care. There may be times when a medication isn't on the list and your doctor thinks another option is not right. The prescriber can request an exception review, which usually requires trying two formulary drugs before coverage is allowed. Specialty drugs will be subject to a trial of the preferred drug on the Anthem list, if available, and subject to prior authorization. Visit **anthem.com/ms/pharmacyinformation/home.html** to view the Essential Drug List.

Q. Does Anthem require step therapy?

A. Yes, for certain drugs under specific circumstances. Step therapy is a process in which Anthem has chosen certain drugs to be the first drugs to try when treating some conditions. If your doctor prescribes a drug that requires step therapy, your pharmacist is notified to first try a different, similar drug that is covered by the plan. The pharmacist will call your doctor to get a prescription for the new drug. For most people, the new drug works well. If the new drug does not work, your doctor can request approval for the original drug through the prior authorization process. Visit **anthem.com/ms/pharmacyinformation/home.html** to view the drug list that requires step therapy.

Q. Does Anthem require prior authorization?

A. Yes, but only for certain drugs. Some drugs need to be reviewed before they are covered by the plan. This review helps make sure they are safe and affordable for you. If your drug needs approval, your pharmacist will receive a message on the pharmacy's computer. Sometimes, the pharmacist can call Anthem with the information. Other times, your doctor will provide Anthem with the information. If the information meets the plan guidelines, the claim is approved. If the request to cover your drug is denied, you and your doctor will receive a letter explaining the appeal process. Visit **anthem.com/ms/pharmacyinformation/home.html** to view the drug list that requires prior authorization.

VISION

Q. Who is administering the vision plan and what is the network?

A. The WorkSmart Systems Vision Plan will be administered by Anthem, and Blue View Vision is the vision network.

Q. How do I find a provider?

A. Go to **anthem.com** and select Find Care to begin your search for in-network providers or call Blue View Vision at 1.866.723.0515.

Q. What card do I show my vision provider?

A. If you are enrolled in the WorkSmart Medical Plan, you will use your Anthem ID card. If you are not enrolled in the WorkSmart Medical Plan, a vision ID card will be mailed to you.

HIGH DEDUCTIBLE HEALTH PLANS (HDHP)

Q. What is a High Deductible Health Plan?

A. High Deductible Health Plans are plans that are designed to contain medical benefit costs by empowering employees to make informed choices regarding the quality, efficiency and cost of the health care. The High Deductible Health Plans are compatible with a Health Savings Account (HSA).

Q. How do I use my High Deductible Health Plan at the doctor?

A. Show your insurance card to the in-network provider at the time of service. You will render your usual service and likely pay nothing that day. The provider will bill Anthem, who will then determine the network discount and pay the provider according to the plan provisions. Your provider will bill you for any remaining balance, at which time it is your responsibility to pay the provider.

HEALTH SAVINGS ACCOUNT

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

A. An HSA is a tax-advantaged bank account designated for reimbursement of eligible health care expenses. HSAs encourage saving for future health care expenses. You must be enrolled in an HSA qualified health plan to make contributions to an HSA. There are certain advantages to putting money into an HSA, including favorable tax treatment such as tax-free savings and tax-free withdrawals for qualified health care expenses. Your money rolls over from year to year and the account is portable.

Q. Will anything disqualify me from having an HSA with my High Deductible Health Plan?

A. You cannot contribute to an HSA if:

- You have or are eligible to use a general-purpose flexible spending account (FSA).
- You are enrolled for Medicare, Medicaid or Tricare benefits.
- You are covered under a non-High Deductible Health Plan.
- You are claimed as a dependent on another person's tax return.
- You have used VA benefits for anything other than preventive services in the past three months.

Q. What are the IRS limits for 2022 HSA contributions?

A. Single: $3,650; Family (2+): $7,300; if you are age 55 or over you may contribute an additional $1,000.

Q. What happens to my 2021 HSA if I change to a plan other than an HDHP for 2022?
A. Your HSA contributions will cease with your last pay in December 2021. You may continue to use any funds in your HSA for qualified expenses until the account is depleted.

DENTAL INSURANCE

Q. Who is Delta Dental of Indiana?
A. Delta Dental of Indiana administers the WorkSmart Systems Dental Plan.

Q. Will I get a new dental insurance card?
A. Delta Dental does not issue dental insurance cards. Simply provide your dentist with your name, date of birth and your social security number at the time of service. However, you may print a personalized ID card through your secure website with Delta Dental by selecting the Member Portal link via **deltadentalin.com**.

Q. How do I find out if my dentist is in-network?
A. Visit **deltadentalin.com** or call Delta Dental's Customer Service Department at 800.524.0149.

Q. Who should I contact if I have an issue with a dental claim or another customer service question?
A. Once you are enrolled with Delta Dental of Indiana, you can review your eligibility status, claim information and benefits via Delta Dental's Member Portal. This toolkit will also enable you to print your own ID cards and provide you with oral health tips. Of course, the WorkSmart Systems Benefit Team is always available to assist you as well.

Q. What is the difference between a Delta Dental PPO and a Delta Dental Premier Dentist?
A. While you have access to both networks, Delta Dental PPO providers accept a lower fee (in other words, they've agreed to a larger claim discount) than Delta Dental Premier dentists accept. This means your out-of-pocket costs will likely be less when visiting a Delta Dental PPO dentist because your copayment percentage (if any) will be applied to a lesser amount.

Q. Does Delta Dental have an app?
A. The Delta Dental app helps you get the most out of your dental benefits anytime, anywhere. You can find your coverage and claims information, use the dental care cost estimator, search for a dentist and access your mobile ID card. Download the app today.

FLEXIBLE SPENDING ACCOUNTS

Q. What is a Flexible Spending Account (FSA) and why would I want to participate?
A. An FSA allows you to pay for qualified, unreimbursed health care expenses (deductible, coinsurance, copays, dental, vision, prescription, and some over-the-counter drugs), or dependent care expenses (child day care and/or elder care expenses) with pre-tax dollars. An FSA allows you to lower your taxable income; therefore, you pay less in taxes and increase your take-home pay. There is a use-it-or-lose-it rule that applies.

Q. What is a Limited Flexible Spending Account?
A. A Limited Flexible Spending Account is an option for those who are enrolled in a High Deductible Health Plan and a Health Savings Account. It allows the participant to set aside pre-tax money to use for unreimbursed dental and vision expenses. Medical and prescription expenses are not reimbursable from a Limited FSA. The use-it-or-lose-it rule applies to a Limited Health Care Flexible Spending Account as well.

Q. How does the Flexible Spending Account work?
A. There are three separate accounts: Health Care, Limited and Dependent Care. During open enrollment, you can choose to have money payroll deducted and set aside in either or both accounts throughout the year. For 2022, estimate what you anticipate your eligible expenses will be from January 1 – December 31, 2022. Base your 2022 election on your estimate. Your election will be pre-tax payroll deducted in equal installments, based on your pay frequency.

Q. What is the use-it-or-lose-it rule as it applies to Flexible Spending Accounts?
A. Any funds that are not used by the plan year deadline are forfeited.

Q. What are the deadlines for the Flexible Spending Account Plan Year?

A. Health Care and Limited Flexible Spending**:** You have until March 15, 2023, or your termination date, whichever is sooner, to incur expenses to use up the 2022 funds. Receipts must be submitted to WorkSmart Systems by April 15, 2023. For expenses incurred after December 31, 2022, you will need to pay with your personal funds and submit receipts for reimbursement. Your Benefits Mastercard accesses the current year's funds, January 1 – December 31.
Dependent Care Flexible Spending**:** Expenses must be incurred by December 31, 2022, or your termination date, whichever is sooner. You have until April 15 of the following year to submit receipts for reimbursement.

Q. What are the minimum and maximum FSA contributions for 2022?

A. Health Care Flexible Spending Account: minimum of $100/year; maximum of $2,750/year
Limited Flexible Spending Account: minimum of $100/year; maximum of $2,750/year
Dependent Care Flexible Spending Account: minimum of $100/year; maximum of $5,000/year

Q. What if I want to change or drop my deduction during the year?

A. The amount you elect to contribute stays in effect until the end of the calendar year. If you experience a relevant qualifying event, you *may* be allowed to change your contribution. Contact flex@worksmartpeo.com to see if you qualify.

Q. How do I know how much money I have left in my Flexible Spending Account?

A. You can view your account details online at **worksmart.wealthcareportal.com**. Once you are logged in, you will be able to view your claim status, account balance, etc.

Q. Do I have to submit receipts for my FSA purchases?

A. Yes. The FSA is a qualified part of the Section 125 plan which is governed by the IRS. For WorkSmart Systems to maintain its qualified status, we must follow the IRS regulations which require WorkSmart to prove that pre-tax dollars are being applied toward qualified expenses. Your submission of a receipt or Explanation of Benefits supports that substantiation. See the above FAQ regarding the deadlines for submitting your claims.

Q. Are there certain retailers where I can use my Benefits Mastercard to purchase prescriptions and not have to submit a receipt to WorkSmart for substantiation?

A. Yes. If you use the following vendors, you will not have to send your receipt to WorkSmart: CVS, Sam's Club, Jewel-Osco, Meijer, Target, Walmart, Cub Foods, Kroger, Payless, and Walgreens. If you use your Benefits Mastercard at any other retailer, you will need to submit a receipt to WorkSmart Systems to substantiate the expense.

LIFE INSURANCE

Q. When can I add, drop and/or make changes to life insurance options?

A. Voluntary Group Term Life and AD&D insurance are not affected by open enrollment. Your coverage will continue without interruption unless you notify WorkSmart Systems in writing that you wish to cancel your coverage. An age-band change will affect your life insurance premium the first of the month following the change.

Q. I am not currently enrolled; how do I elect these options?

A. If you are not currently enrolled in Employee Life, Spouse Life or Child Life, but wish to elect the coverage, you may apply for these benefits at any time throughout the year. You need to complete Evidence of Insurability (EOI) required by Lincoln Financial for consideration. Contact a Benefit Specialist at benefits@worksmartpeo.com for information on EOI.