



# Frequently Asked Questions

## Open Enrollment 2024

### GENERAL QUESTIONS

#### What is Open Enrollment?

Open Enrollment is a window of time that happens once a year when you can sign up for or change your currently elected health, dental and vision insurance.

Any changes you make to your insurance will be effective January 1, 2024.

Remember, you must log in and confirm or select benefits during Open Enrollment. Your benefits will not roll over from last year automatically.

#### When is Open Enrollment?

Active, full-time, benefit eligible employees must complete Open Enrollment during the period of **Monday, October 9, 2023 through Monday, October 23, 2023**. Benefit selections must be made no later than October 23, 2023 at 11:59pm.

Retirees complete Open Enrollment beginning Monday, October 16, 2023 through Friday, October 30, 2023. Retiree benefit selections must be made no later than October 30, 2023.

#### Who has to complete Open Enrollment?

Open Enrollment is for all full-time, benefit-eligible employees. Your current plan selections will pre-populate in Workday. You should take this time to review all options and make any necessary changes.

#### What must I do?

Completing the Open Enrollment process is mandatory for eligible employees. Employees must elect benefits during Open Enrollment, whether they plan to change plans or not. Benefit selections in Workday will pre-populate with the current (2023 year) selection. No action will result in your current 2023 elections remaining the same for 2024.

All benefits enrollments and changes are completed in Workday. Workday provides benefit eligible employees the ability to make benefit selections and changes online during open enrollment, new hire onboarding and IRS

Change of coverage will begin the first of the month after the enrollment change request is received. The only exception: In the event of birth, adoption, or placement for adoption of a child, coverage is effective retroactively to the date of birth, adoption, or placement for adoption.

If you are adding a dependent to your coverage, you will also be required to submit dependent eligibility documents, dependent social security numbers and birth dates during your enrollment. All dependent verification documents must be scanned and uploaded during your enrollment session. Please view the Dependent Verification Acceptable Forms listing for more information.

### **What is the difference between the available health plans?**

As you compare plans, you'll see that they vary by premium (the amount you pay through payroll deduction), annual deductibles, out-of-pocket maximum limits, and coinsurance (your percentage of the cost for services after the deductible is satisfied). There is also a High Deductible Health Plan (HDHP) which includes a Health Savings Account (HSA).

### **Which plan should I choose?**

Individual needs will vary. Before you make a choice for 2024, take time to think about your family's healthcare needs (now and anticipated, and how those expenses would be covered through each of the plan options. It is best to select a plan that fits your healthcare needs, rather than choosing an option simply because of its cost per paycheck. Review Plan Descriptions and Plan Summaries to make the choice that is best for you and your needs.

## **SPECIFIC QUESTIONS ABOUT THE HEALTH PLANS**

**If I do not want the high deductible plan, do I have the option of using an FSA (Flexible Spending Account) instead of an HSA (Health Savings Account) and are the funds matched by the employer?**



**Where can I get a preventive list for HSA?**

[http://www.bcbsfl.com/DocumentLibrary/Providers/Content/RxF\\_ConditionCareHSA.pdf](http://www.bcbsfl.com/DocumentLibrary/Providers/Content/RxF_ConditionCareHSA.pdf)

**What is the maximum contribution a year for an HSA account for the plan year 2024?**

- x \$4,150 for employee only
- x \$8,300 if you enroll dependents
- x An additional \$1,000 if you are age 55 or older
- x \*The limits include IRSC/FCSRMC contribution

**How much is IRSC/ Consortium contributing for Plan Year 2024 if I select an HSA during Open Enrollment?**

- x Employee only \$400.00
- x Employee +1 \$800.00
- x Family \$1,200.00

**Is HSA pre-tax or post- tax?**

HSA accounts are pre-tax.

**What happens to my HSA if I leave my current employer or health plan?**

The funds in your HSA account are always yours to keep, regardless of your employment status or insurance coverage. There is no maximum for how much you can have in an HSA account.

If your employer or health plan was paying some or all of the monthly administration fees for your account, you will become responsible for those fees.

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**Where can I find Florida Blue Medication Guide?**

The [Medication guide](#) can be found at [Floridablue.com](#) when you log in to your account.

**Can I add myself to one health plan and add my family to a different plan?**

No, you cannot be on one health plan and your family on a different plan.

**If I have an FSA and decide to go with an HSA, can I use my rollover funds from my FSA to add to the HSA account?**

No, you will have to deplete all your FSA funds by the end of the plan year to enroll in an HSA account.

**If I choose a plan for 2024, could I change to another plan later in the year?**

No, unless a **qualified life event** occurs. For example, marital status changes, dependent changes, employment changes, and more.

**What is Teledoc?**

Teladoc works by connecting you with certified board physicians via its website and mobile app. Users set up an account, provide basic details and complete a medical history survey. The survey provides the information necessary for doctors to accurately diagnose you and prescribe effective medication. Employees or their dependents must be enrolled in a medical plan through the College to utilize the services.

**Can anyone use the Teledoc?**

Yes, the person who is enrolled in any of the medical plans the College offers can use Teledoc.

**What treatment can I use for Teledoc?**

Teladoc can conveniently diagnose and treat most non-emergency conditions such as flu, seasonal allergies, upper respiratory infections, dermatology, and mental health.

**What is preventative care?**

Medical covers preventative care at 100% without a deductible which includes routine test and physical exams, mammogram, colonoscopy (Cologuard), well baby office visits, Pap and pelvic test, PSA test, and more.