

As you make your selection of Health Insurance Plans, the following are questions and answers to help you make the selection which is best for you.

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**Question:** When is open insurance enrollment?

**Answer:** Open Insurance enrollment is Aug 13 through Aug 24th.

**Question:** Where can I go to enroll online?

**Answer:** [www.aflac.benselect.com/steele](http://www.aflac.benselect.com/steele)

**Question:** Where can I go to find out more information about insurance?

**Answer:** Go to the corporation website and click on the HR tab and then the insurance tab.

**Question:** What are the contract numbers for Unified Group Services and True Rx?

**Answer:** Unified: 800-297-5837 (Claims Account Manager is Jayna Dyer)  
True Rx: 866-921-4047

**Question:** Who can I talk to about insurance available through the corporation?

**Answer:** Please call Jena Schmidt or Megan Bell with any questions.

**Question:** I am in the category of non-certified staff. If I elect to drop to single coverage can I add my spouse or dependents later?

**Answer:** Yes but please keep in mind, non-certified employees hired prior to July 1, 2019 are grandfathered to include dependents and spouses enrolled in the plan. Once a non-certified staff member moves to a single employee plan, the maximum contribution the corporation will make towards any health tier plan going forward is equivalent to 90% of a single HDHP plan. As of July 1, 2019, non-certified employees making a new election to insure their spouse or dependents will pay the full cost of the elected plan minus \$7084.80 (90% of a single HDHP plan). Therefore, it may be best to keep dependents or spouses (if not exempt from the spousal carve out) on the plan if you think they may return.

**Question:** Who qualifies for the one-time employer contribution to an HSA or VEBA?

**Answer:** Those electing to enroll in the HDHP during the current open enrollment, with coverage effective September 1, 2019, are eligible for the employer HSA or VEBA contribution. Certified staff will receive a \$1000 employer contribution and non-certified staff will receive a \$500 employer contribution. Employees enrolling in a PPO plan or waiving health insurance coverage are not eligible.

**Question:** Will my ID card be ready by September 1st?

**Answer:** That is our goal. Our advice is to enroll online as soon as possible so that you receive your medical ID card by September 1, 2019. Those who wait until August 23rd may not receive their ID card by September 1st.

**Question:** What happens if I don't receive my ID card by the time I have a Dr. appointment in early September?

**Answer:** ID cards can be accessed via UnifiedGrp.com after September 1st and beyond. You can also call Unified Group Services at 800-291-5837.

**Question:** If my prescription is due to be refilled September 4th, what should I do?

**Answer:** If you have a prescription that will be up for renewal the first two weeks of September, we would advise to refill prior to September 1st on our current insurance. Prescription cards can also be viewed by visiting truerx.com or through the True Rx mobile app.

**Question:** What is the my insurance group number?

**Answer:** Unified Group # 6175

**Question:** If I am currently under treatment for a serious or ongoing medical condition, and my provider is not within the new network (Henry Community Health, Hancock Regional Hospital, St. Vincent Hospital of St Vincent affiliates) whom do I call to find out how and when my case will be transitioned into the network?

**Answer:** Complete the Continuation of Care Form (attached in an email sent 8-14-19 or found on corporation web-site). If you have additional questions, please call Unified Group Services at 800-291-5837. Jayna is the claims account manager for Unified Group Services. She will help you with questions about your benefits. However, you will need to enroll for her to be able to pull your existing medical information.

**Question:** I am a non-certified employee and will receive two \$800 stipends. May I receive them in my HSA account vs a stipend?

**Answer:** Unfortunately not. Non-certified staff will receive a one time \$500 contribution into an HSA if they elect a High Deductible Health Plan (HDHP).

**Question:** Will Healthlink still be free ?

**Answer:** Yes.

**Question:** What is the difference between Tier 1 and Tier 2 provider?

**Answer:** Tier 1 is in network and Tier 2 is out of network

**Question:** What if I need a behavioral or mental health services?

**Answer:** Both Henry County Community Health and St Vincent Hospital has behavioral and mental health services.

**Question:** What exactly is a Health Savings Account (HSA)?

**Answer:** A Health Savings Account is like a personal savings account, but it can only be used for qualified healthcare expenses. To be eligible, you must be enrolled in a High Deductible Health Plan (HDHP) Contributions can come from you, your employer, or a relative. The IRS does, however, set limits. For 2019, for example, the limit is \$3,500 for individuals and \$7,000

for families, plus an additional \$1,000 "catch-up" contribution for anyone age 55 or older by the end of the tax year. Benefits include pre-tax contributions and tax-deductible after-tax contributions, unspent money in an HSA rolls over at the end of the year, and it's transferable.

**Question:** Regarding the new network (Henry, Hancock, and a St. Vincent affiliate), what happens if I'm currently being treated for a serious medical illness such as cancer treatment and my current Doctor would now be out of network?

**Answer:** St. Vincent has a continuity of care team. In some cases, they will determine the best course of action for someone to continue or finish treatment with the current provider before they transition over to an in-network provider. In an oncology or maternity case, for example, the team would likely determine what is best for the member and finish treatment or the pregnancy before transitioning care. In other cases, the team would help the member transition smoothly to an in-network provider as of 9/1. Call Unified Group Services at 800-291-5837 and make them aware of your situation.

**Question:** What is the Spousal Carve Out?

**Answer:** Any spouse who is employed and their employer offers medical insurance will no longer be covered by the New Castle School Corporation. They will need to go onto their company/business insurance by September 1, 2019. A letter will go out on August 15 for the spouse to take to their employer to enroll in his/her employer's plan.

**Question:** What if my spouse and I both work for the corporation? What options would be best and what would we need to consider with our children?

**Answer:** There clearly may be a strategic advantage to placing the children with the spouse who is more likely to hit the deductible so that the charges also accumulate toward the family deductible of \$5300.

**Question:** Are we excluding CVS and Walgreens for pharmacy service? If so, why?

**Answer:** Yes, both CVS and Walgreens charge the corporation significantly higher fees. We estimate saving \$25,000-\$50,000 in doing so. Preferred pharmacies are: Freds, Henry County Hospital, Forest Ridge, Northfield Park, Kroger, and/or Walmart.

**Question:** If my spouse is eligible for Medicare, what is our best option - to remain on corporation insurance or to go onto Medicare?

**Answer:** With these changes, it is highly, highly likely Medicare, a Medicare Supplement and Medicare Part D will be a better option for your spouse. We can certainly help you evaluate those options between now and 9/1.

**Question:** Can you explain the embedded deductible in a family plan?

**Answer:** For employees with family coverage, the family deductible is \$5300. "Embedded" within that is the individual deductible of \$2700, so each individual can never pay more than \$2700 in deductible even if they have dependents on the plan. That \$2700 would also accumulate toward the \$5300 family deductible so that there are both individual and family

stopping points for the deductible.

**Question:** In the past, what percentage of employee plans would hit their deductible amount?

**Answer:** As low as the \$250 deductible is relatively speaking, there still would be a large percentage of people who didn't meet the deductible, especially with all the free services with Healthlink. On a normal plan industry wide, it is estimated that 15-20% of people will hit their deductible.

**Question:** Is anything going to change with prescriptions or labs through Healthlink?

**Answer:** Healthlink benefits will remain unchanged with our new insurance plan. If we did not take this course of action, Healthlink and RX help would have been eliminated as options for us.

**Question:** When will premiums change?

**Answer:** New payroll deductions start September 11, 2019

**Question:** How does this impact my S125 Flexible spending account?

**Answer:** An individual cannot participate in an HSA until all Flex Spending Account monies are expended. This includes rollover funds.

**Question:** Can I use my HSA for Vision and Dental expenses (eye exams, glasses, contacts, dental work etc)?

**Answer:** Yes

**Question:** Where can I find a list of in-network providers?

**Answer:** To search for a provider go to [AdvantUsNetwork.com](http://AdvantUsNetwork.com). However, keep in mind Henry Community Health providers are not yet included in the provider listings, but should be included by September 1 or shortly after. Unified can also be contacted regarding providers at 800-291-5837.