



## **Frequently Asked Questions**

1. **What is Open Enrollment?**  
Open Enrollment is the yearly period in the fall when people can enroll in our benefit plans for the next calendar year. Employees can review and enroll for benefits, change insurance plans, add or remove qualified dependents or decline coverage.
2. **When will this year's Open Enrollment start and end?**  
Employees can log in to The benefits enrollment portal starting Monday, October 31, 2022 to complete their benefits enrollment. Access to benefits enrollment portal will end Sunday at midnight, November 13, 2022.
3. **Can I decline my benefits? YES.**  
But employees must still log on to waive all voluntary benefits.
4. **Does EVERYONE HAVE TO COMPLETE OPEN ENROLLMENT? YES!**  
All eligible employees must take action during open to enroll or waive coverage during the open enrollment period. Even if you want to continue to waive your coverage for 2023, you still need to sign in and review your other benefit elections and to check your Life Insurance and AD&D beneficiaries. Due to Affordable Care Act (ACA) requirements, all employees should verify their legal names & Social Security numbers (their own and their dependents), or need to decline.
5. **When will my new benefits start?**  
Your open enrollment elections for health care, dental and vision insurance, accidental death & dismemberment (AD&D) insurance, health care and dependent care flexible spending accounts (FSAs), will be effective January 1, 2023.
6. **What happens if I do not complete Open Enrollment by the deadline or change my mind?**  
None of your current 2022 benefits will continue to 2023 and your current benefits will end at midnight, December 31, 2022. You will also not be able to enroll or change your benefits again until either next year's open enrollment or unless you experience a qualifying life event.
7. **Why must I enroll in this year's Open Enrollment?**  
The District complies with the Affordable Care Act to provide affordable health insurance to eligible full-time employees. Open Enrollment is the annual period when the district requires employees to acknowledge their intent to waive or enroll for health insurance for the next benefit year.
8. **Where can do I go to complete Open Enrollment?**  
You must log on to the Employee Access Portal at: <https://tyler-oswegocusd308il.okta.com/> from a computer. You cannot use a mobile device to complete your open enrollment.
9. **I will be out on leave or vacation during the Open Enrollment period?**  
Infinite Visions' remote access allows employees to access their benefit enrollment information from anywhere with an internet connection. If you are on vacation or on a leave of absence, you must still complete your enrollment by the end of open enrollment. If there is a valid reason for why you cannot complete your benefits enrollment by the end date, you must contact [gcampos@sd308.org](mailto:gcampos@sd308.org) no later than November 10 for assistance.



**10. What if I don't have a computer?**

The following dates and times below will be scheduled at DAC ([4175 Route 71, Oswego, IL 60543](#)) for employees that need assistance and/or require a computer to complete their open enrollment. No appointment is required.

Please check in at Door 3, and inform the receptionist that you are there to use a computer to enroll or need assistance with enrolling.

- Thursday, November 3 (noon – 4pm)
- Friday, November 4 (9am – 4pm)
- Monday, November 7 (9am – 4pm)
- Wednesday, November 9 (9am – 4pm)
- Thursday, November 10 (noon – 4pm)

**11. What is my username to log on for Open Enrollment?**

Your username is the same you use for your district email, and to access your Employee Self Service (ESS) portal.

**12. What if my username and/or password do not work to log on?**

Please contact Technology Department for assistance with your username and/or passwords.

**13. Which voluntary benefits can employees enroll in during Open Enrollment?**

Fully benefits-eligible employees can choose from:

- a. BCBSIL BCO/PPO, BCO HCA or Blue Advantage HMO
- b. DELTA Dental
- c. VSP Vision
- d. BCBSIL (Dearborn) Voluntary Life and AD&D
- e. METLIFE Legal, Critical Illness, Accident or Hospital Indemnity
- f. NAVIA Medical or Dependent Care Flexible Spending Accounts
- g. ALLSTATE (Info Armor) Identity Protection

**14. What benefits are free to CUSD 308 employees?**

The following benefits are free to all full-time employees in an eligible insurance class. Please note you must acknowledge acceptance to receive these benefits when completing your open enrollment.

- a. BCBSIL Dearborn Basic Life Insurance and Basic Accidental Death & Dismemberment
- b. BCBSIL Dearborn Long Term Disability (excludes Class 3)
- c. BCBS Dearborn EAP Beneficiary Resource Services and Disability Resource Services
- d. First Stop Health
- e. Hinge Health Physical Therapy Program (must be enrolled in the PPO plan)
- f. Wondrhealth weight loss (must be enrolled in the HMO or PPO plans).
- g. Benefits Value Advisor (must be enrolled in the PPO plan)
- h. Livongo Hypertension and Diabetes Program (must be enrolled in the PPO plan)

**15. What changes will there be to the medical insurance coverage in 2023?**

MDLive (virtual care) will no longer be covered under the PPO plans. Also, PPO plans will no longer cover prescriptions through the CVS network beginning January 1, 2023.

**16. Are there any changes to the Delta Dental plan?** There are no changes to the plan and coverage; however, there will be a slight rate increase to employee dental premiums for 2023.



17. **Are there any changes to the VSP Vision?** None.
18. **What's NEW for 2023 - First Stop Health**  
First Stop Health is a Telemedicine and Virtual Counseling service provider. Starting January 1, 2023, employees that enrolled in the district's HMO, or PPO/HCA plans will also automatically be enrolled in First Stop Health solutions. When using First Stop Health, employees and (up to 7) dependents can talk to a doctor or counselor 24/7, for Telemedicine and/or Virtual Mental Health counseling. Unlike other plans that limit the number of visits or include a copay, there are no limits to access a telemedicine doctor or talk to a counselor and there is no copay. Employees must be enrolled in the HMO, **BCO/PPO or BCO/HCA** to get this benefit.
19. **What if I decide to make a change after I've submitted by enrollment?**  
You can make changes to your elections in the Benefits Enrollment Portal as many times as you want during the open enrollment window, as long as you have your final elections in by 11:59 p.m. November 13. Keep in mind that your elections are saved as you go through each selection, as long as you do not click the submission button. If you want to make changes after you have reviewed and submitted your benefit elections, you must email [gcampos@sd308.org](mailto:gcampos@sd308.org) to request your enrollment be re-opened.
20. **Who is consider a dependent?**  
Dependents include spouse and dependent children under the age of 26, as well as eligible domestic / civil partners.
21. **Will there be a rate increases to the Medical, Dental or Vision Insurance plans for 2023?**  
CUSD308 was able to maintain the current medical rates again for the 2023 benefit year. There will be no rate increase to the Medical and Vision plans. There will be a slight increase to the employee dental insurance premiums.
22. **Will employees receive a new BCBS Insurance Card for next year?**  
You will only receive a New Medical Card if you are either enrolling for the first time, or adding new HMO dependents.
23. **Will employees receive a new Navia Flexing Spending Account (FSA) card?**  
If you are currently enrolled in an FSA plan and your card has not expired, you will not receive a new FSA debit card for next year. If you are currently not enrolled or are enrolling for the first time, you will receive a Navia FSA debit card in the mail.
24. **Will employees receive a new Dental insurance card?**  
You will only receive a New Dental Card if you are either enrolling for the first time. Please note id cards are not required to receive services; your SSN is your member id number. Members can also obtain dental id cards by creating an account at:  
<https://www.deltadentalcoversme.com/s/create-account>
25. **Will employees receive a new Vision insurance card?**  
No. VSP does not provide id cards, and vision providers do not require an ID card; your SSN is your identification number. Members can also obtain a vision id cards by creating an account at:  
<https://www.vsp.com/create-account>



26. **I currently have Voluntary Life Insurance (and Voluntary AD&D) coverage for myself and family. Must I re-enroll for to my Voluntary Life insurance? YES!**  
If you do not enroll during Open Enrollment your current Voluntary Life and AD&D coverage will automatically end December 31, 2022. If you do not enroll now but enroll in the future, you will be required to re-apply for coverage and complete an Evidence of Insurability form before coverage can be issued (again).
27. **How much Voluntary Life insurance or AD&D coverage can I enroll for?**  
Employees that currently have Voluntary Life and AD&D coverage can maintain their current coverage amount, decrease their current coverage, or increase their coverage up to the maximum guarantee amount, not to exceed 5 times the employee's Annual Earnings. Employees increasing their current voluntary life coverage by more than \$10,000 must complete an Evidence of Insurability and submit it to [gcampos@sd308.org](mailto:gcampos@sd308.org) for approval before coverage will be issued.
28. **What is the difference between Voluntary Life and AD&D insurance?**  
Life insurance covers the event of death. AD&D (Accident Death & Dismemberment) coverage pays only when the cause of the insured's death is an accident, or the claimant has loss of functions, or body parts.
29. **Can I designate a Trust instead of a Beneficiary for my life insurance?**  
Yes. You will need to provide the Trust entity name, tax id, and phone and address contact.
30. **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 2023 will be **\$3,050**. Any benefit amount over **\$610** remaining at the end of the calendar year is forfeited.
31. **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.
32. **What happens if I don't use all my FSA funds by the end of next year?**  
Employees with any unused FSA Dependent Care funds at the end of 2023 will be forfeited. Employees with a Medical FSA can roll over up to **\$610** from 2023 to the following year. FSA Medical monies in excess of **\$610** will be forfeited.
33. **Which medical plans use the Rush Health Reimbursement Program?**  
Either **the BCO/PPO or BCO/HCA** plan.



34. **What is the difference between the Traditional Medical PPO and Blue Edge (high deductible) HCA PPO Plans?**  
The main difference is that Blue Edge HCA PPO has higher Deductibles and Out-of-Pocket maximums than the traditional PPO Plan. The HCA plan also comes along with an employer-funded claim benefit paid toward qualified medical expenses; up to \$500 for Single coverage or \$1000 for Family coverage paid out annually.
35. **What is a deductible?**  
A deductible is that part of the medical plan you need to pay first for medical expenses before your plan pays anything. Prescriptions, Virtual Visits, and Urgent Care Visits are not subject to the deductible.
36. **What is the Out of Pocket maximum?**  
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 calendar year for all covered services.
37. **I'm enrolling in the Blue Advantage HMO plan. How do I look up the 3-digit IPA number to enter?**  
Go to the BCBSIL.com. Under 'Find Care', select 'Find a Doctor' and then 'Search as a Guest'. In the 'Plans' box, select 'Blue Advantage HMO' from the dropdown menu and enter your doctor's name to search. If the name does not appear, he / she is not in the Blue Advantage HMO and you cannot use them. If their name appears in your search, use the 3-digit IPA number indicated in the doctor's affiliated medical groups to enter in the benefits portal for your 'Provider ID\*', or click [HERE](#) for hyperlink to all Blue Advantage IPAs.
38. **I'm enrolled in the BCO / PPO plan (or HCA/PPO). How do I know if a provider is in the Blue Choice Options or the PPO network?**  
Go to the BCBSIL.com. Under 'Find Care', select 'Find a Doctor' and then 'Search as a Guest'. In the 'Plans' box, select 'Blue Choice Options' from the dropdown menu and enter your doctor's name to search. If the name appears, he / she is in the Blue Choice Options network, or click [HERE](#) to find BCO doctors. To find an in-network PPO provider, follow the same instructions above and from the dropdown menu but select 'Participating Provider Organization'.
39. **Do I have to re-enroll in the MetLife insurance plans if I already am enrolled?**  
YES. You will not be automatically enrolled your Metlife plan unless you re-enroll during open enrollment.
40. **Is Metlife Critical Illness free, and why doesn't it include premiums for coverage?**  
Critical Illness coverage is not free. You must select a plan (10k – 50k, and if you want dependents covered) or waive coverage. To determine your premium, download the rate sheets and enrollment form from the 'Plan resources' link at the top right corner page. If you are enrolling for coverage you must also complete the Critical Illness enrollment form and email it to [gcampos@sd308.org](mailto:gcampos@sd308.org).
41. **What is the Wellness Benefit that comes along with Metlife Accident, Hospital and Critical Illness?**  
Metlife offers each enrolled member a cash benefit of, \$100 for Accident or Critical Illness, and \$50 when enroll in the Hospital Indemnity plan when you and your covered dependents received an annual Wellness examination. To submit a claim to Metlife, call 866.626.3705 or return the completed claim form <https://docs.mgmbenefits.com/external.aspx?DocID=7126216&InBrowser=1>



**42. 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.**