

## **Benefit Questions and Answers**

**Q1: If we leave everything the same as last year's enrollment, do we need to do anything?**

**A1:** As with past years, you only need to submit forms/elections if one of the following applies:

- 1) you wish to make changes = [Benefit Election Form](#)
- 2) you are enrolled or wish to enroll in the FSA plan = [Navia](#) online enrollment starting November 3rd and ending November 21st (employer ID: FAI)
- 3) you waive medical and need to opt into the cash in lieu for 2026 = [Waive Medical Form](#)
- 4) you wish to enroll in one of the new Unum coverage options = [Employee Navigator](#) online enrollment November 3rd and ending November 21st (Employer ID: FarPubSchools)

If those do not apply, then you are not required to return any forms. As good practice, I recommend reviewing the Open Enrollment Letter for any changes or updates to coverages.

**Q2: What benefits does the District offer?**

**A2:** FPS offers a range of voluntary benefits including medical, dental, vision, Flexible Spending Accounts (FSA), Short Term Disability, Voluntary Life, Whole Life, Accident, Hospital Indemnity, and Critical Illness Insurance. For plan details and eligibility, please refer to the Benefit Guide.

**Q3: What defines "family" for coverage?**

**A3:** The definition for family depends on if we are talking about premiums or deductibles. For premiums, we have 3 levels of costs: single, 2 person and full family where family is defined as employee + 2 or more dependents. For deductibles, you are considered family once you have any dependents covered under the plan.

**Q4: How long can I keep my children covered under my medical, dental and/or vision coverage?**

**A4:** For FPS, we will cover a child until the end of the year in which they turn 26. To be covered beyond the age of 26, a dependent child must be a full time student (verified by their University) or a disabled dependent (with documentation of disability prior to age 19).

**Q5: I am currently covered under my parents plan but will be turning 26 next year. Should I enroll during open enrollment or can I enroll when I lose coverage?**

**A5:** Loss of coverage is considered a life event which would allow you to make a coverage election midyear. To do so, you would need to complete all the required paperwork to enroll and provide documentation of the loss of coverage within 30 days. Once outside 30 days, then you would have to wait until the next open enrollment.

Step one is to verify when your parents plan will terminate coverage as this will give us our election window. Some plans terminate coverage as of the day you turn 26, some are the end of the month in which you turn 26 and others, like FPS, cover you until the end of the year in which you turn 26. The request must be timely so once you know for sure when you will lose coverage, I would recommend reaching out to the Benefits Department with the documentation.

The paperwork will be the same as during open enrollment where you'll need the Benefit Election and the BCBS/BCN Enrollment forms.

**Q6: Am I allowed to make changes to my benefits during the year?**

**A6:** You are only permitted to request a midyear change in your coverage if you have a life event as defined by the IRS. This can be the birth of a child, divorce, change in daycare, marriage, etc. You must report the change to the benefits office within 30 days of the event and provide documentation of the event. You will also need to complete the required paperwork for your request. For questions about life events, please contact the Benefits Office.

**Q7: What are the key differences between a PPO and an HMO plan?**

**A7:** PPO plans have a large network of providers where you may see anyone in or out of the network. To ensure you get the most value for your coverage, you should try to see in-network providers. While you have the freedom to see providers outside of the network, you will pay more out of pocket. With the PPO you do not need to elect a primary care physician and you do not need a referral for service to see a specialist.

HMO plans work a little differently and tend to have a slightly smaller list of providers. For an HMO, you must select a primary care physician (or PCP) and all providers must be in-network – there is no out of network coverage under an HMO plan. The other thing to remember with an HMO is you are required to have a referral from your PCP to see an in-network specialist. The only exception is for women who may see an in-network OBGYN who is not their PCP.

**Q8: What are the key differences between a traditional and a CDHP plan?**

**A8:** Under a traditional plan, you pay a set copy when visiting your primary care provider, a specialist and for prescription drugs. They generally have a lower deductible for major care and once the deductible is met, the plan will begin sharing costs, this is called coinsurance.

Under a CDHP plan, or high deductible plan, you pay the full cost of most services until you reach your deductible - including for prescriptions. Preventative care is covered by all plans at 100%. A CDHP plan has a higher deductible for non-preventative care and once the deductible is met on FPS plans, you will have some copays for prescriptions. The plan will cover 90% of most other services.

**Q9: I am not currently taking medical benefits and receive the \$500 however I do receive the vision and dental. Should I fill out the waive medical coverage form? Will my dental and vision plans remain in place?**

**A9:** The Waive Medical Form was created for those who need to opt into the cash in lieu but do not wish to make any changes to dental/vision coverage. We only make changes to coverage if you request a change to your coverage. If you need to make a change to your dental and vision plan, then please complete the [Benefit Election form](#). If you only need to opt into the cash in lieu (without any changes), then please complete the [Waive Medical Form](#).

**Q10: When does the cash in lieu payment process?**

**A10:** If you are eligible for the payment **AND** submitted a form for the 2025-2026 school year, the payment should process for the first pay in December.

**Q11: How do I find the rate sheets?**

**A11:** Rate sheets were included in the email sent out on October 31st with all the other open enrollment materials. As they are specific to different groups, they are not published on the website. If you need an additional copy (or materials), please email [fpsbenefits@fpsk12.net](mailto:fpsbenefits@fpsk12.net) to request additional copies.

**Q12: Where do I find forms for open enrollment?**

**A12:** All forms were emailed out to staff on October 31st. Hard copies and the Google forms are available on the [Open Enrollment page](#) on the FPS site (under Staff and then Benefits).

**Q13: I am the legal guardian for my grandchild. How can I add them to my coverage?**

**A13:** Once you are granted guardianship through the court, you would have 30 days time to request to add them to your coverage. To add dependents to coverage, you would need to complete the required forms and provide the court paperwork to support the request. For help or questions regarding changes to your coverage, please email [fpsbenefits@fpsk12.net](mailto:fpsbenefits@fpsk12.net) or call the Benefits office at (248) 489-3354. As a reminder, you must make your request within 30 days of when the change happens.

**Q14: If I am having oral surgery, what is covered under dental and/or medical?**

**A14:** For most oral surgery, those would be applied to your dental coverage. These include periodontal surgery, oral surgery, extractions (removal of teeth) and general anesthesia or IV sedation in relation to oral surgery or medically necessary. Generally anything falling under dental care is excluded from medical coverage.

**Q15: How can I review what my current elections are?**

**A15:** Unfortunately, we do not have a benefits system you can log into but the Benefits Department can verify coverage. Just email [fpsbenefits@fpsk12.net](mailto:fpsbenefits@fpsk12.net) to make that request.

**Q16: How does the pre-existing conditions clause for Short Term Disability work?**

**A16:** If you are being treated or have been diagnosed with a condition within the 3 months prior to the effective date of coverage, then you develop a disability during their first 12 months that is related to the pre-existing condition that would not be covered.

On the other hand, if you develop a disability within your first 12 months of coverage for which you were not previously diagnosed/treated (such as a car accident or being diagnosed with COVID for the first time) that disability would be covered.

**Q17: I am having surgery in December. Can I elect the FSA for the next plan year and use those funds to pay for my surgery?**

**A17:** No, expenses must be incurred during the current plan year. If you have follow up care in January where you have out of pocket costs, then you could use FSA dollars for those out of pocket expenses in the new plan year.

The only exception to this rule is orthodontics. You can use your FSA to cover payments made for braces, even if the braces were put on before the start of the current plan year.

**Q18: How do I return forms?**

**A18:** If you are completing one of the Google forms from the website, they are submitted and logged once you hit the submit button at the end of the form. If you need to return any of the BCBS/BCN or a paper copy of the Benefit Election forms, then you can fax them to the HR office at 248-489-3318, drop them off at the Benefits Office (Administration Building) or scan/email them to [fpsbenefits@fpsk12.net](mailto:fpsbenefits@fpsk12.net). If emailing forms back, please keep originals for your records. We ask that you not submit more than once.

**Q19: How can I verify my forms have been returned and are correct?**

**A19:** Due to the volume of forms and inquiries, we are typically not able to confirm if forms have been received. All paperwork submitted will be reviewed and you will be contacted if there are any questions or should we find anything missing. If you email a form, typically you will get an auto response thanking you for submitting the form. Google forms submitted are logged so we can track them. Please understand, due to the volume of emails, response times for confirmation emails will not be timely.

**Q20: How do I determine which form(s) I need to submit?**

**A20:** Depending on what you are attempting to do, depends on what paperwork may be required. Here are some guidelines:

1. I am enrolled and happy with my current coverage. I do not wish to add or change my coverage so I am NOT required to complete/return any forms. The exceptions to this is if I want to participate in the FSA, enroll in the new Unum coverage option(s) or opt into cash in lieu.
2. I wish to enroll in the FSA or Dependent Care FSA plan. You need to register or log into the Navia website to enroll [online](#). Instructions were sent via email on October 31st and are available on the [Open Enrollment page](#) of the website. **You must re-enroll annually to participate next year.**
3. I waive medical but do not want any other changes. Please complete the [Waive Medical Form](#) from the website. It submits automatically once you click submit.
4. I want to make changes to my medical, dental and/or vision coverage. Please complete the [2026 Benefit Election form](#) - even if you waive medical - so you may make changes to your dental and/or vision coverage. You can complete the paper version **or** the Google version from the website. The Google form submits automatically once you click

submit. The paper version needs to be faxed, dropped off to the Benefits Office, or emailed (without SSN's) to [fpsbenefits@fpsk12.net](mailto:fpsbenefits@fpsk12.net).

5. I wish to enroll/change my Voluntary Coverage with Unum. We are using [Employee Navigator](#) for all enrollments and changes. Please use the link to the [Enrollment Resource Page](#) on the [Open Enrollment page](#) of the website to access coverage details, videos and links to enroll or schedule time with a Unum Enrollment Support Representative. Our Employer ID is FarPubSchools. The system will be available until November 21st.
6. I don't need any changes except I want to adjust my HSA contribution. Please complete the [HSA Change Request Form](#) on the [Benefits page](#).

*Note: Please only submit one Election form. If emailing forms, please keep originals for your records. For those making changes to medical coverage, you will need to also complete the BCBS/BCN forms.*