



## Questions and Answers:

### **1. *How do I enroll and make my selections – Is it difficult?***

- A. The enrolment process is user friendly. Once you have received your password using the Forgot/Need your password instructions log into the Flexit360 enrolment system. From there you will follow the Step-by-step enrollment.
- The first step, verify your personal information to ensure that the information is correct. Notify your help contact on the screen if any changes are required. (Note your home phone number and personal email are not being used by the system, only work). Be sure to let your HR/Payroll know too so your HR (Ultipro) system is updated as well! Also be sure to update your employee smoker status on this screen.
  - In step two, verify dependents and add any missing eligible dependents. Here is where you also need to update, if applicable, your spouse's smoker status.
  - Starting in step three you will step through all of your benefits. Here is where you will be able to choose or review your various benefit coverage. Be sure to update your dependents on Health and Dental if you want them to be covered.
  - Your beneficiary information will be required on your Basic Life effective Oct 1, 2015.
  - Once you have confirmed your benefits, the last step will show you your confirmation statement as well as all follow-up. The beneficiary declaration must be printed, signed and dated and sent to the address on the form for your beneficiary to be considered in-force.

### **2. *Once my choices are confirmed, is that final for the year?***

- A. Yes, you will be allowed to go back in during the enrolment window but you must **confirm** your final choices by August 31, 2015. After the enrolment closes your choices are final, unless you require a change due to a life status change you cannot adjust your selections.

### **3. *What if I don't complete the enrollment?***

- A. There is a default plan design (core coverage) that will be provide a basic level of single coverage. IF you do not **confirm** your enrolment within your open enrolment

timeframe, you will not have access to customize your benefit selections until the next enrolment.

**4. Why do the dollar amounts change at the top when I choose different Health and Dental options?**

A. You are awarded different dollars from Brokerlink to cover the cost share on Health and Dental based on the options you select. As you move up and down options in these benefits you will see your Dollars Awarded and Dollars Remaining increase and decrease. The higher the option the less dollars you will have in the Dollars remaining to allocate to your Health Care Spending Account (HCSA).

**5. When I choose higher in Health and Dental why is there no payroll deduction under Health but there is under Dental?**

A. When you are choosing Health and Dental, together these benefits calculate your Dollars Remaining (dollars you can allocate towards HCSA). The system will use your Dollars Awarded to pay for your benefits, and Health will be paid for first then Dental, based on a tax effective hierarchy. When you elect higher options you will use more Dollars Awarded and eventually your cost share will appear. The payroll deductions (cost share) for your Health and Dental combined will differ depending on your dependents covered and the combinations of options you select.

**6. If I/my spouse have Optional Life Insurance that requires Evidence of Insurability (EOI) and we have been previously approved, will we have to re-apply for coverage and wait for approval?**

A. No. If you were previously approved for Optional Life Insurance, your approved amount will be grandfathered for the new plan year. If in future you increase your Optional Life Insurance amount, you will be required to submit an EOI.

**7. Why would I opt out of the dental program or take Basic in the health program?**

A. If you select the Opt-out, Basic or Coordination option, unused flex dollars (after selecting your health and dental care coverage) will be deposited in a Health Care Spending Account (HCSA) set up in your name. The HCSA provides you with maximum flexibility to help you pay for health and dental care expenses not totally reimbursed by the plan (and/or your spouse's plan), including some expenses not covered by the plan at all.

**8. What if my spouse has a benefits plan, do I have the ability to coordinate benefits?**

A. Coordination of benefits allows you to claim reimbursement from both plans, up to a combined maximum of 100% of the covered expense. When you are enrolling be sure to

update all dependents covered under the other plan by checking the “covered under another plan” under your Health and Dental benefits section.

**9. How do I update my smoker status on my Personal Profile?**

- A. Begin your enrollment and you will see the ability to update your smoker status on your personal information page. Remember to update your spouse’s smoker status too if applicable.