

Open Enrollment FAQ

As Open Enrollment for 2025 continues, please refer to the following document for Frequently Asked Questions regarding the process. As a general reminder, please note the following information:

Open Enrollment Ends November 22 at 11:59pm

Please review all available resources (including this FAQ document) to determine whether you need to elect benefits for 2025, or if no action is required.

Available Resources

Log on to Benefits Connection via [Benesch Connect](#) to review all documents provided for this year's Open Enrollment process and a recording of the Benefits Open Enrollment meeting. In addition, you will find benefit option summaries, changes to benefits in 2025 and instructions for electing benefits on ADP.

OE is taking place in ADP Workforce Now

Log in to [ADP Workforce Now](#) and you will be prompted to elect your benefits for 2025.

Answers to specific questions asked by Benesch employees are included on the following pages.

If you require further assistance, please reach out to benefits@benesch.com.

Q. Will the slideshow for 2025 Benefits Open Enrollment be available for review?

A. Yes, the presentation recording and slides are available on Benefits Connection on the *Open Enrollment* page.

Q. Is the open enrollment meeting chargeable time?

A. No. The open enrollment meetings are on your own time. The meetings are not chargeable.

Q. Why did Benesch increase employee premium rates and deductibles?

A. While we did not make any changes to the health carrier or plans themselves, we have had to increase employee contributions. This decision was driven by the rising medical trend costs that affect us all. Please know that we, as your employer, made every effort to minimize changes and disruptions this year, only implementing those adjustments required by the IRS on the HDHP plan.

We understand that any increase in contributions can be challenging, and we appreciate your understanding as we navigate these circumstances. Our goal remains to provide you with quality healthcare options while managing costs effectively.

Q. If I do not want to make any changes to my benefits, is there any action I need to take for open enrollment?

A. All benefit elections will carry over into the new plan year without any action, except Flexible Spending Account (FSA) enrollment. If you wish to enroll in the Healthcare FSA, Limited Purpose FSA or the Dependent Care FSA, you need to complete open enrollment and make your FSA elections for the new plan year.

Q. Will our policy elections for 2024 automatically roll into 2025 without doing anything, or do we need to set them up all over again? When is the deadline for making changes?

A. If you do nothing, your current elections will roll over except for Flexible Spending Account elections. If you want to contribute to your FSAs in 2025, you must actively elect this during Open Enrollment in ADP by end of day 11/22/2024.

Q. Is turning age 26 considered a qualified life event?

A. Yes. Turning 26 is considered a qualified life event. If you have a dependent child currently on your benefits, turning age 26, medical, dental and vision will continue until the end of the month in which they turn 26. All other benefits will end on the day they turn 26. If you are an employee turning age 26 and would like to enroll in Benesch Benefits, please go to the Turning Age 26 page on Benefits Connection. [benesch.eebenefits.info](https://www.benesch.eebenefits.info).

Q. If I want to add vision to my plan, do I need to enroll in all the other benefits? (i.e., high deductible, dental, etc.)

A. No, you may enroll into any of the plans on a stand-alone basis. Medical, Dental, Vision, FSAs, LTD buy-up, Voluntary Employee Life, Identity Theft, Accident, Critical Illness, Hospital Indemnity and Pet Insurance can all be elected on a stand-alone basis. Only the HSA, Limited FSA, Spouse Voluntary Life and Child Voluntary Life have requirements to be enrolled in those plans.

Q. Does Benesch offer a credit if I choose to opt-out of Benesch's Health Insurance Programs and decide to participate in my spouse's work health insurance?

A. No. Benesch does not offer a credit for waiving benefits.

Q. What type of services go towards the deductible and/or out-of-pocket maximum?

A. Under the Traditional PPO, allowable medical services that are your responsibility, outside of copays, will apply towards the deductible. Under the HDHP PPO, this would include both medical services and prescriptions. Once the deductible has been met, the coinsurance component kicks in.

Q. Do copays for the PPO (medical and Rx) count toward the deductible and out-of-pocket maximum?

A. Copays do not count toward the deductible, but they do count toward the out-of-pocket maximum.

Q. For the HDHP, after satisfying the deductible, does the coinsurance & "20% after deductible" compound? So, the employee would be responsible for 40% until reaching the out-of-pocket maximum?

A. No. In most cases, you will be responsible for 20% of each claim above the deductible up to your out-of-pocket maximum.

Q. Is there a drug list that we can look at to see what category our prescriptions are in before enrolling in the Traditional PPO?

A. Yes, this can be found on the BCBSIL site. Benesch plans access the Basic Drug List.

Q. Can the Traditional PPO have your current HSA going forward or only high deductible going forward?

A. Members are not eligible to contribute to an HSA if they have coverage under the Traditional PPO plan. You can only contribute to an HSA if you are on the High Deductible Health Plan. Any monies that remain in the HSA are yours to use on eligible medical plans if you switch plans.

Q. Will a bill paid from my HSA account be added to the deductible?

A. All allowable medical services that are your responsibility, outside of copays, will apply towards the deductible. The HSA is a form of payment.

Q. Will I receive two cards for Chard Snyder if I have both an HSA and Limited FSA?

A. No, the card provided will be stacked. If you use your card for an eligible FSA expense (dental or vision) then payment will pull from Limited FSA dollars first unless they've already been exhausted.

Q. Does the HSA cover dental and vision?

A. Yes, qualified healthcare expenses include medical, prescription, dental and vision. Under the Limited Purpose FSA, only dental and vision expenses are eligible for reimbursement.

Q. Are we eligible to receive the family employer contribution amount to HSA if it's employee + spouse? Or is a dependent required?

A. Under the HSA, family coverage assumes employee plus one or more dependents, which includes spouse.

Q. If I didn't contribute to my individual HSA account, will I still receive Benesch's annual contribution of \$1,600 or \$3,200 if I am enrolled in the HDHP?

A. Yes. Employees do not need to contribute to the HSA in order to receive the employer contribution from Benesch.

Q. For the HSA catch-up contribution, does one need to be age 55 at the start of 2025, or will turning 55 during 2025 suffice to be eligible?

A. You are eligible to contribute the full \$1,000 catch up contribution the year in which you turn age 55.

Q. How do we request additional HSA cards for spouses/adult children on our insurance?

A. Once the new accounts have been opened and you've been provided with account details, you will be able to work directly with Chard-Snyder for this type of request.

Q. I currently have the PPO plan with an FSA. Can I now switch to the HDHP with an HSA, and what happens to the funds currently in my FSA?

A. Yes, you can switch to the HDHP with an HSA for the new plan year. Up to \$660 of remaining funds in your FSA can be carried over into the 2025 plan year but will be transferred to the limited purpose FSA. These funds can then be used for any dental and/or vision expenses in 2025.

Q. Will rollover from Chard Snyder FSA automatically roll into the new account?

A. Yes, but you will not see this until late April. Chard Snyder must finalize the 2024 plan year, which cannot take place until after March 31, 2025.

Q. What happens to forfeited FSA funds? Where does the money go?

A. The FSA is a government regulated account. Any amounts above the \$660 carryover limit are forfeited. They can be used to make up plan shortages or pay for plan administrative expenses.

Q. Is there a way to calculate the savings of the FSA for parking?

A. Dollars are being set aside on a pre-tax basis, so your savings would be based on your normal income tax rate.

Q. Will all the transit and parking dollars remaining in my 2024 account roll over to 2025?

A. Yes, these dollars will carryover. Transit and Parking FSAs carry over from year to year and changes to these accounts can be made at any time throughout the year.

Q. If I am currently enrolled in the Health Care FSA or the Limited Purpose FSA for 2024, but do not wish to enroll in the FSA for 2025, is there any action I need to take? Do I need to enroll in the FSA and select \$0 as the contribution?

A. No. There is no action for you to take. You do not need to enroll in the Flexible Spending Account for 2025. If you do not enroll in the Healthcare FSA or the Limited Purpose FSA for 2025, you will not have coverage. The carryover will automatically happen with Chard Snyder. If you do have any carry over amounts, you can still use those funds to pay for any eligible expenses that occurred in the 2024 plan year.

Q. If my spouse has an FSA, can I enroll in the HSA through Benesch or vice versa?

A. If your spouse has an FSA, then you cannot have an HSA. If your spouse has an HSA, then you could elect a Limited FSA to go along with it, but not a Healthcare FSA.

Q. The cost for Life/AD&D/LTD is confusing on the sheet provided. Can you explain them a bit?

A. Voluntary Life rates are based on your age and the rate is per \$1,000 of coverage. Long Term Buy Up rates are based on per \$100 coverage. Carrier highlight sheets provide a detailed calculation. Please visit Benefits Connection for more information.

Q. For disability benefits, there is reference to % of monthly earnings. What is included in monthly earnings? Is this base hourly rate x 2080 or does it include bonus, overtime, etc.?

A. The definition of monthly earnings is your W-2 earnings shown in the income box on our W-2 form, which reflects wages and other compensations.

Q. Do any of the LifeLock plans include a VPN service for personal computers?

A. Yes. This feature was added into both LifeLock plans, effective March 2021 for all existing and new members.

Q. How is the \$600 premium rebate for Vitality paid to employees?

A. The \$600 premium rebate that you can earn by reaching Platinum Status for the Vitality plan year is paid to employees in May. It comes in the form of a credit to your medical premium on your paycheck. When paid, it will be the \$600 minus your regular scheduled bi-weekly medical deduction for that week.

Q. How do we access the Employee Assistance Program? Is it listed on the Benefits website?

A. The Employee Assistance Program contact information is in the Benefit Guide and on the [Employee Assistance](#) page of Benefits Connection.

- Phone consultations: **800.272.7255**; unlimited calls, 24/7
- Your company Web ID: **COM589**
- Online tools and resources: visit www.guidanceresources.com

Q. Is airlift evacuation covered under our medical plans?

A. Air ambulance/transport services are within benefit when deemed medical necessary. Instances that would meet medical necessity include when a point of pickup is inaccessible by land, or obstacles are involved in getting the patient to the nearest appropriate facility and hospital admission is greatly needed. This is not an all-inclusive to instances that would meet medical necessity. More information can be found in the BCBS PPO Booklet on the [Medical Page](#) of Benefits Connection.

Q. Is laser vision surgery covered under either vision plan with VSP?

A. Laser vision surgery would not be covered in full under the vision plan; however, there is a discount provided – an average of 15% off the regular price and 5% off promotional prices. The member would want to contact Member Services (1-800-877-7195) to be sure they are seeing a VSP provider that can refer them to an office that honors the discount.

Q. For Pet Insurance, how are pre-existing conditions handled?

A. A pre-existing condition is defined as an injury or illness which occurred, reoccurred, existed or showed symptoms, whether diagnosed and/or treated by a veterinarian, for a specified period of time prior to the effective date or during the benefit waiting period. PetPartners will do a six-month look back, then the condition will be covered after 12 months.