

2023 Benefits Open Enrollment – Frequently Asked Questions

Q. When is Open Enrollment?

A. October 1 through October 30, 2022, for benefits that will begin on January 1, 2023.

Q. Am I required to re-enroll?

A. We recommend you log into Employee Space from the Forum to elect, change or confirm your benefit choices each year. Please note for Health Care and Dependent Care Flexible Spending Accounts, if you do not enroll, you will not have FSA coverage for 2023.

Q. How do I enroll?

A. Benefits Open Enrollment must be done online through the Employee Space Portal. From the Forum homepage, click on the Open Enrollment rotating banner or go directly to Employee Space.

Q. How can I enroll in Community Extras benefit coverage?

A. If you want to enroll in supplemental benefits with MetLife for critical illness, accident hospital indemnity or with Legalease for legal services, you may go directly to enroll at www.communitybenefitextras.com.

Q. How do I opt out of Community Extras benefit coverage?

A. If you are wanting to decline supplemental benefits you are currently enrolled in, you may make this election through www.communitybenefitextras.com or by calling 1-888-935-9595.

Q. What's the best way to figure out what benefit increases might cost me next year?

A. We have developed a 'Medical Benefit Cost Comparison Tool by Salary' that will be located on the Forum's Open Enrollment page and in Employee Space which will allow you to see the premium difference for each plan and compare it to the impact on your paycheck with your upcoming adjustment. This is one of many tools that can help you choose the right plan that works within your budget and meets your anticipated health needs for the upcoming year.

Q. If an employee is on a Leave of Absence, do they need to re-enroll?

A. Yes, employees on a Leave of Absence need to enroll in health benefits during Open Enrollment. Enroll through Employee Space or by phone with the Benefits Department at 559-459-1919 or by email at HRBenefits@communitymedical.org.

Q. Do I have to select a primary care provider (PCP) during Open Enrollment?

A. If electing into a Community Care Health HMO Plan, we encourage you to choose your own primary care provider. You would need to select a primary care provider for yourself and applicable dependents online through Employee Space. If you do not choose a primary care provider, one will be auto-assigned to you effective January 1st, 2023. Please review the providers available at www.communitycarehealth.org.

Q. I have a spouse and/or child that works at Community, can we dual cover on our medical, dental, vision and/or life insurance?

A. Dual coverage is not allowed on any Community Benefit plans (health, dental, vision, or life insurance).

Please note: If you choose to have PPO dual coverage through a spouse or parent outside of Community Benefit plans, be aware that the two different insurance plans together will not mean you have 100% coverage. The two plans coordinate automatically and the secondary plan will only pay the difference up to what they would have paid. For example, if the Community plan is primary and covers at 80% and the secondary plan also covers at 80%, the secondary plan would not pay the 20% difference.

Q. Where can I find the Summary of Benefits Coverage (SBC) for our available medical plans?

- A. You can find the SBCs from the Open Enrollment rotating banner link or Human Resources department page on the Forum.

Major Life Event Questions

Q. If I opt out by ‘Waiving Coverage,’ when can I enroll into Community’s Medical Plans?

- A. You may enroll during the next Open Enrollment period, unless you have a major life event occur.

If you have a change in status that includes a marriage, death, birth, or spouse’s, or registered domestic partner’s change in employment, you must notify Human Resources within 30 days of when the change occurs.

A Major Life Event form and supporting documentation will need to be submitted to the HR Benefits team within 30 days of the event taking place. Please note, coverage changes take effect on the 1st of the month following the date of notification to the HR Benefits department.

You may not change plans outside of the Open Enrollment time period. Depending on the Major Life Event, you may add or drop a dependent only. Therefore, please make sure to choose the plan that meets your anticipated needs throughout the following year.

Dependent Questions

Q. How long can my dependent stay on my benefits?

- A. Dependents can be covered up until the age of 26. Coverage will automatically terminate at the end of the month following the day they turn 26.

Q. Can I enroll a dependent into only one plan or does the dependent have to be enrolled in all plans?

- A. Yes, you can enroll a dependent into only one plan or into all plans. Medical, dental/vision, and life insurance; voluntary benefits from Community Extras are all separate elections.

Please note: You may not dual cover dependents if they are enrolled themselves as an employee or through another parent on a Community Medical, Dental, or Life Insurance Plan.

Q. What if I work out of the area and/or out of state or have a dependent out of state, does this limit the plan I can enroll in?

- A. You have the option to enroll in either a PPO or HMO plan, as both plans offer out-of-state coverage with different networks of providers. The PPO plan has expanded their physician network, through Anthem’s National PPO, BlueCard program – offering a greater selection of providers. If you enroll in a PPO Plan and live outside the immediate area (Fresno, Madera, and Kings counties) in California, you will be enrolled in an out-of-area plan and will use a provider/facilities within within the Anthem Large Group Prudent Buyer network. Contact HealthComp at (833) 549-2943 for questions on coverage.

If you enroll in an HMO Plan and you live outside the immediate area, you may use a provider that is part



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of the Anthem Blue Cross Prudent Buyer large group network within California. Out-of-state coverage is through the HealthSmart network. Please make sure to update the address for your dependents on Employee Space and then notify Community Care Health of your 'out of area dependent' and request an updated insurance card for your dependents. If you or your dependent live out-of-state, they may access care through our HealthSmart network at www.healthsmart.com.

Flexible Spending Questions

Q. Do I have to enroll in a Flexible Spending Account (FSA) each year through Open Enrollment?

A. Yes, if you want to have available funds for the upcoming calendar year, you must re-enroll annually to select a Flexible Spending Account for healthcare and for dependent care expenses.

Q. Am I required to have a dependent enrolled on a medical plan to use FSA expenses for them?

A. No, the dependents do not have to be enrolled in a medical plan to participate in an FSA. However, the dependents do have to be an IRS tax dependent (claimed as a dependent on your taxes) and meet specific qualifications according to IRS publication #502.

Q. How do I access my current FSA balance information?

A. To review your FSA balance information, go online to www.naviabenefits.com, or contact Navia Benefits Solutions at 1-800-669-3539 or download their available app.

Q. How long do I have to use up my current Flexible Spending Account?

A. Health FSAs have a grace period until March 15 of the following calendar year to use up any remaining funds for the prior year. Dependent Care FSAs do not have a grace period and reimbursements end on December 31 of each year.

Q. What happens to my FSA funds if I don't use them by the deadline?

A. This is a "use it or lose it" benefit. According to IRS rules any remaining funds that you do not use would be forfeited.

Please note: If you need ideas on how to use remaining health care FSA funds, you may visit www.fsastore.com.

Q. May I change this election throughout the year?

A. Generally, no. However, if you experience a Major Life Event (i.e., you are enrolled in a daycare FSA and your child is no longer in daycare), then you may submit a Major Life Event form to have this account suspended. However, the use-it-or-lose-it rule still applies and you would not be issued any refunds for any previous payroll deductions. All future deductions would cease.

Life Insurance Questions

Q. How much group life insurance does Community provide?

A. Community purchases group life insurance for all full-time and part-time employees at no cost to you. The amount of coverage depends on your employee classification. Non-exempt (hourly) employees receive one times their annual base pay with a minimum of \$25,000; a maximum up to \$150,000. Exempt (salary) employees receive two times their annual salary up to a maximum of \$1,500,000.

Q. Can I purchase additional life insurance for myself and/or for my dependents?

A. Yes. During Open Enrollment you can elect supplemental employee life insurance up to six times your annual base salary or \$500,000, whichever is less. You can elect spouse life insurance up to the total of your coverage or \$250,000, whichever is less. You can elect child life insurance up to \$10,000. Any amounts elected will be subject to medical questions and underwriting for the employee and spouse. Child life increases do not require a personal health assessment.

Q. Do I have to complete a Personal Health Application (PHA) during Open Enrollment?

A. If you are requesting a higher amount you will have to complete the health questionnaire (PHA) in November. If the PHA is not completed/and or received, your request for additional coverage will be declined and your previous coverage you have in effect will rollover the same for 2023. Details on how to complete the PHA will be emailed directly to your Community email in November.

Q. Where can I view and/or update my life insurance beneficiary?

A. When completing your open enrollment elections through Employee Space you will see a life insurance beneficiary section and can make updates and confirm your designation and elections at that time. Also, you can change life insurance beneficiaries any time throughout the year through Employee Space.

Benefit Card information

Q. Will I receive new benefit cards?

A. **Medical & Prescriptions:** If you enroll into a new medical plan you will get a new card by January 1.

Flexible Spending Accounts (FSA): All new members who elect FSA will receive a new benefit card. This benefit is managed by Navia Benefit Solutions. If you are a current subscriber, you will not receive a new card until your expiration date.

Dental: If you are newly enrolled or have changed plans, you will receive a new dental card. Otherwise, continue to use your current dental card.

Vision: Vision Service Plan (VSP) is a paperless company and does not issue cards. You may visit any "choice" provider in the network, they can look up your benefits electronically using your social security number.

Core PPO Questions

Q. Are there any changes to the medical plans that I should be aware of?

A. **Signature HMO & Value HMO:** No changes in 2023.

Core PPO: PCP co-pay is now \$25/visit. Deductible has increased to \$1,000 individual/\$2,000 for family and out-of-pocket maximum increased to \$4,000 individual/\$8,000 for family. Additionally, your co-insurance share is 20% with Community picking up 80%.



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Q. What providers are considered within the “Tier One, In-Plan” under the PPO Plan?

A. **Community Facilities** include the following: Community Regional Medical Center, Fresno Heart and Surgical Hospital, Clovis Community Medical Center, Community Behavioral Health Center, Community Sub-acute, and Transitional Care Center.

Community Designated Providers include physicians only under the Anthem’s Large Group Prudent Buyer Network) (Please note: facilities, labs, and radiology services are considered Out-of-Plan and covered under a reduced benefit in Tier 2.)

Community Affiliates include Advanced Medical Imaging, California Imaging Institute, Quest Diagnostics for Laboratory Services, and Valley Children’s Hospital.

Community Care Health (HMO) Questions

Q. Does my doctor take our Community Care Health HMO Plan insurance?

A. You may search for primary care providers by visiting the Community Care Health’s webpage at www.communitycarehealth.org for assistance in selecting a primary care provider. We also recommend calling to check if your doctor is taking your insurance after January 1 and/or taking new patients.

Q. I am currently under the care of a provider that does not participate in the Community Care Health Network (CCH), what should I do?

A. There are a few scenarios which may qualify you to continue to receive care from your current provider, even if he or she does not participate in the CCH Network. Please visit www.communitycarehealth.org/continuity-of-care-benefits/ to learn more.

Q. Do I need a referral to see a specialist in my HMO plan?

A. There are six specialties that do not require a referral to in-network providers: Allergy, Dermatology, OB/gyn, Mental Health and Chiropractic care. All other specialties require a referral for network providers. Your CCH primary care physician is the coordinator of your care and acts as the facilitator between you and your specialists. You can search for a provider by visiting the Community Care HMO Provider Directory www.communitycarehealth.org.

Dental and Vision Questions

Q. What are my options for Dental Insurance?

A. You have the option to pick between the Delta Dental PPO or the DentalCare HMO plan. Please ensure you check with your current provider that they take the plan you are choosing and/or verify by going to DeltaDentalins.com. There have been no changes to the plan or premium.

Q. What are my options for Vision?

A. We offer High and Low Vision plans. The High Plan offers more comprehensive vision care. The Low plan is a great basic plan for those who may require less optical coverage. There have been no changes to the plan or premium.

Q. Can I elect different medical and dental plans? (i.e., PPO Medical & HMO Dental)

A. Yes. All benefits are separate allowing you to create the benefit package that best suits your needs.

Retirement Plan Questions

Q. When Can I Enroll in Community's 403(b) Retirement Plan?

A. You can enroll anytime, but don't wait to start Participating-Enroll now through Transamerica by calling 800-755-5801 or by registering online at www.transamerica.com.

Q. Does Community offer a matching contribution?

A. Yes. Community provides a matching contribution for eligible employees. To become eligible, employees must work 1,000 or more hours within their first anniversary year or subsequent calendar year. Community will begin to match your contributions (a minimum 2% is required from you) after completing the requirements starting on the next January 1 or July 1. See more details in the Summary Plan Description found on the HR Homepage. Don't miss out on the opportunity to receive free money to save for retirement!

Please note: If you are enrolled in the Pension Plan (which is no longer available for new enrollees) and are receiving the matching contributions in this plan, you will not receive a matching contribution in the 403(b) plan. However, it is still recommended that you participate in a 403(b) retirement plan as well to further save for retirement. (See the Human Resource department page on the Forum or contact HRRetirement@communitymedical.org for more information.)

Q. Can I get assistance on how to invest my funds?

A. Yes, Transamerica offers Managed Advice to assist with a comprehensive retirement strategy that's made just for you. There is a small fee, typically less than what you would pay an independent financial advisor. The fee is no more than 0.45% annually, which comes to about 38 cents for every \$1,000 in your account per month.

To sign up, please log into your account at www.transamerica.com/portal/managed-advice or call (844) 622-2133. You can also utilize UBS for investment advice at (888) 809-0080 at no cost to you.

Q. How do I review or change my beneficiary on the 403(b) or Pension plan?

A. For the 403(b), you may register and log into www.transamerica.com to review and/or update your beneficiary.

For the Pension plan, please complete a Pension Beneficiary form and send to the HR Retirement Dept. Instructions are provided on the form. The form can be found on Employee Space under the Beneficiaries & Dependents section. Maintain a copy for your personal records.