

## **Commonly Asked Questions** **at the Open Enrollment Webinars**

### **General / Qualifying Event**

**Q:** If we stay out of the country for couple of months, are we allowed to stop insurance?

**A:** Please reach out to HR to discuss your circumstances.

**Q:** My baby is due at the end of June, is it possible to enroll in Compunnel's gold plan during open enrollment and then change to the silver plan when the baby is born?

**A:** Yes, the birth of your baby would be a qualifying life event to change plans in the middle of the plan year.

**Q:** Can I drop my insurance plan in the middle of the year if my spouse gets a job and has a better plan this one?

**A:** Yes, your spouse's eligibility under their new job would be a qualifying event for you to drop Compunnel benefits and enroll under your spouse's plan.

**Q:** My spouse is not in the country currently. Can I enroll in an Individual plan for now and add my spouse once they arrive in the country?

**A:** Please reach out to HR to discuss your circumstances.

**Q:** I am single currently; when I get married can I enroll my spouse as a dependent in the middle of year?

**A:** Yes, marriage is a qualifying life event to add your spouse in the middle of the plan year. You have 30 days from the date of the marriage to add a spouse or any children gained in the marriage.

**Q:** Can we switch from Silver to Gold mid-year? or Gold to Silver?

**A:** No, outside of our annual open enrollment period, you cannot switch plans in the middle of the plan.

### **Health**

**Q:** Do I need to let doctors know about new insurance? Will there be any new card with the new provider?

**A:** Yes, Compunnel changed insurance companies effective May 1<sup>st</sup>, 2024. You should advise your doctor's office that you have new coverage and provide your new insurance ID card at your next visit.

**Q:** Is the 2024 plan an open network like WellNet?

**A:** No, as of May 1, 2024, both the silver and gold plans utilize the Anthem National PPO BlueCard Network.

**Q:** Where can I get a list of the Preventive Services covered at 100%?

**A:** These are determined by the Affordable Care Act (ACA) - they are outlined on the benefit summaries which can be found on your MESA portal as well as the ADP portal.

**Q:** Preventive care is covered on both the silver and gold health plan?

**A:** Yes, preventative care (as outlined by ACA) is covered at 100% on both plans.

**Q:** How do we locate the Identification# needed to register on the Leading Edge Administrator website?

**A:** This is your unique member ID# and it can be found on your ID card. If you would like to register on the portal *prior* to receiving your ID card in the mail, please reach out to Concierge Care at (844) 864-5011. They will be able to provide you with your ID# so that you can complete your registration on the portal.

**Q:** Is there an option to enroll one person with the gold plan and other dependents in the family in the silver plan?

**A:** No, spouses and dependents must enroll in the same plan as the employee.

**Q:** What is the difference between “Out of Pocket Maximum” and “Deductible”?

**A:** *Out of Pocket Maximum:* The most **you** pay toward covered services during the year. Once you reach your maximum out of pocket, the insurance company is responsible for 100% of the costs (for covered services) until the new year begins.

*Deductible:* The annual amount you pay for your care before your insurer begins to pay.

**Q:** Is sick visit charged more than the well visit (preventive services)?

**A:** Yes, preventive services (as outlined by the ACA) are covered as 100%. Sick visits will be subject to the member cost share as outlined in the benefit summaries.

**Q:** Does out of pocket maximum limit start after the deductibles are reached? Or does it cover the amount spent as a deductible also?

**A:** The out-of-pocket maximum *includes* the deductible.

**Q:** In the silver plan, even for a single member in a family, should the deductibles have to be met for family limit (7500 dollars) before insurance starts to pay?

**A:** The deductible is “embedded” which means family members meet only the individual deductible and then *their* claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

**Q:** Under the Gold Plan if I pay a copay, does it mean it will cover all other expenses for a visit?

**A:** Typically, yes unless a specific benefit indicates otherwise. Example, an allergy visit might have an additional cost share for allergy serum. Please refer to your plan benefit which would indicate this.

**Q:** Could you please let me know if "ABA (Action Behavioral Analysis) Therapy" is covered in the new Health Plan. This is related to Autism Treatment.

**A:** Yes, ABA therapy is covered with no limits, however, speech and occupational therapy have limits on the gold plan. These coverages are listed on the plan summaries found on ADP and your MESA portal.

**Q:** Are mental health issues covered for children and adults like autism and ADHD?

**A:** Yes, mental health services are covered under both of our health plans. There could be certain visit and/or benefit limitations, or prior authorizations required depending on the services received. Please reference the plan summaries to confirm your member cost share for mental health services and to verify any plan limitations.

**Q:** In the event of car accidents who will cover first

**A:** *Typically*, car insurance would be responsible in the case of an accident. The health plan pays first and then a case is opened for third party liability to recoup any possible overpayment that was made.

**Q:** Since we are starting a new plan in May, what happens to the deductibles we've satisfied YTD in 2024?

**A:** Anthem will provide a deductible credit to you. We will be providing them with a report of deductible accumulations from the prior carrier in June and they will update their records to reflect the amounts you have already paid.

**Q:** Is there a gym reimbursement on the medical plan?

**A:** There are no gym reimbursements as part of the plan, but members have access to Anthem discounts outside of their medical plan. You can find information on these discounts by creating an account on the Anthem site. It's just important to know that these discounts are not tied to your medical plan in any way, they are just available because of the network you are a part of.

### **Health Savings Account (HSA)**

**Q:** Is HSA available?

**A:** Yes, only if you enroll in Compunnel's Silver health plan.

**Q:** If we select the silver plan, do we have to open an HSA or can we opt out. If we opt out what is the process for opting out of the HSA portion?

**A:** Yes, you can take the silver plan without the HSA banking component. If you do not want the HSA, no further action is needed to opt out of it.

**Q:** Will an HSA account be created by Compunnel?

**A:** Please contact [hrbenefits@compunnel.com](mailto:hrbenefits@compunnel.com) to help you with the HSA enrollment process. You can choose to open an account with Compunnel's partner bank, Health Equity, or maintain your own HSA elsewhere.

**Q:** Would Compunnel contribute to the HSA as well? Matching the money that I put into the HSA for example?

**A:** No, there is no employer contribution to employee HSAs.

**Q:** If I have an existing HSA account from a previous company, can I continue to use the same account or does a new one need to be created?

**A:** You can use your previous company's HSA. Please reach out to [hrbenefits@compunnel.com](mailto:hrbenefits@compunnel.com) for assistance. Note: you will only be able to set up HSA deductions if you are enrolled in our Silver health plan.

## **Dental**

**Q:** Do I need a new ID card and to update my provider with card details?

**A:** Yes, there will be new ID cards for dental and you will need to let your providers know of the change.

**Q:** If you have family coverage, is the \$1,500 annual limit for the whole family?

**A:** No, the \$1,500 annual limit is per person, per year.

**Q:** Would there be any waiting period for any pre-existing conditions in medical and dental?

**A:** There is no waiting period under the dental plan. The only pre-existing condition would be if you are currently missing a tooth and have not yet replaced it, there is a 50% reduction in coverage for the first 12 months.

**Q:** How does the cost of braces work in the Dental plan?

**A:** Orthodontics/braces are not covered under the dental plan.

**Q:** How many teeth cleanings are we allowed during the calendar year?

**A:** The dental plan allows 2 regular cleanings and 2 periodontal cleanings per year.

**Q:** I was enrolled in Compunnel's gold health plan last year. What impact does it have on my Dental and Vision if I change my health insurance to the silver plan for this year and continue with Dental and Vision insurance?

**A:** A change in your medical plan does not impact your dental or vision coverage. These elections are all independent of one another.

## **Vision**

**Q:** Last time Doctor said a separate Eye Exam is required if I plan for contact lenses. Is that Eye Exam covered?

**A:** Yes. The standard eye exam is a \$10 copay and then the contact lens exam is a \$30 copay.

**Q:** Is there a benefit to buying glasses in Vision Insurance?

**A:** You have a \$130 benefit towards frames on glasses.

**Q:** After my wellness visit for Vision, it was recommended that I go for additional advanced vision tests. Who will cover this - Cigna or Anthem?

**A:** For further advanced tests due to disease or injury, that would be covered under the medical plan with Anthem.

### **Voluntary Benefits**

**Q:** While doing my enrollment in ADP, Voluntary Benefits are showing up as \$0 cost, is that correct?

**A:** No. The costs for voluntary benefits are individually calculated based on several factors. Please reach out to HR at [hrbenefits@compunnel.com](mailto:hrbenefits@compunnel.com) and they can assist you with premium calculations and enrollment in these plans (if interested).

**Q:** Can I enroll only to voluntary benefits without medical & dental Insurance?

**A:** Yes, these plan elections are independent of one another.