

Frequently Asked Questions:

Question: When is Open Enrollment?

Answer: September 1, 2009 – September 15, 2009. Please do not wait until 09/15/09 to enroll.

Question: Where will I sign up for my benefits?

Answer: Everything will be done online through the Employee Self Service (ESS), the same place where you view your paycheck stubs.

Question: Do we have to sign in to ESS even if we don't want any of the benefits?

Answer: Yes, we ask that every employee go online and either accept coverage, or DECLINE if you don't want any benefits.

Question: Will our health insurance automatically roll over?

Answer: No, your health insurance will not roll over because we are switching carriers. If you want health insurance, you MUST go online and make an election.

Question: What type of medical plans are being offered?

Answer: You will have 4 different PPO plans to choose from.

Question: Is my condition pre-existing?

Answer: If you have never been insured through TRS ActiveCare since 2002, then NO it will not be pre-existing. If you have been insured with TRS ActiveCare anytime since 2002, then you are subject to pre-existing limitations. They will mail you a letter if something is pre-existing and you will need to send them a Certificate of Creditable Coverage to get that waived.

Question: If my current doctors are not in the BlueCross BlueShield network, what should I do?

Answer: If your doctors are not in this new network, we suggest you start looking for providers that are in network. If you are currently being treated for certain conditions, you may fill out a Transitional Benefits form that will allow you to request special coverage for your current doctor until you are able to transition into the network.

Question: Is liposuction covered in the health plans?

Answer: No, it is not covered.

Question: If an employee has a spouse out of the district that has their own insurance, can that covered spouse be covered on the employee's plan? And if so, which plan would be primary for the spouse?

Answer: If the non-district spouse is NOT covered with TRS ActiveCare, then the spouse can be covered on the employee's district plan. The district plan would be secondary for the spouse because their own insurance would be primary.

Question: If a covered employee becomes eligible for Medicare during the plan year, is that considered a qualifying event for the employee to drop the TRS coverage?

Answer: It is considered a voluntary drop, and as long as our cafeteria plan allows, the employee can drop the coverage with a future cancellation date.

Example: If the employee is eligible for Medicare on 12/05/09, then the employee must complete/submit an application to Michelle by 12/31/09 so that the drop can be effective 01/01/10. The cancellation will not be backdated to the eligibility date.

Question: Can Medco take transfers of written prescriptions for mail orders or does the employee need a new prescription?

Answer: No, transfers are not allowed. The employee will need to get a new mail-order prescription.

Question: If an employee goes to fill a prescription for the 1st time and the total cost of the medication is \$60, would the employee end up paying the \$50 deductible plus the \$45 copay (non-preferred brand)?

Answer: The employee will never pay more than the total cost of the medication. In this scenario, the employee would pay the \$50 deductible and after that would only pay \$10 of the copay (not \$45) which is the maximum cost of the medication. The employee would not pay \$95 total for a prescription that only costs \$60.

Examples: Assuming the prescription is non-preferred so copay is \$45

- A. Total Drug Cost = \$60, you pay \$50 deductible plus \$10 difference, not full copay
Total Employee cost = \$60

- B. Total Drug Cost = \$120, you pay \$50 deductible, plus \$45 copay
Total Employee cost = \$95

Question: How can we access the money from the HSA (Health Savings Account) and FSA (Flexible Spending Account)?

Answer: You have 2 options. You can save your receipts, submit a claim, and get reimbursed. Or, you can pay a \$2 monthly fee to be issued a debit card that can automatically be used on any eligible expenses.

Question: Will the district make a contribution to our HSA and FSA every year?

Answer: No, this is a one-time contribution.