

Open Enrollment FAQ's

What does open enrollment mean?

If you have eligible dependents not currently covered under the Insurance Plan, you may enroll them in the medical, dental and vision coverage's during this period. In addition, employees may increase or decrease their optional life coverage and enroll under the short term and/or long-term disability plan if not currently enrolled.

When is open enrollment

Open enrollment is held once a year, during the whole month of October.

When does coverage become effective?

Open enrollment for the month of October will be effective on the first day of January. Premium deductions are taken on the pay period two weeks prior to the effective date of coverage.

What if I don't add my dependents during the open enrollment periods?

If eligible dependents are not added or dropped during the Open Enrollment Periods, they must wait until the following open enrollment period unless there is a qualifying event.

A qualifying event includes the following:

Marriage, Divorce, Death, Birth or Adoption of a child, losing dependent status, Termination of a spouse's employment.

How do I add my dependents?

You will need to go online to www.In-Roll.com to add you eligible dependents. **Please note, if you are adding a new dependent to your health benefits you will need to provide copies of the required documentation and submit it to the Human Resources along with the required documentation no later than October 31, 2016. If fail to do so, your dependent will not be added to your eligible for benefits.**

How do I change my life benefit?

During the open enrollment periods, you may elect to increase your supplemental life insurance coverage. You will need to go online to www.In-Roll.com in order to enroll, increase, decrease or drop benefit. All request for increases in your supplemental life insurance coverage are subject to approval from VOYA Life Insurance Company.

Questions About the Health Benefit Plan

What is a deductible?

A deductible is the amount you are 100% responsible for, before the plan begins to pay. Once you have reached your deductible amount you begin to pay co-insurance.

What is a co-insurance?

Co-insurance is the percentage you are responsible for after your plan pays its percentage. The co-insurance amount is dependent upon the services received and the location where the services are performed. During the plan year (1/1-12/31), when you have paid the maximum co-insurance amount (maximum out of pocket), the plan will begin paying 100%.

What is out-of-pocket?

The out-of-pocket is the amount of co-insurance you pay during the plan year. After the maximum out-of-pocket is met, you are not responsible for any co-insurance for the remainder of the plan year.

How can I check if a claim was paid?

You can login into www.aetna.com to review the claim also you can contact member service at 1-855-292-6587

Why was my lab work covered at 65%?

If you are going to a lab that is not in the network the insurance will only cover 65% your patient responsibility would be 30%. In-network coverage pays at 80% patient responsibility is 20%

How can I appeal a claim?

You would contact Aetna member service at 1-855-292-6587.

My procedure wasn't authorized by the insurance/ how does my provider get pre-authorization, who would they call?

The Provider would contact Aetna Provider Service at 1-888-632-3862

How can I find out how much do I have left to satisfy my deductible and out-of-pocket maximum?

You can login into your Aetna Account or you can contact Aetna Customer Service at 1-855-292-6587

Can I get my prescription via mail?

Yes, you would contact Aetna Pharmacy at 1-888-792-3862

Who would I call for dental questions?

Please contact Aetna dental at 1-877-238-6200

I lost my insurance card how do I get a replacement?

Call Aetna member service or login into Aetna account once logged in on the left side you will see a tab that says " Get ID" you will be able to download and print temp card.

When will I receive my insurance cards?

Once ordered it will take 7-10 business days

I didn't get a prescription coverage card?

There is no separate card for prescription coverage your prescription information is on your medical card.

I have my medical card but don't know my id number?

You ID number is the number on your card starting with the W for active and retired employees. Member on the Medicare Advantage Plan id number will start with an M.

What is the address for submitting medical or dental claims?

Aetna Life Insurance Company

PO Box 981106 El Paso TX 79998-1106

This information will also be on the back of your insurance card.

If any employee is covering his dependent child, will the plan also cover her newborn grandchildren?

They would be covered during the initial postpartum stay if it's a healthy baby and baby is released with mom.

What is Qualifying Event for CHIP/ Medicaid?

Qualifying Event period is 60 days

Can I drop or add my insurance at any time?

You must have a qualifying event to drop or add coverage your insurance. During open enrollment (Oct 1st Oct 31st) you can add or drop coverage for the following year.

As an employee will I automatically be enrolled in Dental?

No, you must select dental coverage.

How do I confirm the benefits selected?

Confirmation page can be emailed or you can print it.

Questions about Flexible Spending and Health Savings Account

When is the last day to submit medical reimbursement claims for 2016?

Last day to submit claims for 2016 is March 31, 2017. No exceptions

Where can I find the reimbursement form?

It's located on the County's HR page under benefits

You can also go to www.aetna.com login into your Aetna Navigator click on the link for "Spending Account and submit your claim for reimbursement electronically.

Haven't received my Payflex card or lost it?

Contact Payflex at 888-678-8242

Can employee change their 125 cafeteria plan contribution?

HSA Contributions can be increased or decreased on a HSA once a month. They can't be changed on the FSA.

I have question about my FSA/ HSA account who would I call?

Contact Payflex at 888-678-8242

You can also contact your Onsite Aetna Rep

For your FSA: Use it or Lose it rule (Payflex)?

If you don't use all your funds in your flexible spending out by the end of the year Dec 31, 2016, you will lose it. This money is not carried over to the next year. If you have receipts for items medical, pharmacy or dental expense for services you received in 2016 you can submit a claim to Payflex for reimbursement. You have until March 31, 2017 to submit a reimbursement claim.

Does the use it or lose it rule apply to my H.S.A?

There is no "use-it-or-lose-it" rule with HSA's. If you don't use funds, they remain in your HSA each year. The funds also continue to earn interest (tax-free interest). HSA accounts are also portable, so even if you change workplaces, the account may be taken with you.