

## 2023 Benefits FAQ

### GENERAL

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**Q: How do I know if I am benefits-eligible?**

A: For medical, Rx, dental and vision coverage, all employees are eligible for benefits. For all other benefits, regular full- or part-time employees who are scheduled to work 30 hours per week or more are eligible.

You may also be able to cover dependents if they meet certain eligibility requirements.

Your Dependents May Include:

- Your legal spouse/domestic partner\*
- Your children up to age 26 (children may include biological children, adopted children, stepchildren, foster children, and children for whom you have legal guardianship)
- Your children over age 26 who are unmarried and unable to support themselves due to a physical or mental disability which began prior to age 26

**Q: How long do I have to enroll in benefits?**

A: You have up to 30 days to elect benefits after your date of hire.

**Q: What if I have a Qualifying Life Event (QLE) (such as birth/adoption of child, marriage, divorce, etc.) after Hire but before 1/1/2024?**

A: Contact [hr@healthedge.com](mailto:hr@healthedge.com). After you submit your QLE event, your 2023 elections will need to be refreshed to reflect any changes you made. To do this, you will need to re-submit your 2023 elections.

**Q: What happens if I don't log into UKG and make elections for 2023 by the deadline?**

A: You will not have coverage for 2023. The next opportunity to enroll in benefits will be the 2023 Open Enrollment for benefits coverage starting 1/1/2024.

**Q: If I don't want benefits in 2023 do I still have to complete my New Hire Event?**

A: Yes, even if you do not wish to elect benefits for 2023 you will need to go in and waive all elections and select beneficiaries for the employer provided life and AD&D plans.

**Q: Which plans should I enroll in?**

A: Consider the below helpful resources when reviewing your 2023 options:

- Aetna Concierge is ready to assist you with talking through your options.
- The Benefits Portal has many resources built to give you the understanding of each benefit offering.
- When viewing your medical, dental and vision plan options, check the networks and see which may have better coverage with any preferred Providers.
- View the comparison charts that are available on the Benefits Portal for medical, dental and vision plan options.
- Determine if there are any planned life events you may want to consider when making your decisions such as surgery, marriage, buying a home, orthodontia needs, etc.

**Q: Will I be receiving new ID cards for my elected benefits?**

A: Please review ["Where Are My ID Cards?"](#)

**Q: Where is the 2023 New Hire Benefit Event in UKG?**

A: Please review the ["Step-by-Step UKG Guide"](#).

**Q: Can you share our definition of domestic partner qualifications?**

A: The partners are and intend to remain one another's only domestic partner. · They live together in a shared residence. · The members of the partnership are both at least 18 years old. · The partners share financial responsibility. · Both partners are not married or a member of a joint civil union with anyone else.

**Q: Where can I find the rates for our benefit plans?**

A: Rates can be found in the [2023 Benefits Enrollment Guide](#) starting on page 26.

**Q: Where is the 2023 Benefit information?**

A: <https://healthedgebenefits.com/>

**Q: I can't log in to UKG – I keep getting an error or need a password.**

A: Remember to go through the Okta portal to access UKG! Okta is the single sign-on tool used to access multiple applications with your HealthEdge credentials. To access your apps (including UKG), visit Okta. NOTE: if you have old bookmarks saved in your browser, delete them and only refer to the UKG link in Okta.

**Q: Why isn't 401(k) showing up/Why can't I elect 401(k)?**

A: 401(k) elections are not part of the 2023 New Hire Enrollment Event. You may change your retirement elections at any time during the year on the Empower Retirement website.

**Q: How do I add dependents and beneficiaries in UKG?**

A: To add your beneficiaries/dependents, you will first want to add them as a Contact in UKG > Myself > Contacts > click "Add" in the top right-hand corner.

Once you add your Contacts, you will want to include their SSN and DOB if you also plan to add them as a dependent/beneficiary in any manner. Otherwise, you will be able to select their Designation on that screen.

**Q: Once we make our benefits elections, how long does it usually take for the medical/dental/vision insurance to be activated so that we have access?**

A: Typically, a week + a couple days from the date of election. You may still go to appointments/pick up prescriptions but you will need to submit for reimbursement later.

**Q: Where do I go for:**

Benefit Plan Rates (Cost)	The <a href="#">2023 Benefits Enrollment Guide</a> starting on page 26
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Benefit Plan Documents	The benefit portal under " <a href="#">2023 Benefits Information</a> ". Choose the plan you would like to learn more about.
FSA Information	The benefit portal under " <a href="#">2023 Benefits Information</a> " in the Flexible Spending Accounts section In the <a href="#">2023 Benefits Enrollment Guide</a> on page 14 In the <a href="#">medical</a> and/or <a href="#">self-guided webinars</a>
HSA Information including ER Contributions	The benefit portal under " <a href="#">2023 Benefits Information</a> " in the Health Savings Account section In the <a href="#">2023 Benefits Enrollment Guide</a> on page 12 In the <a href="#">medical</a> and/or <a href="#">self-guided webinars</a>
Vendor Contact Information	In the <a href="#">2023 Benefits Enrollment Guide</a> on page 28 · The benefit portal under " <a href="#">Contacts</a> ".
How to Enroll	Benefits Enrollment is completed through UKG which is an application found on your UKG landing page. For a step-by-step enrollment guide <a href="#">click here</a> .

## MEDICAL & PHARMACY COVERAGE

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**Q: When is coverage effective?**

A: From date of hire.

**Q: If I'm a new enrollee, will I receive a physical ID card?**

A: Yes, any new enrollee will receive hard-copy ID cards from Aetna. You also have access to a digital ID card on the Aetna member site & can request a hard copy ID card reissue there, too. If you prefer to speak with someone live, call your Health Concierge to help guide you at 855.627.5518.

**Q: How do I access the Aetna site?**

A: Once you're a member, here's how you can connect: · Download the Aetna Health app. Just text "GETAPP" to 90156 for a link to download the app and create an account. · Go to [www.Aetna.com](http://www.Aetna.com) to create an account and log in to your member website

**Q: Where do I find plan details, like the Summary of Benefits & Coverage (SBC) or to find in-network care?**

A: Please visit the microsite: <https://www.aetnaresource.com/n/HealthEdge>  
There you can find SBCs for each medical plan, network details & more. If you prefer to speak with someone live, call your Health Concierge to help guide you 855-627-5518.

**Q: Are In and Out of Network benefit maximums, deductible and coinsurance limits combined?**

A: Yes, In and Out of network benefit maximums, deductible and coinsurance limits are combined.

**Q: Is the in/out network list different for each plan? For example, is the Core Plan in network list the same as the HDHP plan?**

A: The in-network would be the same for all plans. You can find in-network providers on [www.aetna.com](http://www.aetna.com). Please note that there is no list for out-of-network providers, generally anyone not noted on the in-network provider is considered out-of-network.

**Q: Are the Family Formation Services something that has to be elected or are they included with all plans?**

A: Family Formation services are included with all plans.

**Q: What is the fertility cap?**

A: Life-time maximum benefit under the health plan is \$30k, combined for in-network and out-of-network benefits.

**Q: Do any plans cover pregnancy and childbirth?**

A: Yes, all plans have benefit coverage for Maternity services

**Q: Does HealthEdge offer any IVF or fertility treatments?**

A: All medical plan options provide coverage for basic and comprehensive infertility services. The services are subject to any deductibles, co-insurance, co-pays, etc., that the employee chooses to elect.

- Basic infertility and comprehensive infertility services. Covered services include diagnose and evaluate the underlying medical cause of infertility, artificial insemination, which includes intrauterine (IUI)/intracervical (ICI) insemination
- Allows access to the Institutes of Excellence infertility network. This network offers high-quality, high-value infertility care and has proven, successful treatment rates. It includes clinics that specialize in assisted reproductive technology (ART), including IVF and elective single embryo transfer (eSET).

**Q: Do we need a referral from our PCP to go to urgent care to have the services covered?**

A: No referral is needed; you may use Urgent Care services and pay the copayment for Urgent Care.

**Q: Are mammograms covered at 100% on all plans?**

A: Yes, the plans cover routine mammograms at 100%

**Q: Are any of the plans considered to be an HMO?**

A: No, none of the current HealthEdge medical plans through Aetna are HMOs

**Q: Is any type of bariatric surgery covered by any of these plans?**

A: Bariatric services are covered, limitations may apply to these services, please call Aetna member services for additional details.

## TRANSITION OF CARE TO AETNA

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**Q: How do I find out if my current providers are in-network?**

A: You can contact the Aetna concierge via phone, website, or app – as well as directly use the provider finder on the Aetna website.

**Q: What if I'm currently in the middle of care for a serious condition (for example cancer care, pregnancy, etc.) and my current medical provider is not in-network with Aetna?**

A: Transition of Care is offered to members who are in an active course of covered treatment that meets clinical coverage/guidelines with a treating provider. The transition of care form must be sent to Aetna within 90 days of the enrollment date.

## **TRANSITION OF CARE TO OPTUMRX (AUTOMATICALLY PROVIDED WITH YOUR AETNA MEDICAL PLAN)**

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**Q: Will I need my Rx prescriptions pre-authorized with Optum Rx before I can get a prescription filled?**

A: All new enrollees into Aetna coverage should expect to receive their card within 30 days of elections. You may contact Optum Rx (reference the number on your Optum Rx ID card) to inquire if your prescription may need a pre-authorization. Any Provider prescribing new medications for employees in 2023 that require pre-authorization will need to submit the pre-authorization with OptumRx.

## **ONE MEDICAL**

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**Q: What is One Medical**

A: One Medical is a membership-based primary care practice that provides convenient and accessible care.

**Q: Do I need to elect One Medical?**

A: No, One Medical is provided to you at no cost by HealthEdge as long as you have elected a HealthEdge medical plan.

**Q. What are some of the perks of One Medical?**

A: You're able to receive same/next-day appointments that start on time. You also have 24/7 care access via mobile video chat at no cost to you. In addition, you have access to One Medical offices across the country - these offices are beautifully designed to put you at ease and make your visit enjoyable.

**Q. When will this benefit become effective?**

A: From date of hire.

**Q: How do I enroll?**

A: You are automatically enrolled if you elect a medical plan through HealthEdge. Sign up now at [onemedical.com/mybenefit](https://onemedical.com/mybenefit)

**Q: Does Teledoc provide "virtual PCP" yet, where you can see the same doctor for all virtual visits?**

A: Teledoc provides virtual providers but not the ability to see the same PCP every time you utilize the service. Please utilize One Medical if you would like to virtually see the same PCP every time.

**Q: Do you have to get a referral from your PCP to go to a One Medical doctor?**

A: A referral is not required

## **PRESCRIPTION DRUG BENEFITS**

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**Q: Are In-Network and Out-of-Network deductibles and other maximums tracked separately?**

A: Out of Network claims are covered under the pharmacy benefit at the contracted rate minus the copay. The pharmacy benefit does not have separate Out of Network accumulators. As such, the claims would apply to the accumulator buckets (Deductible and MOOP) setup on the pharmacy benefit.

**Q: What is the out-of-pocket maximum for pharmacy under the Aetna HDHP?**

A: From a pharmacy benefit perspective, the Deductible on the HDHP plan is \$2,800 Individual/\$5,600 Family and the Out-of-Pocket Maximum on the HDHP plan is \$4,000 Individual/\$8,000 Family.

**Q: What is the fertility benefit cap?**

A: From a pharmacy benefit perspective, there is up to a \$30,000 individual lifetime maximum on the combination of both oral and injectable fertility agents.

## **SPENDING/SAVING ACCOUNTS**



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**Q: Who is the FSA administrator for the 2023 plan year?**

A: For 2023, your FSA administrator is PayFlex.

**Q: How much can I contribute to my FSA for 2023?**

A: The IRS maximum contribution limits are \$3,050 for HealthCare FSA & Limited Purpose FSAs, and \$5,000 for Dependent Care FSAs.

**Q: How long will I be able to use my 2023 FSA funds? Is there a "use it or lose it" provision?**

A: If you have not spent all the amounts in your health FSA by 12/31/2023, you may continue to incur claims during the "Grace Period" which will extend an additional 2.5 months remaining in your health FSA. Any monies left at the end of the plan year and the grace period will be forfeited. You will have 90 days after the end of the plan year to submit any expenses (3/31/2024) for reimbursement that were incurred prior to the end of the grace period.

**Q: For the FSA and Dependent care amounts for the remainder of 2023, do I enter the amount I want to use for the rest of the year?**

A: Yes, only enter the amount that you will be able to utilize in the remainder of the year. FSA(s) are use-it-or-lose-it-accounts. If you have any funds remaining at the end of the year the unused amount will be forfeited.

**Q: If I elect the HDHP medical plan, am I able to elect the Healthcare FSA?**

A : If you have an HSA, you are not eligible to also have a regular purpose Healthcare FSA but you would be able to enroll in the Limited Purpose Healthcare FSA. The Limited Purpose Healthcare FSA is for HSA participants and can be used for eligible dental and vision expenses only.

**Q: When do my Employee and Employer contributions begin for the HSA?**

A: The employee contributions typically begin one to two pay periods after election and the employer contribution takes up to four pay periods after election to be deposited.

**Q: Do I need to contribute my own dollars to receive the Employer contribution for the HSA?**

A: Yes, you must contribute your own dollars per pay period to receive the Employer contribution into the account.

**Q: What is the HSA Employer contribution?**

A: \$500 for Individual, \$1,000 for Family.

**Q: Is there a minimum amount employees should pay to get the full employer HSA contribution?**

A: Yes, you must contribute at least \$1 per pay period to receive the full employer HSA contribution.

## **MENTAL WELLNESS SUPPORT WITH GINGER**

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**Q: What is Ginger?**

A: Ginger offers confidential mental healthcare through coaching via text-based chats, skill-building content, and video-based therapy and psychiatry for employees age 18 and older. Support is available anytime, 24/7/365, anywhere, for a variety of challenges.

**Q: Who is eligible to use the Ginger services?**

A: Employees (full- or part-time working at least 30 hours per week) and their dependents, who are age 18 and older, are eligible for Ginger.

**Q: When will I have access to Ginger?**

A: You will have access to Ginger after 30 days of employment.

**Q: How do I access Ginger?**

A: Visit the app store on your phone & download the 'Ginger emotional support' app. In the app, tap 'get started', then 'my organization'. Follow the instructions & you're all set.

**Q: Will my employer or peers I work with know that I am using Ginger?**

A: No. Ginger does not share any individual-level service usage or other private data with your employer. Ginger protects your confidential health & personal information in accordance with state, federal, & international law as described in the Privacy Statement and Terms of Service.

**Q: Will my dependents know that I am using Ginger, and will I be notified of their usage?**

A: No, Ginger will never share usage information with family members, dependents, or primary benefit recipients.

**Q: Where do I go for additional questions?**

A: Members can reach out to Member Support through the app or email [help@ginger.com](mailto:help@ginger.com).

## **DENTAL COVERAGE**

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**Q: When is coverage effective?**

A: From date of hire.

**Q: If I'm a new enrollee, will I receive a physical ID card?**

A: Yes, any new enrollee should receive hard-copy ID cards from Delta Dental.

**Q: Where do I go for additional questions?**

A: Call 800.817.0500, visit [www.deltadentalma.com](http://www.deltadentalma.com), or reach out to HealthEdge HR at [HR@healthedge.com](mailto:HR@healthedge.com). Online at [www.deltadentalma.com](http://www.deltadentalma.com) you can:

- Verify plan details, like deductible & annual max
- Check the status of claims
- Request a replacement ID card

## VISION COVERAGE

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**Q: When is coverage effective?**

A: From date of hire.

**Q: If I'm a new enrollee, will I receive a physical ID card?**

A: No. Your vision provider will be able to locate your coverage using your social security number & date of birth.

**Q: Where do I go for additional questions?**

A: Call 800.877.7195, visit [www.vsp.com](http://www.vsp.com), or reach out to HealthEdge HR at [HR@healthedge.com](mailto:HR@healthedge.com).

## LIFE & DISABILITY COVERAGE

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**Q: When is coverage effective?**

A: From date of hire. These benefits (short- & long-term disability, basic life, AD&D) are paid for by HealthEdge & you did not need to enroll to have coverage. Please ensure that your beneficiary information is up to date.

**Q: Where do I go for additional questions?**

A: For Life Claim Customer Service call 800.524.0542 · For Disability or Absence Customer Service call 877.367.7781 · Website: [www.prudential.com/mybenefits](http://www.prudential.com/mybenefits) · or reach out to HealthEdge HR at [HR@healthedge.com](mailto:HR@healthedge.com).

**Q: I am expecting a child. Can I submit the claim early to get the ball rolling?**

A: Yes, please contact HR at [HR@healthedge.com](mailto:HR@healthedge.com).

**Q: I only have company paid Basic Life and AD&D coverage; do I still need to designate a beneficiary?**

A: Yes. The UKG New Hire Enrollment event will not allow you to proceed to the next step and submit your benefit elections until you assign your beneficiaries. The same beneficiaries need to be used for both Basic Life and Basic AD&D.

**Q: Do I need to select Beneficiaries for separately elected Voluntary Life and AD&D coverage?**

A: Yes. You can choose the same beneficiary or assign different ones for each line of voluntary coverage.

## **VOLUNTARY BENEFITS**

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**Q: What if I already have an ID Theft or Legal plan with Metlife?**

A: If you enroll in the HealthEdge ID Theft program with Metlife and you already have an individual plan with Metlife, you will need to cancel your current individual plan by contacting Metlife.

**Q: Where do I go for additional questions?**

A: You can contact MetLife at 800.438.6388, or visit their website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)