



Frequently Asked Questions

1. **What is Open Enrollment?** Open Enrollment is your opportunity to elect benefits for the upcoming plan year. You may enroll in benefits, change plans, add qualified dependents or drop coverage for yourself or qualified dependents.
2. **Do I have to take any action? YES.** All employees must sign on during Open Enrollment and update their information. Even if you do not want to enroll for benefits, you are still required to log on and update your Basic Life and AD&D beneficiary information. Benefits information will not carry-over if you do not complete your Open Enrollment.
3. **When will this year's Open Enrollment start and end?** This year's Annual open enrollment is from Monday, November 1, 2022 to Friday, November 12, 2022.
4. **Where can do I go to complete Open Enrollment?**
<https://ivisionsess.tylerhost.net/oswegoess/>
5. **Will any of my current benefits roll-over to 2022?**
No. None of your current 2021 benefits will roll-over to 2022. Even if you do not want to make changes or you must still complete the 2022 benefits enrollment.
6. **Why must I take action for this Open Enrollment?**
We are changing the employee benefits service platform from Benefits Express to Infinite Visions, and employees need to update their benefits information to the new Infinite Visions platform.
7. **What is my username to log on for Open Enrollment?**
Your username and password is the same as your regular user name and password for logging on to Infinite Vision
8. **What if I forgot my username and/or password to log on?**
Please contact Jan Soto at Jsoto@sd308.org for assistance with your username / passwords
9. **What changes are there to the current healthcare and benefit plans?**
 - Dental is changing from MetLife to Delta Dental
 - Vision is changing from MetLife to VSP
 - NEW for BCBS PPO users:
 - Blue Options; A third network option included with your PPO plan that has a higher level of coinsurance and lower deductibles
 - Hinge Health; A non-surgical musculoskeletal coach-led program
 - Livongo Hypertension & Diabetes Management; Programs to help manage diabetes and chronic blood pressure conditions.
10. **Were there any rate increases to Medical, Dental or Vision Insurance plans for 2022?**
There was a slight rate increase to Dental and Vision plans. However, CUSD308 was able to maintain the current medical rates again for 2022.



11. Will I receive a new BCBS Insurance Card for next year?

If you are enrolling in either the PPO or HCA plan you will receive a new Medical card from BCBSIL. If you are enrolling in the HMO for the first time you will receive a new card. However, if you are already enrolled in the HMO plan and are not changing, you will not receive a new card.

12. What is the difference between the Traditional Medical PPO and Blue Edge HCA PPO Plans?

The Blue Edge HCA PPO has higher Deductibles and Out-of-Pocket maximums than the traditional PPO Plan. The HCA also comes along with an employer-funded benefit for qualified medical expenses; up to \$500 toward for Single coverage year and \$1000 for Family coverage.

13. What is a deductible?

A deductible is that part of the medical plan you need to pay first for medical expenses before the plan pays anything. Prescriptions, Virtual Visits, and Urgent Care Visits are not subject to the deductible.

14. What is the Out of Pocket?

It is the coinsurance (usually 20%) that you pay for medical services after you have met your deductible. It's also the maximum Out of Pocket you can expect to pay in a year for covered services.

15. I want to enroll in the HMO, how can I tell if my doctor is in the Blue Advantage HMO plan or which Network they are in? Go to <https://www.bcbsil.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>. Select Search as a Guest; in the box **All plans/networks, from the drop down menu select **Blue Advantage HMOSM [ADV]**, enter your zip and browse by the category you want to look up a provider.**

16. How do I find out if a provider is in the Blue Options / Traditional PPO network?

Go to <https://www.bcbsil.com/find-care/providers-in-your-network/find-a-doctor-or-hospital>. Select Search as a Guest; in the box **All plans/networks**, select **Blue Choice OptionsSM [BCO]**, next enter your zip, and then browse by the category you want to look up a provider. For the Traditional PPO plan you would select **Participating Provider Organization [PPO]**.

17. Which plans can I use for the Rush Medical Reimbursement?

Only the PPO and HCA plan can be use with the district's Rush Medical reimbursement program. For more information including Rush Plan Providers, Locations, Reimbursement application go to: <https://www.sd308.org/Page/26058>

18. Will I automatically receive a new Dental insurance card?

Yes. You will automatically receive a dental insurance card from Delta Dental if you enroll for dental coverage.

19. Will I automatically receive a new Vision insurance card?

No. VSP Providers do not require an ID card, the member SSN is the identification number. Members can also register on vsp.com and print an identification card.

20. Must I re-enroll for to my Voluntary Life insurance?

Yes, you must enroll and include your current coverage and beneficiaries, or if you want to increase coverage, or are not previously enrolled for voluntary Life and AD&D coverage, **You MUST complete an Evidence of Insurability (EOI) and submit it Glenn Campos at gcampos@sd308.org**. Changes are not approved until the Life Insurance carrier has review and approved your application for coverage.



21. How much Life insurance or AD&D coverage can I enroll for?

When you complete your Open Enrollment online you will automatically see the maximum available amount you can enroll for, and if applicable spouse and child maximums, for Voluntary Life and AD&D coverage.

22. What is the difference between Voluntary Life and AD&D insurance?

Life insurance covers the event of death. AD&D (Accident Death & Dismemberment) is a policy that pays benefits if the cause of death is an accident, or the claimant has loss of functions, or body parts.

23. Who is consider a dependent?

Dependents include spouse and dependent children under the age of 26 (longer if disable or a military veteran) as well as domestic / civil partners if you provide the proper documentation.

24. What is a Health Care Flexible Spending Account?

A Healthcare FSA is a pretax deduction benefit plan; dollars are deducted from wages before any income or social security taxes are paid. You must enroll each year that you want to participate for this benefit. Employees select an annual benefit amount and contributed each pay period toward that annual amount. The entire annual benefit amount you select is immediately available starting with the effective date of the plan. The maximum contribution in 2022 will be \$2,750. Any benefit amount over \$550 remaining at the end of the calendar year is forfeited.

25. What is a Dependent Care flexible spending account?

Dependent Care FSA is a pretax deduction benefit plan; dollars are deducted from wages before any income or social security taxes are paid. A Dependent Care FSA reimburses you for qualified child and adult care such as preschool, summer day camp or child or adult daycare. You must enroll each year that you want to participate for this benefit. Employees select an annual benefit amount and contributed each pay period toward that annual amount. Employees must submit a claim form for reimbursement. Note: there is no carry over for unused contributions. The maximum annual contribution is \$5000 per year per couple.

26. What happens if I don't use all my FSA by the end of year?

Unreimbursed Dependent Care FSA at the end of the year will be forfeited. The Medical FSA will rollover up to \$550 of this year's unreimbursed funds to 2022.

27. Can I enroll for benefits after Open Enrollment?

Yes, you may enroll or make changes for benefits as a result of a Qualifying Life Event.

- a. What is a Qualifying Life Event? - A qualifying life event is an event in your life that makes you eligible for a special enrollment period. There are three basic types of qualifying life events (this is not a full list).
 - Loss of health coverage (Spouse job-based, Child turning 26).
 - Changes in household (Married/Divorce, new baby or Adoption)
 - Status change (full or part time, beginning or ending employment)
- b. How long is the qualifying life event period? – You have 31 days from the date of the event to make changes to your plan. It is the employee's responsibility to notify the Benefits Coordinator the need to make changes and to provide proof for change.
- c. What is supporting documentation? Acceptable documents include, court orders, birth certificates, marriage certificate, a dated letter from the other employer stating loss of coverage, copy of COBRA offer, etc.

