

Health Insurance FAQ

General Plan Questions

- 1. Can I switch plans every year?** Yes, you can switch plans during open enrollment, or during a qualifying period such as marriage, birth of a child, or if a dependent losing access to coverage.
- 2. When do we get access to logins for different benefits?** Within 24 hours of the effective date.
- 3. Do employees and spouses have their own logins? If so, what do they see?** Yes, they get their own log in. With BCBSIL, spouses do not get to view and print their EOBs, however, everything else they can do/view as the employee. With Delta Dental, they can see all information that the employee will see.
- 4. Is our Retirement Health Savings Account (RHS), the 1% of salary.**
- 5. How many insurance cards will I get? How do I order more if I need them?** 1 for single coverage. 2 for family coverage for PPO. For HMO, they will get an ID card for each enrolled person. For dental, it is 1 for single coverage, 2 for family coverage. You can call the number on the back of your ID card for additional cards if needed.
- 6. If I opt for my spouse's insurance plan instead of City coverage, is there compensation available?** No, the City does not offer compensation for opting out of its insurance plan in favor of a spouse's plan.

HMO

- 1. If my primary care physician is part of the Aurora network, but I wish to see a specialist within the Northwestern network, will this be covered under the HMO plan?**
 - No, all services must be provided within the same HMO provider group.
- 2. Can each family member select a different provider group under the HMO plan?**
 - Yes, each family member can select their own HMO provider group.
- 3. Do HMO networks have virtual options similar to Teladoc or MD Live? Are there other options for HMI than going to the ER in the middle of the night?** The Medical group would advise on virtual visits. Some providers have an after-hours line that you can contact, or they might have telehealth options. Again, this would need to be coordinated with the PCP.
- 4. If a specific provider is not covered under the HMO plan, can an employee still visit that provider and use their FSA for the expenses?**
 - Yes, FSA can be used for doctors outside of the HMO network as long as it is a [qualified medical/dental or vision expense](#).
- 5. If an employee lives in Wisconsin, are they eligible to enroll in the Illinois HMO plan?**
 - Yes, employees can live in Wisconsin and enroll in the Illinois HMO plan. All providers must be in network to be covered.
- 6. How do children away at college get medical care in an HMO?**
 - Use this link to read more about [Student Guest Memberships](#)
- 7. How do I sign up with both a primary care physician and an OB/GYN?**
 - Call the number on the front of your ID card once you receive it.

PPO

- 1. What is the biggest difference between the two PPO plans?**
 - The two PPO plans have identical coverage. The difference lies in the premium and deductible amounts.
- 2. Do both PPO plans have the same network?**
 - Yes, both PPO plans utilize the same provider network.
- 3. Does the City fund a spending account for both PPO plans?**
 - No, the City only funds a spending account for the PPO plan that includes an HSA option. The traditional PPO has a lower deductible instead of a spending account.
- 4. With the new plans, how long does a doctor have to process claims?**
 - End of the year following the year of service.
- 5. If my spouse incurs high medical costs and reaches his individual deductible, will he move to coinsurance, or do we need to meet the family deductible first?**
 - For the traditional PPO plan, each person meets their individual deductible and moves to coinsurance.
 - For the HDHP PPO plan with the HSA, there would only be a family deductible, and everyone's claims count towards the family deductible.
 - Use this link that shows how the deductibles work between the two plans.

Prescription

- 1. Who is our prescription vendor?**
 - Our prescription coverage is provided through Express Scripts, Inc. (ESI).
- 2. Are there any restrictions on which pharmacies I can use?**
 - You can use a wide range of in-network pharmacies for short-term prescriptions. For maintenance medications, you can only use home delivery, Walgreens, or CVS.
- 3. Can I use mail-order services for my prescriptions?**
 - Yes, you can use mail-order services for prescription medications. This is often convenient for maintenance medications.
- 4. Where can I pick up maintenance medications if I don't want to use mail-order?**
 - You can pick up 90-day maintenance medications at Walgreens and CVS, if you do not want them mailed to your home. Walgreens and CVS are the only pharmacies approved for maintenance medications.
- 5. Is mail-order more cost-effective for maintenance medications?**
 - No, maintenance medications are the same cost whether you use mail-order or pick them up at Walgreens or CVS.
- 6. How do I set up mail-order prescription delivery?**
 - You can set up mail-order prescriptions through the online portal. You will have access within 24 hours of 1/1/2025.
- 7. Can I still use my local pharmacy for non-maintenance prescriptions?**
 - Yes, you can use your local pharmacy for non-maintenance or short-term prescriptions, such as antibiotics.

8. **How do discounts work for high-cost prescriptions if I'm paying 100% initially?**
 - You will pay 100% of the insurance's discounted rate for prescriptions, not full price, until you meet your deductible. After you meet your deductible, you will pay 10% if the discounted rate, until you meet your out-of-pocket max.
9. **Will I need to reset 90-day prescriptions through ServeYou to 30 days under the new plan?**
 - Pre-authorization overrides for brand vs generic can be transferred.
10. **How will refrigerated medications be mailed?**
 - Special packaging and coolant packs for shipping and handling refrigerated prescription drugs are used. These processes maintain temperature within the range approved in the product's labeling. Shipper also adjusts for current and forecasted climate conditions, as well as the package destination area.

Spending Account Balances (HRA & FSA)

1. **What will happen to the HRA and FSA balances we currently have?**
 - We are ensuring that employees will not lose access to their funds, with multiple options available.
 - **FSA:** There is a 3-month run-out period for FSA claims to be submitted. After March 30, you will be able to transfer rollover amounts up to \$640 into a new FSA account, HSA account, deferred comp, or a cash-out option. The cash-out option is subject to taxes.
 - **HRA for Employees:** There is a 6-month run-out period for submitting HRA claims. After June 30, you will have multiple options for transferring the remaining funds, including transferring to an HSA, deferred compensation, or a cash-out option. The cash-out option is subject to taxes.
 - **HRA for Retirees:** will be able to keep funds in a limited purpose HRA which can be used for insurance premiums or be able to transfer funds into the PPO HSA if enrolled in that medical plan.

Health Savings Account (HSA)

1. **Will the HSA work like the current FSA? Will we have a debit card to use for medical expenses?**
 - Yes, the HSA will work like the current FSA, with a debit card that can be used for medical, dental, vision, and other qualified expenses.
2. **How much will the City contribute to our HSA? Is it different for single versus family coverage?**
 - The City will contribute \$1,000 for single coverage and \$2,000 for single+1 and family coverage to the HSA.
3. **Do employees need to do anything to receive the employer contribution to their HSA?**
 - No, funds are deposited into your HSA account in January each year. Funds are available as soon as they are deposited.
4. **Can we contribute to our HSA pre-tax, like from our paycheck?**

- Yes, you can contribute to the HSA pre-tax from your paycheck. Funds are available as soon as they are deposited into your HSA each payroll.
- 5. When are the funds available for use in an HSA?**
- City contributions are deposited into HSA accounts in January each year. Employees can contribute to the HSA pre-tax from their paychecks, and funds are available as soon as they are deposited.
- 6. Who is the administrator for the HSA account?**
- WEX acts as the HSA Administrator for your account, handling day-to-day HSA account management, customer service, and transactional needs. Charles Schwab functions as the Custodian for investment services, providing investment options for any portion of your HSA funds you choose to invest. From a user's perspective, you primarily interact with WEX for account activities, while Charles Schwab comes into play when you're interested in investing your HSA funds.
- 7. Can you clarify the process we need to follow for HSA transactions that are not auto-approved, such as payment for prescription glasses or out-of-pocket dental expenses?**
- Use the WEX portal or app to upload a detailed receipt or the Explanation of Benefits (EOB). Many transactions are auto-approved, such as copays and re-occurring payments, such as routine medical visits, prescription medications, and dental cleanings.
- 8. Can the HSA only be used for medical expenses until age 65 after retirement?**
- If you use your HSA for non-qualified expenses before age 65, there is a penalty. After age 65, you can use your HSA for non-medical expenses, but it will be taxed like income.
- 11. Are both HSA and FSA available for the PPO plans?**
- The HSA spending account, funded by the employer and tied to the HDHP PPO plan, is not available at the same time as the FSA account. Employees cannot contribute to both accounts simultaneously. If you switch from the HDHP PPO to the Traditional PPO or HMO in the future, you can still use your previous HSA balance to pay for medical expenses.
- 12. Once retired, can HSA funds only be used for medical expenses until age 65?**
- Correct. After you retire, your HSA can be used for other expenses, but income taxes will apply.
- 13. How can I contribute to an HSA after I retire?**
- Direct deposit or completing a form and sending a check. Information will be available in your HSA login.
- 14. Is HSA eligibility affected if I enroll in Medicare? Does this include Medicare Part A?**
- You cannot contribute to an HSA if you are enrolled in Medicare, including Part A.
 - However, you can contribute to an HSA if only your spouse is enrolled in Medicare.
 - Your spouse cannot be covered by a HDHP and enrolled in Medicare at the same time, including Part A.
 - Lastly, even if your spouse is enrolled in Medicare, if they are not on your HDHP medical insurance, you can still contribute to and HSA and use the funds for your spouse as well.
- 15. How does Medicare Part A affect my eligibility for an HSA?**
- You cannot participate in a HDHP or contribute to an HSA if you enrolled in Medicare.
- 16. Will the City continue HSA contributions after retirement?**
- Yes, the City will continue to contribute \$1,000 single/\$2,000 family for retirees enrolled in the HDHP PPO w/ HSA.

Flexible Spending Account (FSA)

- 1. Is there a list of FSA covered items?**
 - o <https://www.wexinc.com/resources/benefits-toolkit/eligible-expenses/>
- 2. Will FSA be available? If so, what is the limit?**
 - o Yes, with the Traditional PPO plan and HMO plan. The limit is \$3,300 for 2025.
- 3. When will we receive the new FSA debit card? What is the age limit for dependents on the plan, and when will we receive the medical card?**
 - o All new benefit cards will be available January 1st. Dependents can stay on the plan until age 26.
- 4. Are both HSA and FSA available for the PPO plans?**
 - o The HSA spending account, funded by the employer and tied to the HDHP PPO plan, is not available at the same time as the FSA account. Employees cannot contribute to both accounts simultaneously. If you switch from the HDHP PPO to the Traditional PPO or HMO in the future, you can still use your previous HSA balance to pay for medical expenses.
- 5. What if you have \$640 left in the FSA but change to the HSA plan? Will that money be transferred to the HSA?**
 - o We are ensuring that employees will not lose access to their FSA rollover funds. There will be multiple options available, including transferring to an HSA, FSA, deferred compensation, or cash out. The cash-out option is subject to taxes.
- 6. What happens to the FSA?**
 - o FSA rollovers up to \$640 can be transferred to a new FSA account, HSA account, deferred compensation, or cashed out. The cash-out option is subject to taxes.
- 7. Is there a list of FSA-covered items?**
 - o Yes, the list is available on WEX's site.
- 8. From a family perspective, does everyone get covered under the same FSA?**
 - o Yes, you can use your FSA for all dependents.
- 9. Will Think Healthy wellness points continue to be put on a debit card? What happens to the current healthy points balance?**
 - o Yes, Think Healthy wellness points will continue and can be used in spending accounts such as FSA and HSA.

Dependent Care

- 1. Is every plan eligible for Dependent Care?**
 - o Yes, dependent care is not dependent on selecting a specific medical plan. If you do not take City insurance, you can still opt into dependent care.
- 2. What happens if I contribute to my Dependent Care FSA (DCFSA) and find out my daycare provider is not a qualified vendor? What happens to my funds?**
 - o You should notify HR as soon as possible so we can cancel your DCFSA and return your funds. Returned funds will be taxed like normal income.

Dental

- 1. Does a deductible have to be met before dental cleanings are covered?**
 - No, the dental deductible does not apply to preventative services.
- 2. With PBA, I had to submit dental forms. Will I still need to do that?**
 - If you stay in network, Delta Dental automatically process claims with no additional forms required.
- 3. With PBA, I had to submit dental forms. Will I still need to do that?**
 - No, BCBSIL and Delta Dental automatically process claims with no additional forms required.
- 4. Do I have to stay in network?**
 - No, you are able to maintain your current dentist with billing that will process similar to current experiences, which covers dental up to usual and customary. [Use this link to learn more about in-network vs out-of-network dental.](#)
- 5. How are out-of-network costs covered?**
 - Out-of-network will run as if they were in-network, but there may not be the same level of discounts available. Covered services are reimbursed up to usual and customary. [Use this link to learn more about in-network vs out-of-network dental.](#)

Vision

- 1. Who is our vision coverage provider?**
 - Our vision coverage is provided through VSP.
- 2. What types of services are covered under our vision plan?**
 - Our vision plan covers routine eye exams, glasses, and contact lenses, as well as discounts on laser vision correction.
- 3. Are we still getting the \$300 eyeglass allowance from the City?**
 - No, the new VSP plan provides specific coverage for glasses and contact lenses instead of a fixed allowance.
- 4. Can I use out-of-network vision providers? What are the out-of-network maximums?**
 - Yes, you can use out-of-network providers, but coverage will be at reduced rates. View this [out of network schedule](#) for more information.
- 5. How often can I get an eye exam?**
 - You are eligible for an eye exam once every 12 months.
- 6. If my optometrist gives me a prescription, can I use it at any provider?**
 - Yes, you can use your prescription at any vision provider, but in-network providers offer the highest savings.
- 7. Are glasses and contact lenses both covered?**
 - Yes, both glasses and contact lenses are covered, but you can only choose one option per benefit period.
- 8. How do I find an in-network vision provider?**

- You can find an in-network provider by visiting the VSP website or using their provider search tool. [insert link to provider search]
- 9. Is there coverage for prescription sunglasses?**
- Yes, prescription sunglasses are covered under the vision plan, subject to the same allowances as regular glasses.
- 10. Are there discounts available for laser vision correction?**
- Yes, VSP members can receive discounts on laser vision correction procedures, such as LASIK, through participating providers.
- 11. What is a featured frame?**
- Featured frames are brand names.
- 12. Are ophthalmologists covered under vision or medical plans?**
- They are covered under medical.
- 13. What does "standard progressive" mean?**
- Standard progressive lenses provide seamless vision correction without visible lines, designed for average eye parameters.
- 14. What is the difference between standard progressive and premium progressive?**
- When comparing VSP's "standard progressive" and "premium progressive" lenses, the key difference is that premium lenses offer a wider viewing area, are often customized to your specific eye shape, and provide a more comfortable viewing experience compared to standard lenses, which are designed based on average parameters, making them potentially less optimal for some individuals, though they are typically less expensive; both options still provide seamless vision correction across distances without visible lines like traditional bifocals.

Supplemental Life Insurance

- 1. Who is eligible for supplemental life insurance during this enrollment period?**
- This year is considered a transfer year, which means all employees are treated as if they are new hires. As a result, all employees are eligible for supplemental life insurance.
- 2. Can I make changes to my supplemental life insurance coverage during this enrollment period?**
- Yes, you can make changes to your supplemental life insurance coverage during this enrollment period, including increasing your coverage or opting into supplemental life insurance for the first time.
- 3. Will I need to provide evidence of insurability (EOI) for supplemental life insurance?**
- During this transfer year, you may not need to provide evidence of insurability for certain levels of supplemental life insurance. Please refer to the benefits guide for specific details.

4. **What happens to my current supplemental life insurance coverage if I do not make any changes?**
 - If you do not make any changes, your current supplemental life insurance coverage will continue as is.
5. **Can I add coverage for my spouse or dependents?**
 - Yes, you can add supplemental life insurance coverage for your spouse and eligible dependents during this enrollment period.
6. **How much supplemental life insurance coverage can I elect?**
 - Guarantee issue this year only is up to 300k. Supplemental life insurance is available up to 750k. Please refer to the benefits guide for the available options.
7. **How do I designate beneficiaries for my supplemental life insurance?**
 - You can designate beneficiaries by completing the beneficiary designation form.
8. **Will my supplemental life insurance premiums change?**
 - Premiums for supplemental life insurance may change based on your age and the level of coverage you elect. For most age ranges the premiums have reduced significantly. Details regarding premium rates can be found in the benefits guide.
9. **Can you add a spouse to supplemental life insurance right after you get married?**
 - Yes, that is a qualifying event.
10. **Can life insurance be continued after retirement?**
 - Yes, you have the option to convert it to a whole life policy, which will have higher premiums. Alternatively, you can port it to a term policy, which may also have higher rates.

Retiree Specific Questions

1. **Does BCBSIL cover if we live out of state?**
 - a. Yes, BCBSIL PPO plans provide coverage nationwide through its BlueCard network.
2. **How will HSA contributions be made by retirees, and are they tax-exempt?**
 - a. Yes, both City and retiree contributions to the HSA are tax-exempt. City contributions are made as a lump sum on January 1, while retirees can contribute at any time throughout the year.
3. **What happens to HSA funds when I become Medicare-eligible?**
 - a. You can no longer contribute to the HSA, but funds can still be used tax-free for qualified medical expenses. Non-medical expenses are subject to taxes but no penalties after age 65.
 - b. Use this link to learn more about: [How is HSA-eligibility affected when a spouse or dependent is enrolled in Medicare?](#)
4. **How can I contribute to an HSA without an employer?**
 - a. Direct deposit or completing a form and sending a check.
5. **I'm going on Medicare next year, but my spouse still needs coverage. How does that work?**

- a. If you enroll in Medicare, your spouse can remain on the City's plan, provided they meet eligibility requirements.
- 6. Why are IMRF dental premiums lower than the City's dental premiums, and is the IMRF plan a good option for retirees?**
- a. IMRF dental premiums are lower because their plans offer different coverage levels compared to the City's dental plan. For example, IMRF plans do not cover orthodontia and have lower annual maximums for some options, which may suit retirees who don't need enhanced coverage. Retirees might prefer the IMRF option due to its affordability, with individual premiums starting at \$33.48/month compared to the City's \$56.67/month. Detailed information on IRMF Dental can be found [here](#) and [here](#).

Pending Questions

We are working diligently to answer all your questions.
Here are the questions we will have answers to soon.

- 1. Who covers the administrative fees with Charles Schwab for the HSA?**
- 2. Can a household have both an FSA and HSA if the FSA only covers a spouse under a separate employer plan?**
- 3. How can I access a cost comparison between Serve You and Express Scripts?**