

2024 Annual Benefits Open Enrollment

Question & Answers

We are excited to announce major enhancements to our Total Rewards offerings in 2024. Many of the changes are a direct result of feedback you have shared. While these enhancements are designed to provide more value and choice to you and your family, any change comes with questions. Please refer to the FAQs below for additional information to better understand the changes for 2024.

Active Enrollment

Q: We've been told that this is an ACTIVE enrollment for medical plan coverage. What does that mean?

A: Active enrollment means that your medical plan coverage will NOT roll over automatically. You will be required to elect medical plan coverage during the enrollment period to have coverage in 2024. Current 2023 elections for Medical, FSA (Healthcare & Dependent Care), and PTO Cash will NOT carry over to 2024.

Q: Why is HSHS doing an active enrollment for medical coverage?

A: There are many enhancements to the medical plan options – including a new plan to choose from. Doing an active enrollment ensures that you can review each option carefully to choose which is right for you and your family.

Q: If I don't enroll by the deadline, what benefits will I have?

If you do NOT submit your Open Enrollment event in Workday, your Medical, FSA and PTO Cash elections will be indicated as Waived for 2024. Dental, Vision, Supplemental Life Insurance, AD&D, and ID Theft elections currently in place will roll over for 2024. Employer-paid benefits such as Basic Life, LTD, STD, and EAP will always be provided to benefit-eligible colleagues regardless of their enrollment.

Workday Enrollment Event

Q: How do I enroll? What is the deadline?

A: An Open Enrollment task will launch to your Workday homepage ("Awaiting Your Action" section) the morning of Monday, November 6th. Click into that task and follow the directions to complete your enrollment event. Don't forget to complete all the way through and submit at the end. Save your election confirmation for your records. You can enroll on the web or Workday mobile app.

The deadline to enroll is 11:59 PM on Sunday, November 19th.

Q: What if a colleague is currently on a Leave of Absence (Short-Term Disability/FMLA), will they have access to Workday to complete their enrollment?

A: Yes, colleagues have access to Workday if they are on FMLA or other Leave of Absence where benefits remain in place. All benefit eligible colleagues were mailed the 2024 Benefits Decision Guide to their home address to learn about the changes and to complete their enrollment at home or on the Workday mobile app. If a colleague has any issues with accessing Workday from home, they can contact HSHS Help Desk at 877-403-4357 for assistance.



Q: If I have unforeseen issues or absence and am worried about missing the deadline, can I make alternate arrangements?

A: Colleagues in this circumstance should contact the HR Service Center at 855-394-4747 for assistance.

Q: Will newly eligible colleagues that are hired or have job changes in December complete the Open Enrollment event?

A: No, the colleague will only have their New Hire event or Job Change event as their coverage is scheduled to take effect 1/1/2024.

Q: What if I was hired or newly eligible in November after enrollment opens? Will I have two events?

A: Yes, colleagues in this case will complete their New Hire or Job Change event to elect benefits for December 2023. They also need to complete the Open Enrollment event for their 2024 benefit elections.

Medical Plan (Illinois or Outside Wisconsin)

Q: How do I find an in-network provider with UMR (HSHS Select, HSHS Extended, and UHC Choice Plus networks)?

A: Visit the [Annual Enrollment page](#) of the HSHS Benefits Website to find providers within each of the network tiers. Remember that you will always receive the highest benefit level when using HSHS/PCC/Prevea providers and facilities for your care including 100% coverage for office visits, labs, and x-rays.

Q: Are any providers or facilities excluded from coverage?

A: The health plan does not individually exclude any providers or facilities. Any provider or facility that is part of the UHC Choice Plus network is available for you to use without a referral or prior authorization. Providers and facilities not in the UHC Choice Plus network are not covered except in the case of emergency or prior approval from UMR.

Q: Where does Springfield Clinic fall under the new Network Tiers?

A: Springfield Clinic falls under the HSHS Extended Network (Tier 2). It is important to note, however that the Springfield Clinic Ambulatory Surgical Center falls under the UHC Choice Plus (Tier 3). Other providers and facilities covered under the HSHS Extended Network include SIU, SSM/SLU, and Mercy.

Q: I live in Decatur and no longer have access to labor and delivery services at an HSHS Select or HSHS Extended provider. What are my options?

A: In limited circumstances such as service line closures within our ministries, when a service is no longer available from HSHS Select or HSHS Extended provider, the member may receive services from a UHC Choice Plus (Tier 3) provider and receive benefits at the HSHS Extended (Tier 2) benefit level. Labor and delivery at Decatur Memorial is an example of this circumstance.



Q: When is Transition of Care needed?

A: A colleague currently utilizing a provider that is not in the UHC Choice Plus network may need to contact UMR regarding Transition of Care. If you are seeing an out-of-network provider today and the provider is now under the UHC Choice Plus Network, Transition of Care would not be needed. Colleagues can contact UMR directly at 800-221-6346 for assistance.

Q: What if I work remotely or live outside the service area and don't have access to any HSHS Select or HSHS Extended providers?

A: Colleagues who live outside of the HSHS service area (as defined by home ZIP code) will receive the HSHS Extended (Tier 2) benefit level for any services received from a UHC Choice Plus Provider. UMR will be provided your home zip code and automatically assign you as an out of area member.

Q: What if I live inside the service area but one or more of my dependents live outside of the service area?

A: Similarly, your dependents who live outside of the HSHS service area can receive the HSHS Extended (Tier 2) benefit level for any services received from a UHC Choice Plus Provider. You must contact UMR following your enrollment to notify them so they can assign your dependent(s) accordingly. Note that UMR will not have your election and dependent information in their system until mid-December.

Q: Can colleagues call UMR with questions during the Annual Benefits Open Enrollment period or before coverage takes effect on 1/1/2024?

A: Yes. Note that they will not have any of your personal information or election on file until after the enrollment period ends, so they will be able to answer general questions only until they have received your enrollment.

Medical Plan (All Colleagues – IL and WI)

Q: What are the specific enhancements/changes made to the medical plan from 2023 to 2024?

A: There are a number of exciting enhancements to deliver more value to colleagues and provide broader choice including:

- Enhanced plan designs with the Value and Premier plan options including reduced deductibles, combined medical and prescription deductible and out-of-pocket maximums, and increased coinsurance (the percentage the plan pays for services).
- New High Deductible Health Plan with HSA plan option.
- 100% coverage for additional services received from HSHS/PCC/Prevea providers and facilities including office visits, labs, and x-rays.
- No deductible for low cost, generic drugs.



Q: How do I know what deductible applies to a service?

A: Review the plan grid in your benefit guide. Services that require a deductible are noted with an asterisk on the plan grid. For colleagues in Illinois (or outside of Wisconsin), make note of whether the provider is in the HSHS Select (Tier 1), HSHS Extended (Tier 2), or UHC Choice Plus (Tier 3) as the deductible levels differ by tier. For colleagues in Wisconsin, the same deductible applies for all Prevea360 network providers.

Prescription drug costs apply to the HSHS Select (Tier 1) or Prevea360 deductible. Certain services such as emergency room, ambulance, and durable medical equipment will apply the HSHS Extended (Tier 2) deductible from any UHC Choice Plus provider.

Q: What does Deductibles and Out-of-Pocket Maximums cross apply mean?

A: This means that any progress towards the Deductibles and Out of Pocket Maximums in one tier count towards all tiers. For example, if you pay \$100 in deductible when using an HSHS Extended (Tier 2) provider, you also receive credit for that \$100 in the HSHS Select (Tier 1) and UHC Choice Plus (Tier 3) tiers.

Q: What does it mean that medical and prescription drug deductible and out-of-pocket maximums are combined?

A: In 2024, you have overall deductible and out-of-pocket maximum amounts rather than separate amounts for medical and prescription drugs. If you meet the overall deductible with just medical expenses, you don't have to start over on a new deductible for prescription expenses or vice versa.

Q: Will combined deductibles cause my prescription costs to change?

A: If you fill a prescription early in the year before you incur any medical expenses, you may have a higher cost for the medication due to the combined deductible level. However, this can lead to savings over the year because you don't have to also meet a separate medical deductible.

A valuable strategy for colleagues is to utilize the Health FSA to help with the out-of-pocket costs at the beginning of the plan year. Your entire election in the Health FSA is available to use on January 1st, but are withheld over the 26 pay periods during the calendar year. If you know you have a prescription that you need to fill early in the year, consider at least contributing the cost for that prescription in your Healthcare FSA.

Q: Will I get new ID cards? When should I expect new ID Cards to arrive?

A: All colleagues enrolling in medical coverage will receive new ID cards which will arrive prior to January 1st of the new year.

Virtual Health Care

Q: How do we access virtual care in 2024? Is it still covered at 100%?

A: Anytime Care will no longer be used in 2024. Starting on January 1, 2024, **Teledoc Health** will be available for colleagues located in Illinois and outside of Wisconsin. For colleagues who live in Wisconsin **Prevea Virtual Care** under Dean Health Plan will be utilized. Both services are covered at 100% for health plan members.



High Deductible Health Plan (HDHP) and Health Savings Account (HSA)

Q: What is important to know before selecting the High Deductible Health Plan (HDHP)?

A: Due to IRS regulations, colleagues in the HDHP will be required to meet their deductible before any payment is made by the plan (with the exception of preventative care services). If you would struggle being able to pay out-of-pocket for a large medical expense before you've built up money in your HSA, this plan may not be right for you.

Q: If I have an FSA, Medicare, Medicaid, TRICARE or other secondary coverage can I elect the HDHP?

A: Colleagues who have other non-HDHP coverage are not eligible to contribute to an HSA. This includes those covered by Medicare, Medicaid, Tricare, or an FSA or HRA that reimburses expenses before the HDHP deductible is met.

Q: What if I still have money in my FSA for 2023 and use the grace period? Am I ineligible for HSA contributions?

A: The FSA grace period counts as other coverage that makes you ineligible to make or receive HSA contributions until the end of the grace period. If you want to elect the HSA in 2024, you should make every effort to spend all of your funds so that you don't have any delay in receiving your HSA contributions in 2024.

If you have an FSA account balance greater than \$0 as of 1/1/2024, you will not be able to make or receive HSA contributions until April 2024.

Q: Can I have a Dependent Care FSA and HSA at the same time?

A: Yes, colleagues can elect Dependent Care FSA (DCFSA) when choosing a High Deductible Health Plan (HDHP) with HSA.

Q: Can I waive the Medical coverage and still elect an HSA?

A: No, you must enroll in the HDHP in order to establish the Health Savings Account (HSA). However, once your HSA is established, the money in the account is yours even if you change your insurance or leave employment at HSHS. You just can't contribute additional money in the HSA unless you are covered by a qualifying HDHP.

Q: How does the employer HSA contribution work?

A: Every pay period in which you are covered by the HDHP plan as an active colleague, HSHS will contribute \$25 to your HSA. You do not need to contribute yourself to receive the HSHS contribution. Note that HSHS contributions count towards the IRS maximum contributions. Once you are no longer covered by the HDHP or terminate employment, you will not receive any future employer HSA contributions.



Q: When can I use my HSA funds?

A: Unlike the FSA, in the HSA you only have access to the funds that have been deposited in your account. However, you can reimburse yourself for past expenses (as long as they were incurred after your HSA was established) after funds are deposited in the account throughout the year.

Q: What is the tax advantage of the HSA? Why is it popular?

A: The HSA has unique tax advantages that make it a very effective way to lower your tax liability. Contributions to the HSA come out before taxes meaning you don't pay income tax on these amounts. Interest or investment earnings within the account are also tax-free. Finally, as long as you use the money for qualified expenses, the money isn't taxed when you take it out of the account.

Q: I'm used to the "use it or lose it" rules of the FSA. Is there really no such rule in the HSA?

A: One of the biggest advantages of the HSA is that your money can roll over year over year. You can save money over multiple years in the HSA – either planning for a large expense in a future year or even saving for use in retirement. The money in the account is yours and isn't forfeited if you don't use it by the end of the year or if you change insurance or leave employment with HSHS.

Q: Is there a maximum amount that can be in an HSA?

A: No, your HSA can grow over time with no maximum balance that applies. However, there is a maximum amount that can be contributed per calendar year. The amount depends on whether you have single or family HDHP coverage and whether you are eligible for "catch-up" contributions based on your age.

Q: Do colleagues that elect the HDHP have to contribute to the HSA?

A: No, HSHS will make the \$25 per pay period employer contribution to the colleague's HSA regardless of whether the colleague is able to contribute anything to the account themselves.

Q: If I leave employment, what happens to my HSA?

A: HSAs are individually owned bank accounts that the colleague keeps regardless of the employer or insurance changes. Once a colleague ends employment, they will no longer receive the HSHS contribution, and they will have to pay any account fees that HSHS was paying on their behalf.

Q: Does the HSA have any monthly fees?

A: HSHS covers the admin fees for active colleagues. A fee would only apply if you elect paper statements, utilize the plans investment features or terminate employment.

Q: Can colleagues change their HSA contribution at any time or only during annual enrollment?

A: You can change your HSA contribution at any time during the year and it does not require a qualifying life event.



Q: How does the account grow? Can I invest the money in my HSA instead of just earning interest?

A: Like any other savings account, your account will earn a small amount of interest. Once you reach a \$2,000 balance, you can choose to invest the money in a lineup of investment funds. A monthly fee applies for utilizing the investment feature of the plan similar to a 403(b) plan.

Q: Are there any penalties if I use my HSA funds for expenses for non-medical reasons?

A: The IRS issues a 20% penalty if you use HSA dollars for non-medical reasons. This penalty is waived if you are age 65 or older. In addition to the penalty, you then owe income tax on the dollars since you weren't taxed when you contributed them. You are responsible for ensuring you only use the funds in your HSA for qualified medical expenses.

Medical Premium Discount Program

Q: What is the Medical Premium Discount Program? Is it still being offered in 2024?

A: Yes, HSHS will continue to offer the Medical Premium Discount Program that was started last year. The program is designed to improve access to affordable health care coverage for our colleagues. Based on household income and family size, colleagues that fall below 200% of the federal poverty guideline are eligible for the discount. See details in the 2024 Benefits Decision Guide to learn more. Colleagues currently participating in the program will be communicated with directly regarding their need to reapply, if applicable.

To apply, visit the [MyHR Portal](#), search "Medical Premium Discount", and upload the requested page of your 2022 federal income tax return at the bottom of the page. If you have any questions or run into issues with your application, contact the HR Service Center using the MyHR portal, by emailing MyHR@hshs.org, or calling 1-855-394-4747.

Flexible Spending Accounts

Q: Why did we choose HealthEquity to administer these accounts?

A: HealthEquity is a nationwide leader in spending account administration. They offer a variety of tools and resources to help you make the most out of your FSA accounts. This includes a mobile app to submit claims and manage your account, a streamlined claims process, and a better overall colleague experience.

Q: Does the grace period still apply to the FSAs? Will I be able to use the Benny Card from Tri-Star after 12/31/2023?

A: Yes, there is still a grace period on the FSAs. However, the current Tri-Star Benny Cards will be disabled at the end of 2023. If you incur expenses in 2024 (grace period ends March 15th, 2024) to use towards 2023 HCRA balance, you will need to manually submit the claim to **TriStar Systems**.

Remember that the FSA "use it or lose it" rule applies and any claims must be submitted by 5/1/2024 for the remaining balance of 2023 or the remaining dollars are forfeited.



Voluntary Health Benefits

Q: Do colleagues have to be enrolled in any of the HSHS Medical plans to elect any of the new voluntary health benefits offered for 2024?

A: No, colleagues do NOT need to be enrolled in the HSHS medical plan to elect Accident, Critical Illness, and Hospital Indemnity insurance.

Q: Who is covered under Critical Illness coverage?

A: You can elect coverage just for yourself, or for yourself and your spouse or LDA. Any children are automatically covered at no additional premium. Premiums vary by age and smoker status (both colleague and Spouse) and are available in the enrollment system.

Q: Does a pre-existing diagnosis matter when electing Critical Illness Insurance?

A: Yes, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date. Call Unum for more details at 866-634-9404.

Q: How can a colleague receive a \$50 wellness benefit for getting a preventative screening under multiple plans?

A: Yes, you are able to make a claim for the wellness benefit for any Unum voluntary health benefit you are covered under and there is no restriction if covered under multiple benefits.

Q: What does it mean when it says that Hospital Indemnity benefits are enhanced 25% when you use an HSHS Facility?

A: The benefit normally pays \$1,000 in the event of a hospital admission (and \$100 per day up to 30 days), so if colleague uses an HSHS facility the amount would be \$1,250 (\$125 per day up to 30 days).

General

Q: Where do I go if I have additional questions?

A: You have many resources available to you. Visit the [Annual Enrollment page](#) of the HSHS Benefits Website to access the 2024 Benefits Enrollment Guide and view additional information. You can also contact the HR Service Center using the MyHR portal, by emailing MyHR@hshs.org, or calling 1-855-394-4747.