CCRES Benefit Q&A/Info Session

General Enrollment Questions

- What happens if I'm currently enrolled and I don't participate in Open Enrollment?
- How do I make or change my benefit elections (e.g., online portal, paper form)?
- Can I make changes after open enrollment ends?
- Who should I contact if I have questions about my benefits or need help enrolling?

👨‍👩‍👧‍👦 Eligibility & Dependent Coverage

- Can I cover my spouse, domestic partner, or dependents?
- What documentation is required to add spouse, domestic partner, or dependents?
- Can I remove dependents during open enrollment?
- If my spouse has coverage through their own employer with a different open enrollment period, can I terminated my coverage to enroll in their plan?

💰 Health Plans

- What do I tell my healthcare provider when they ask what insurance I have?
- How do I find in-network providers in the PHCS network?
- How can I tell if both the provider and the facility are in network?
- Do any of the available plans have deductibles?
- How does the Out of Pocket Maximum work?
- If I am using a network provider, will I have to pay more than the copay shown?
- What is KIS and how does that work? Is it covered at 100%?
- How does the ER benefit work? What if the ER fee is more than $1000?
- What are my options if my healthcare claim is denied?

🏦 Other Benefits

- Are there any wellness programs or incentives?
- How do I update my beneficiary information?

📞 After Enrollment

- How do I confirm that my elections were submitted successfully?
- When will I receive new ID cards? (Will everyone receive a new ID card)?
- How do I access my benefits after they start?
- Who do I contact if there's an issue with my coverage?

Benefit Q&A / Info Session Answers

- **General Enrollment Questions**
- **What happens if I'm currently enrolled and I don't participate in Open Enrollment?**
  If you do not participate in Open Enrollment, your current benefit elections will carry over to the next plan year. However, you may miss the opportunity to make changes or enroll in new benefits, so we encourage everyone to review their options and participate.
- **How do I make or change my benefit elections (e.g., online portal, paper form)?**
  You can make or change your benefit elections through our online benefits portal. If you need assistance or need some other form of accommodation for access, please contact call center as your first option and if need be, send an email to Human Resources for support.
- **Can I make changes after open enrollment ends?**
  Changes are only allowed after Open Enrollment if you experience a qualifying life event (such as marriage, birth/adoption of a child, or loss of other coverage). Otherwise, elections are locked in until the next Open Enrollment period.
- **Who should I contact if I have questions about my benefits or need help enrolling?**
  Please contact call center as your first option and if need be, send an email to CCRES HR/Benefits Team. We're here to help guide you through the process and answer any questions.

Eligibility & Dependent Coverage

- **Can I cover my spouse, domestic partner, or dependents?**
  Yes, you may cover your spouse, domestic partner, and eligible dependents under the CCRES benefit plans but this will be at your own expense.
- **What documentation is required to add spouse, domestic partner, or dependents?**
  You will need to provide documentation such as a marriage certificate, birth certificate, or proof of domestic partnership when adding dependents.
- **Can I remove dependents during open enrollment?**
  Yes, Open Enrollment is the time to add or remove dependents from your coverage.
- **If my spouse has coverage through their own employer with a different open enrollment period, can I terminate my coverage to enroll in their plan?**
  Yes, if you gain coverage through your spouse's employer, this is considered a qualifying life event. You can terminate your CCRES coverage and enroll in their plan outside of Open Enrollment.

Health Plans

- **What do I tell my healthcare provider when they ask what insurance I have?**
  Provide your insurance card and specify the administrator (ACI) and network (e.g., PHCS network). This ensures your provider bills the correct plan. You can also research providers anytime on your own by visiting the PHCS provider search portal at https://providersearch.multiplan.com
- **How do I find in-network providers in the PHCS network?**
  You can search for in-network providers using the PHCS network's online directory (https://providersearch.multiplan.com) or by contacting the carrier's customer service department located on the back of your ID card.
- **How can I tell if both the provider and the facility are in network?**
  Confirm with both the provider and the facility directly, and check the online directory. It's important to verify both to avoid unexpected costs.

- **Do any of the available plans have deductibles?**
  At this time, no plan offered has a deductible. Please review the full plan documents or contact us for details on your specific plan.
- **How does the Out of Pocket Maximum work?**
  The Out of Pocket Maximum is the most you'll pay for covered services in a plan year. After you reach this amount, the plan pays 100% of covered expenses. In the case of the options provided by CCRES, the amounts shown are what is reimbursed to the member and as such, the plan will only **pay up to** the amounts shown on the summary.
- **If I am using a network provider, will I have to pay more than the copay shown?**
  Generally, you only pay the copay for covered services with in-network providers. However, additional costs may apply for non-covered services or if you exceed plan limits. It is always best to check with the carrier before the service is performed to see how your plan will respond to a given service.
    - Example:
        - For coverage option 1, you will receive a reimbursement of $150 per day.
        - For coverage option 2, ER has a $500 copay but the maximum per visit that is covered is $1,000. Additionally, the plan will only cover 3 ER visits per year. Any amounts over the $1,000 for 3 visits per year, is patient responsibility in addition to the copay.
        - For coverage option 3, you will receive both the $150 reimbursement per day plus a copay of $50 with coverage up to $500 per visit / 3 visits per year.
- **What is KIS and how does that work? Is it covered at 100%?**
  KIS is a program offering bundled pricing for imaging procedures. If you use a KISx Card provider, you pay $0 out-of-pocket. Procedures include CT Scans, PET Scans, MRIs, and more. Contact a KISx Nurse before scheduling to access benefits.
- **How does the ER benefit work? What if the ER fee is more than $1000?**
  Emergency Room visits are covered according to your plan's benefits. If the ER fee exceeds $1000, you may be responsible for the balance of the charge for the services rendered.
- **What are my options if my healthcare claim is denied?**
  First confirm with the carrier that your claim was submitted by your provider of service and verify the reason for the denial. If the claim was denied, you can appeal the denial by contacting the insurance carrier. We recommend reviewing the denial notice, keeping all claims information such as bills, EOBs, etc. and reaching out to our HR Team for assistance with the appeals process.

Other Benefits

- **Are there any wellness programs or incentives?**
  Yes, CCRES offers wellness programs and incentives through the voluntary programs offered by Symetra such as reimbursements for biometric screenings. Details are available in your benefits guide or by contacting HR.
- **How do I update my beneficiary information?**
  You can view or update beneficiary information for all eligible lines of coverage through the online benefits portal.

After Enrollment

- **How do I confirm that my elections were submitted successfully?**
  You will receive a confirmation screen when your elections have been fully submitted through the

benefits portal. You can also log in to the portal to review your elections at any time and check your confirmation with all elections and amounts at any time.

- **When will I receive new ID cards? (Will everyone receive a new ID card?)**
  New ID cards are typically mailed within a few weeks after enrollment. Not everyone will receive a new card—only those who made changes or are new to the plan.
- **How do I access my benefits after they start?**
  You can access benefits using your ID card and by logging into the carrier's member portal. Details are provided once you register for your profile online.
- **Who do I contact if there's an issue with my coverage?**
  Contact the CCRES HR/Benefits Team or your insurance carrier's customer service for assistance with coverage issues.