

Phoenix Elementary School District No. 1
Open Enrollment 2023 – 2024
Open Enrollment Frequently Asked Questions (FAQs)

NEW THIS YEAR

The Governing Board approved the Insurance Committee’s recommendation to make **NO CHANGES** to any plans. Medical Insurance through UHC has the same pricing and plan designs (coverage). Dental and Vision Insurance through Dental Delta has the same pricing and plan designs (coverage).

PLAN SUMMARIES AND DISCLOSURES

Plan Summaries, Disclosures and Enrollment forms are available to view and print from our District web site <https://phxschools.org/careers/benefits-documentation/>. Please visit (no sign-in is required for access). Please contact Crystal Senesy in the Benefits Department to request printed copies (contact information provided below).

1) What do all returning eligible employees need to do for Open Enrollment?

All eligible employees are required to complete the enrollment process through Employee Access portal by the close of Open Enrollment, May 31, 2023. Failure to do so will result in you being without medical/dental/vision coverage for the new fiscal year, starting July 1, 2023, with no opportunity to re-enroll until Open Enrollment for the 2024-2025 fiscal year, which begins July 1, 2024.

Phoenix Elementary School District is running a positive enrollment for this year’s Open Enrollment. Positive enrollment requires employees to re-enroll in the benefits of their choosing. You **will not** be “rolled over” into any benefits and any benefits you currently have **will be terminated** as of June 30, 2023. Please read the plan summaries carefully. Only those employees who complete the enrollment process through Employee Access will be enrolled in the new fiscal year plan. If enrollment through Employee Access is not completed by close of business on May 31, 2023, you will forfeit coverage starting July 1, 2023, with no opportunity to re-enroll until Open Enrollment in May 2024 for an effective date of July 1, 2024.

2) I will not be returning to the district for the next school year; do I need to do anything for Open Enrollment?

You will be sent information on COBRA (the law that allows you to continue your medical/dental/vision insurance with the District after you terminate employment) by 6/30/2023. Under COBRA you are responsible for 100% of the monthly premiums plus a 2% administrative fee.

For employees that have been employed with the District for less than 5 years:

Your coverage will end on 6/30/2023 with your current elections reported to our COBRA administrator for your continuation of coverage rights.

For employees that have been employed with the District for 5 or more years:

Your current elections will be reported to our COBRA administrator for your continuation of coverage rights, with your coverage ending 6/30/2023, unless you want to extend your coverage through 7/31/23. You are required to enroll by paper, or your current elections will end on 6/30/2023. Medical Buy-up, Vision and Dependent premiums for the month of July 2023 are due by mail at District Office by 6/30/2023, or Medical Buy-Up, Vision and Dependent coverage will end on 6/30/2023.

For employees that previously elected Voluntary Life insurance or AFLAC:

You will remain on our plan through June 30, 2023. You will receive portability information by 6/30/2023.

3) Who may I enroll as a dependent?

You may enroll your legally married spouse and/or dependent children up to the age of 26.

4) What is my option for Medical Coverage?

- ▶ Please read the provided plan summaries by United Health Care (UHC).
- ▶ The monthly premium is paid 100% by the district for employee only coverage, for Choice Plus HDHP and Doctor's Plan. The employee pays 100% for dependent coverage.
- ▶ The monthly premium is \$48.33 for employee only, for Choice Plus Buy-Up. The employee pays 100% for the dependent coverage.
- ▶ The district will contribute \$668.52 annually (prorated bi-weekly) to all employee's HSA accounts that have selected Choice Plus HDHP

5) What is my option for Dental Coverage?

- ▶ Please read the provided plan summary by Delta Dental.
- ▶ The monthly premium is paid 100% by the district for employee only coverage. The employee pays 100% for dependent coverage.
- ▶ You have the freedom to choose a dentist in the Delta Dental network or choose any dentist of your choice.
 - ▶ If you choose an out-of-network dentist you will be responsible for paying your dentist in full. You will then submit your claim forms to Delta Dental and they will make payment directly to you. The payment will be based on billed charges or on Delta Dental's non-participating dentist fee allowance, whichever is less. Your dentist may bill you the difference.
 - ▶ Pre-determination is recommended for services over \$250.

6) What is a Medical Spending/Flexible Spending Account?

- ▶ Please read the provided plan summary by P&A Group.
- ▶ Flexible spending accounts are a tax advantaged way to pay for qualified out-of-pocket medical expenses and work-related day care expenses for qualifying dependents.
- ▶ Types of Accounts Are Medical Expense Reimbursement Account and Dependent Day Care Account
- ▶ Authorized by the IRS, these accounts let you set aside money from your pay before taxes are withheld. You pay no federal, state or FICA taxes on your flexible spending account contributions and your total taxable income goes down.
- ▶ As you incur medical and/or dependent day care expenses throughout the plan year, you submit a claim for those expenses and are reimbursed with tax-free dollars from your account. You will also receive a debit card that you can use for many of your medical expenses such as prescriptions, co-pays etc. By using the debit card, you will not have to submit your claim for reimbursement, you will simply run the debit card through and the amount will be deducted from your account.
- ▶ You MUST keep your receipts for these expenses in case you receive a letter from P&A asking for proof of the purchase. Your card may be frozen until you provide P&A with the requested documentation. Failure to comply with P&A's requests may result in loss of benefit, including elections for future plan years.
- ▶ Maximum annual election for the medical expense reimbursement account is \$3,050.00 and for the dependent care account is \$5,000.00 (\$2,500 for married person filing separately).
- ▶ Minimum annual election for medical expense reimbursement and dependent care accounts is \$100.00.
- ▶ The plan year runs from your effective date, July 1, 2023 through June 30, 2024. You must enroll each year during annual open enrollment for an effective date of July 1st of that year.
- ▶ This is a "Use it or Lose it" plan. If you do not use all the money you put into your account each plan year you will lose it. All expenses must be incurred by 6/30/2024 or your termination date if you leave employment during the plan year.
- ▶ You may not elect to change the contribution through the Plan unless you have a "Change in Family Status" as defined by Internal Revenue Service Regulations.

7) I currently have a Flexible Medical Spending Account; can any remaining balances from this plan year (7/1/2022 through 6/30/2023) be carried over to the next plan year (7/1/2023 through 6/30/2024)?

Any amounts not incurred at the end of this plan year (6/30/2023) will be forfeited. You cannot carry over account balances from plan year to plan year. You do, however, have a maximum of 90 days after the plan year end (6/30/2023) to file claims for reimbursement. The claims must be incurred within the plan year (7/1/2022 through 6/30/2023). All interested employees must re-enroll in the flexible spending accounts each plan year through the open enrollment process.

8) What is the Voluntary Vision Plan?

- ▶ Please read the attached plan summary by Delta Vision.
- ▶ The supplemental vision program is 100% Employee paid and voluntary.

9) What do I need to do if I want to waive my benefits?

▶ The Affordable Care Act requires that benefits be offered to all qualifying Employees. You will need to complete the enrollment process through Employee Access Portal to waive your benefits in the new fiscal year plan.

10) What is the deadline to complete the Open Enrollment Process?

You **will not** be “rolled over” into any benefits and any benefits you currently have **will be terminated** as of June 30, 2023. Only those employees who complete the enrollment process through the Employee Access Portal will be enrolled in the new fiscal year plan. If enrollment through the Employee Access Portal is not completed by close of business on May 31, 2023, you will forfeit coverage starting July 1, 2023, with no opportunity to re-enroll until the Open Enrollment Period for the 2024-2025, effective July 1, 2024.

All eligible Employees are required to complete the enrollment process through the Employee Access Portal by the close of Open Enrollment, May 31, 2023. Failure to do so will result in you being without medical/dental/vision coverage starting July 1, 2023, with no opportunity to re-enroll until the Open Enrollment Period for the 2024-2025 school year, effective July 1, 2024.

11) When are the Open Enrollment benefit elections and rates effective and can I make changes?

All Open Enrollment benefit elections and rates are effective 7/1/2023 and run through 6/30/2024. Your elections may only be changed if you experience a qualifying mid-year life event, which will allow for changes to your or your dependent coverage. Such events are, but not limited to: marriage, divorce, death, birth or loss/availability of other Employer coverage. All changes **MUST BE PROCESSED within 31 days of the qualifying event**. Please contact the Benefits Office for guidelines and processing.

12) Who should I contact with questions?

For Employee Access issues contact the MIS Help Desk at extension 4096.

For general benefits and enrollment questions contact Crystal Senesy at (602) 257-6075 or Crystal.Senesy@phxschools.org.

Important Phone Numbers and Websites

United Health Care

- Group # 927878
- Website: www.myuhc.com
- Customer Service Phone Number:
 - Choice Plus HDHP (866) 314-0335
 - Doctors Plan (844) 376-0313
 - Choice Plus Buy-Up (866) 633-2446

▶ Delta Dental of Arizona

- Member Services Phone Number: 602-938-3131 or 1-800-352-6132
- Website: <http://www.deltadentalaz.com>
- Group#: 04693

▶ Delta Vision

- Member Services Phone Number 866-559-5252
- Provider Locator Phone Number 866-559-5252
- Website: <http://www.eyemedvisioncare.com>
- Group#: 9688037

▶ P&A

- Member Services Phone Number: 1-800-688-2611
- Website: <https://www.padmin.com>

▶ Phoenix Elementary School District No. 1 Benefits Office

- Crystal Senesy, Phone Number: 602-257-6075
Email address: Crystal.Senesy@phxschools.org