Annual Enrollment Guide FAQs

ACTIVE ENROLLMENT

Why is an active enrollment necessary?

Rice's benefits program will undergo some important changes this year, and we want to be sure that every employee is fully aware of the changes and makes an active decision regarding plan choices. In addition, we need to ask medical plan participants some questions about their tobacco/nicotine use and if they cover a spouse, some questions about other coverage available to their spouse. It is so important that we get answers to these questions that we are requiring each of you to access the portal and make active selections for your benefits.

What happens if I don't participate in the enrollment?

If you do not participate in annual enrollment, you will be defaulted into the HMO option, you will have the tobacco surcharge added for you and covered spouse, and we will assume that your covered spouse is eligible for coverage elsewhere, and you will be charged the spousal surcharge.

Will I be put in coverage if I don’t have any today, and don’t want any?

No, we will not default people with no coverage to the HMO option.

Will I be defaulted to the spouse surcharge if I do not cover my spouse?

No.

ENROLLMENT QUESTIONS:

Where do I go to enroll?

Benefits.rice.edu is the link that will enable benefits eligible faculty and staff to enroll.

Where do I find the Primary Care Physician Code (PCP)?

The PCP code is a number that can be found through the Aetna Doc Find website. Instructions on how to use this feature are found here: http://people.blogs.rice.edu/resources/
PICK A PLAN:

I don’t know what plan may be best for me. How do I decide? What tools are available to me?

Considerations for plan selections are:

1. Premium cost each pay period
2. Out of pocket costs when you access medical services
3. Network: Do you want a large network? Do you want out of network coverage? Are you willing to pay more for that?
4. Primary Care Physician (PCP) requirement: are you ok needing a referral from your PCP to see a specialist?

The ACO is the least expensive of all the plans, but it does have a small network, with only Memorial Hermann providers. The HMO has a large network, but it and the ACO require a referral from your Primary Care Provider (PCP) to see a specialist. The POS and Consumer Directed Health plan both use the same network (essentially the same as the HMO), but do not require a referral to see a specialist.

There is a tool in the enrollment portal that allows you to compare the relative cost of the plans. You can compare the cost of the plans using your current utilization, Rice average utilization, or the national average utilization. For any of these options you can adjust the numbers as you see fit based on anticipated use (i.e. are you planning to expand your family this year, or have that surgery you have been putting off?). The system will calculate the out of pocket costs for each of the plan options. It will include the premium cost and give you a total cost of care for each plan option.

Tobacco/Nicotine Use Surcharge

I vape. Does that count? What about snuff or dipping or chewing tobacco?

Yes, any tobacco use is included, and vaping is nicotine use, so it applies as well.

What If I quit using tobacco/nicotine?

If you successfully complete a tobacco cessation program, we will remove the tobacco/nicotine use surcharge
Can Rice help me quit using tobacco products?

Yes! We have implemented a new tobacco cessation program called Quit Genius (free to medical plan participants). We are still implementing their services, and don’t have contact information yet, but will soon, and will let all employees know about them in detail.

How do you know I am telling the truth about my tobacco/nicotine usage?

Integrity is one of our Rice values. We will trust our employees to tell the truth about their tobacco/nicotine use. We will ask employees to certify that they are being truthful about their enrollment information. If it is later found that someone has been dishonest in their answers, they could be subject to corrective action up to and including termination of employment.

My spouse smokes, but I do not cover him through my Rice insurance. Will I have to pay the smoker surcharge?

No, you will not pay the smoker surcharge. We are only concerned about spouses covered through the Rice Medical Plan.

Spousal Surcharge

My spouse’s plan is not as good as the Rice plan. What can I do?

You certainly can put your spouse on our health plan, however you must pay the surcharge if your spouse has coverage available at their employer. You need to compare the plans closely and decide if it is worth it to put your spouse on coverage here, paying the surcharge, or not.

My spouse’s annual enrollment is in the fall, and they did not put themselves on the plan then. How can I avoid the surcharge?

Our annual enrollment being at a different time in the year from your spouse’s annual enrollment qualifies as a life event allowing your spouse to add coverage at their employer effective July 1 when our new plan year goes into effect.

Consumer Directed Health Plan (CDHP)

What is the Health Savings Account (HSA) seed for?
You can use the HSA seed to help meet your deductible, or for dental and or vision expenses. Or you can save it and let your money grow through investments at Fidelity.

**Do I have to meet my deductible to get coverage for preventive care?**
No, in-network preventive care is coverage at 100% just like all the other plan options.

**HSA**

**How do I open an account?**
Rice will share your HSA enrollment with Fidelity. Fidelity will then set up a shell account for you. You will receive an e-mail from Fidelity asking you to go to the netbenefits portal to complete the account opening. Once that is completed, Rice will be able to fund your HSA seed for July 1.

**I want to save more into the HSA than just the account seed. How do I do that?**
You can elect a payroll deduction to the HSA when you enroll in your benefits.

**When can I change my HSA payroll deduction?**
You can change your HSA payroll deduction any time.

**I have money in my HSA at Payflex. Can I roll it over to Fidelity**
Yes, you can. We are working with Fidelity to make this process as easy as possible. Rice will reach out to you after annual enrollment to start that process.

**Can I leave my HSA account at Payflex?**
You may leave your HSA at Payflex but will have a $4 per month account fee starting July 1, 2021.

I am trying to decide if I want to have an FSA or to enroll in the Consumer Directed option with an HSA. What should I consider?
Both are good options that allow you to save on taxes for qualified medical expenses.
Can I use an HSA if I have FSA?
No, you are not able to use an HSA if you have a Medical Flexible Spending Account.

Pharmacy
My doctor says I cannot take generics. Can my doctor write me a note to get me out of the penalty?
No, with this new program, your doctor can write your prescription “dispense as written”, but the penalty will still apply.

LTD
More details on Individual Disability insurance (IDI)

Life Insurance
My life insurance amount appears to be different than it was last year. I still have five times my salary in coverage. Why did it change?
There will be a change to our method of determining coverage level for FY22. To calculate your coverage level, take your annual salary and multiply it by the level of coverage (multiplier) you are electing, and round to the nearest $1,000.
Example: Annual Salary $44,500 who wants five times their salary in life insurance: $44,500 x 5 = $222,500. Round up to $223,000, and that is the coverage level that will be in place.

Medical Flexible Savings Account
How much can I save in a Medical Flexible Spending Account (FSA)?
$2,750
Will my medical FSA remain at WageWorks?
Yes, however, Health Equity purchased Wage Works, and they are undergoing a change to their branding. You will see both names for a while, eventually moving to being branded only as Health Equity

**Does the medical FSA roll over year to year?**

No

**Dependent Care FSA**

**Is this for medical care for my dependents?**

No, the Dependent Care FSA is for child-care, after school care, elder day care for tax dependents.

**Informational Resources**

**Is there a Zoom meeting recorded that I can listen to?**

Yes, you can view the recorded sessions here (insert link)

**Can I call someone?**

Yes. If you have questions, please call the benefits service center at 713-348-4663.

**I have a question for a vendor, how do I reach them?**

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<tr>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Benefit Service Center</td>
<td>713-348-2363</td>
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<td>Aetna Concierge</td>
<td>1-800-905-7670</td>
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<td>Medical</td>
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<td>Dental</td>
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<td>Express Scripts (RX)</td>
<td>1-800-361-4542</td>
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<td>UNUM</td>
<td>1-888-857-1057</td>
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<td>1-877-924-3967</td>
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<td>Medical and Dependent Care FSA</td>
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<td>COBRA and Direct Bill</td>
<td>1-877-502-6272</td>
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<td>ARAG (group legal)</td>
<td>1-800-247-4184</td>
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<td>Fidelity HSA</td>
<td>1-800-544-3716</td>
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Retiree Health Plans

I am a Medicare eligible retiree and I cover my spouse who is not eligible for Medicare on my Rice plan. How will that work?

Rice is changing the way it manages retiree health benefits. In the past, retirees have been allowed to stay on medical, dental, and vision coverage. We will no longer be offering this option (with the exception of the medical plan for eligible pre-65 retirees and pre-65 eligible dependents). This change will apply differently to Medicare eligible retirees and non-Medicare eligible retirees.

Retirees eligible for Medicare (Post-65 or due to disability)

Medicare eligible retirees will be eligible to use a service called ”Via Benefits” to help them find Medicare Supplements that work for them. They will have many more choices in coverage levels and many more price points to consider than they have had previously. There are also dental and vision plans to choose from. Via Benefits provides licensed, professional Benefit Advisors to work with you to select the right Medicare Supplement for you. Retirees will receive an enrollment guide from Via Benefits when it is time for them to make their enrollment decisions. Retirees will pay for their Medicare Supplement coverage directly to the insurance carrier(s) they select. Via Benefits Benefit Advisors can help you with the process of setting up automatic payments to the carrier.

Retirees not eligible for Medicare (Pre-65) and eligible dependents not eligible for Medicare (Pre-65)

Via Benefits will be the resource for finding all retiree dental and vision coverage. For pre-65 retirees and eligible pre-65 dependents, we will continue to provide the active medical plan through Aetna and ExpressScripts. Payment for this coverage will continue to be made to Wage Works/Health Equity.

I will be retiring June 30. What do I need to do to plan my retiree medical coverage?

For future retirees, information will be sent to your home from Via Benefits once your retirement date is entered into the payroll system. To ensure timely communication, please make sure your department sends in your termination form as soon as possible.