Frequently Asked Questions on the medical insurance transition.

Q 1: Are the 5 current wellness components still required on the new plan?

A 1: No, they are not. If you do not complete all of the components this year, it will not have any impact on next year's premium. Remember, however, that the new insurance plan does have required employee contributions for employee-only coverage.

Q 2: Will the district continue to sponsor health fairs, flu shot clinics, or other wellness programs?

A 2: We want to continue to promote a culture of wellness in the district. We have had very active partners in our wellness programs with our previous carriers, but we do not believe that the state's plan is going to be an active partner in our programs. We are going to have to take a stance of "wait and see" and involve our Insurance / Wellness committee in those discussions after school starts in the fall.

Q 3: I have accumulated points in CaféWell that qualify for a gift card. Can I still request a gift card?

A 3: All gift card requests must be made by July 23, 2022.

Q 4: What is the plan year for the new insurance coverage?

A 4: The new plan year is July 1 through June 30. However, for this first year, the plan year will be September 1, 2022 through June 20, 2023

Q 5: Am I required to take the insurance offered by the district?

A 5: After we transition to the new plan, employees will have the option to "opt out" of the district provided coverage. Please contact Shauna Miller in the Human Resources office for the appropriate form to complete. Employees who waive the new coverage will only be able to rejoin the plan during an open enrollment period or after a qualifying event allowed by the Affordable Care Act.

Q 6: Will I need to complete new paperwork for the new plan?

A 6: All employees will have to complete new paperwork (either electronically or via an on-line portal). Information required for each employee and covered dependent will include full legal name, Social Security Number and date of birth.

The link for the on-line portal is: https://id-controller.viewpointcloud.com/categories/1088

We also have a "training" video showing you how to navigate and enter data into the portal. The link for that video is: https://www.youtube.com/watch?v=01nXCb7x9S0

Q 7: How can I learn more about the options available to me through the new state plan?

A 7: Insurance is a complicated topic. We want to get as much information into your hands so that you might be able to make an informed decision as to which medical plan option is best for you. We had several meetings in June and the meeting notes are attached. Those same notes are available at this link: https://resources.finalsite.net/images/v1655758625/d25k12idus/zwgvrgpvvvpfrdc7ygjk/OGIInsuranceMeeting.pdf

We have scheduled another set of in-person meetings on August 1, 2022. Please refer to the appropriate e-mail for instructions on how to make a reservation.

The OGI website has a number of resources for employees as they will need to research which of the state plans will be best for their family's circumstances. This includes the premiums for each insurance plan. Remember, as you research the plans available, the employee will always have contributions toward their own premium. The web link for these resources is: https://ogi.idaho.gov/

Q 8: The state's open enrollment period was in April and May. Will there be another open enrollment period offered?

A 8: We are technically in an open enrollment period. However, to ensure that employees have new insurance cards by September 1, 2022, the open enrollment period will end on August 12, 2022 for CURRENT employees who want to change or sign-up for medical coverage. New employees are not subject to the limitations of an open enrollment period. Current employees who miss making changes during the August 2022 open enrollment period will have to wait until next April's open enrollment period for coverage beginning in July 2023.

Q 9: Will the deductibles and maximum out-of-pocket expenses I have paid for the year be reflected in the new plan?

A 9: No, they will not. When we convert to the new coverage on September 1, 2022, the deductibles and out-of-pocket expenses paid by you will reset to $0. The good news though, is that the deductible will be for a 10-month period, ending in June 2023.

Q 10: I don't get paid during the summer, how will my portion of the medical premium be collected?

A 10: We will require that employees self-pay their portion of their premium during the summer (and for dependent coverage as well, if an employee has that coverage). Notices will be sent at the beginning of the summer to employees with details about the payment requirements and payment deadlines. For future years, we are investigating if summer premiums might be collected during the school year and paid out during the summer (much like American Fidelity payments are currently handled for classified employees).

Q 11: What happens if my portion of the premium is not paid by a due date?

A 11: If payments are not received by any due date (for either employee-only or dependent coverage), the employee's and/or dependent's coverage will be dropped without notice. An employee and/or dependent will only be eligible to re-join the plan during an open enrollment period. After the plan transition on September 1, 2022, the open enrollment period will generally run from late April through mid-May of each year. This period is dictated by the State's plan administrator. This would mean that you would be without coverage for several months as coverage would not be available until the July after your insurance drop date.

Q 12: My spouse also works for the district and is eligible for insurance. What options do we have to make sure we qualify for the family deductible?

A 12: Just as we have "double couple" coverage with our current plan, we anticipate being able to offer that same coverage under the new plan. We are currently reviewing the premium costs and plan designs to determine how it will be best implemented. We have also been informed that Blue Cross (the new medical carrier) should be capable of combining employees in their system in order for "double couples" to take advantage of family deductibles and out-of-pocket maximums.

Q 13: I am a part-time employee that currently has dental and vision coverage but not medical coverage. Can I continue participating in the dental and vision plans without having to purchase the medical coverage?

A 13: No. The dental and vision coverage offered through the state's plan is only available to medical insurance participants. The district currently does not have any plans to purchase separate vision and dentals coverage for employees who opt-out of the medical plan.

Q 14: Our current medical plan with PacificSource allows us to pay in arrears. Because the state requires premium payments at the beginning of the month rather than in arrears, how will my portion of the premium be accounted for?

A 14: This information is currently preliminary and may change as the summer progresses. We do know that the August / September check(s) will be challenging. Employees are still going to be responsible for the August premium going to PacificSource as well as paying for the state plan's premiums which are due September 5th. In essence, we have to pull two months' worth of premiums out of a single month's salary. We are still trying to determine the best and least intrusive way to make that happen, but currently, the plan is to pull both sets of deductions out of the August check. Stay tuned as this may change. If an employee is already paying a $65 premium differential, those payments will be suspended after July.

If an employee will not receive a check in August (this also includes new employees who start work in August but are not paid until September), the district will pay the employee's portion of the premium and the district then will make a double deduction in the month of September for the employee-paid premium. We are investigating as to whether we can pull the second set of

premiums over multiple months if the employee has elected dependent coverage. Again, stay tuned for more information as the summer progresses.

Q 15: Can I still utilize my Retirement Sick Leave (RSL) dollars to pay for my premiums when I retire? Will the number of sick leave days be capped to match the limits imposed on other state employees?

A 15: You will still be able to utilize your accrued sick leave benefit to purchase coverage after retirement through the RSL program with PERSI. The state's limits will have no impact on the district's limit – which is currently 492 days.

Q 16: I have already met with American Fidelity, what do I need to do to make adjustments to my cafeteria plan deductions?

A 16: This is a question that has two possible answers. If you have already made arrangements for a deduction to a flex plan (medical reimbursement), American Fidelity will try and reach out to you during the summer and verify your annual election with you. If they cannot reach you, or if you feel that you may need to adjust it for the new limits on the new plan, American Fidelity will also be available during the month of August for you to make those adjustments. Stay tuned for dates and times. Any changes have to be done by August 31, 2022.

The other answer is related to the pre-tax benefits of any employee-paid deduction. If you already have deductions that are pre-taxed through the cafeteria plan, any other medical deductions will automatically be updated to be pre-taxed. If you currently do not have any pre-tax premiums through the cafeteria plan, you can request that they become pre-taxed if you meet with American Fidelity during the month of August. We will also have forms available in the Human Resources office for you to sign if you want to pre-tax your premiums without having to meet with American Fidelity.

Q 17: I am currently involved in a "Domestic Partnership". Can I cover my "domestic partner / significant other" as a spouse under the new medical plan?

A 17: The State of Idaho does not recognize domestic partnerships and domestic partners will not be allowed as a dependent on the medical plan.

Q 18: I am the primary care giver to my grandchildren. Can I cover them as dependents on the new medical plan?

A 18: Unless a child has been legally adopted or is the biological son or daughter of an employee, they will not be allowed as a dependent on the medical plan.