

## 2019 BENEFITS ENROLLMENT FREQUENTLY ASKED QUESTIONS

---

### BENEFITS ENROLLMENT

- What is Benefits Enrollment, and when does it take place?
  - Benefits Enrollment is your opportunity to make or change elections for medical, dental, life, FSA, Dependent Care Reimbursement, HSA and voluntary benefits. Your 2019 Benefits Enrollment is Friday, Nov. 2, through Friday, Nov. 16, 2018. Outside of Benefits Enrollment, changes may only be made consistent with a qualified life event such as birth/adoption of a child, marriage, etc. (visit *MyAllina* for full details).
- Where do I find out more information about the health plans offered to me in 2019?
  - Visit [allinahealth.org/2019enrollment/nurses](http://allinahealth.org/2019enrollment/nurses) and *MyAllina* beginning Oct. 1 through the 2019 Benefits Enrollment period, Nov. 2-16.
- Do I have to enroll in a new plan for 2019?
  - We encourage all employees to review their plan elections each year during Annual Enrollment. You must also enroll in Flexible Spending Accounts (health care and dependent care) each year, consistent with the rules governing those plans, as those elections will not roll over.
  - **Please note:** Nurses currently in the Advantage or Choice plans must actively elect a new plan for 2019 or they will default to waived coverage for medical. Nurses who are currently enrolled in the Allina First Plan, enrolled in the Select or Basic Health Savings plans or waived coverage in 2018 will automatically have their existing election roll over into 2019 if no new election is made during 2019 Benefits Enrollment, Nov. 2-16.
- How can I enroll?
  - Visit *MyAllina*, Nov. 2-16.
- What if I enroll in a plan and then change my mind?
  - You will be allowed to make changes during Benefits Enrollment. After 2019 Benefits Enrollment ends, you will not be allowed to make changes until 2020 Benefits Enrollment or you experience a qualified life event during the year.
- When can I expect my medical insurance card if I'm changing my medical plan election?
  - If you make a new plan election for 2019, watch for your new ID card(s) in the mail by the end of December or early January. If you make no new elections, you will continue to use your current ID card. If you need to order additional cards, please call your plan administrator.
- Will there be onsite or recorded informational meetings?
  - Yes, please refer to [allinahealth.org/2019enrollment/nurses](http://allinahealth.org/2019enrollment/nurses) for locations, dates and times of onsite meetings – and a recorded session is available, too.
- Are there any tools or resources to help determine the best health plan for me and my family?
  - Yes, we encourage employees to tap into the many online and in-person resources available at [allinahealth.org/2019enrollment/nurses](http://allinahealth.org/2019enrollment/nurses).

## CONTACTS

- Who do I contact if I have questions?
  - **Allina First Plan and Select Health Savings Plan:**  
Blue Cross Blue Shield of Minnesota at 1-800-509-5310
  - **Basic Health Savings Plan:** Allina Health | Aetna at 1-800-343-9264
  - **Pharmacy:** Express Scripts at 1-800-509-5310 or 1-800-343-9264 (option 2)
  - **Dental:** Delta Dental of Minnesota at 1-800-453-9912
  - **FSA, HSA or HRA:** ConnectYourCare at 1-844-400-5723
  - **Eligibility or enrollment:** HR Service Center at 612-262-4688; toll free at 1-877-992-8099

## BENEFIT PLAN TERMINOLOGY

- **View the Health Plan 101 video at [allinahealth.org/2019enrollment/nurses](http://allinahealth.org/2019enrollment/nurses) for a full description of benefit plan terminology, such as:**
  - What's the difference between a copay and coinsurance?
    - A copay is a flat fee for a specific service; coinsurance is a percentage of the allowed cost of a specific service and is typically applied after an individual or family meet their deductible.
  - What is a deductible?
    - The total amount you pay out of pocket before the medical plan begins to pay. After that, Allina Health will help pay for eligible claim expenses. All services except preventive services are subject to the individual and family deductible on the Select and Basic Health Savings Plans. Some benefits, such as inpatient and outpatient hospital, are subject to the deductible on the Allina First Plan.
  - What is the out-of-pocket maximum?
    - This is the most you'll pay in a calendar year for covered expenses. If you reach that amount, you're done paying. For the rest of the year, the health plan will cover 100% of eligible expenses. Make sure to take this into account if you're concerned about a catastrophic event. The Allina First Plan has a separate out-of-pocket maximum for medical and pharmacy, whereas the Basic and Select Health Savings plans have a combined medical and pharmacy out-of-pocket maximum.

## SPENDING ACCOUNTS

- How does an HSA work?
  - A Health Savings Account, or HSA, is an employee-owned account used to pay for qualified medical expenses, including deductibles, copays, prescriptions and other eligible medical, dental and vision costs. To contribute to an HSA, you must enroll in the Select or Basic Health Savings Plan. Both employees and employers can contribute to a HSA, but the funds are owned by the employee. The funds are available even if you are no longer employed by Allina Health. Unused funds rollover year after year. To learn more about an HSA go to [connectyourcare.com/allinahealth](http://connectyourcare.com/allinahealth).
- How much can an employee contribute to their HSA?
  - The maximum annual contribution to an HSA during 2019, including employer contributions, is:

- Employee only coverage on the Select or Basic Health Savings Plan: \$3,500
  - Family coverage (for Employee+Spouse, Employee+Child/ren or Family) on the Select or Basic Health Savings Plan: \$7,000
  - Additional \$1,000 catch-up contribution for employees 55+
- Can I change my contributions to the HSA during the calendar year?
  - Yes; you must elect the HSA during annual enrollment (to get the Allina Health contribution), but you are allowed to change your contribution once by calling the HR Service Center.
- How does an HRA work?
  - A Health Reimbursement Arrangement, or HRA, is an account that employers use to reimburse employees for theirs or their covered dependent's eligible health care expenses such as deductibles, medical copays, prescriptions and eligible medical costs. The HRA is only funded by Allina Health, and employee contributions aren't permissible. The HRA funds are available as long as you remain employed by Allina Health and covered in the Allina First Plan. Allina Health contributes \$1,000 in 2019 for those nurses who elect the Allina First Plan. To learn more about an HRA go to [connectyourcare.com/allinahealth](https://connectyourcare.com/allinahealth).
- Does the HRA rollover every year?
  - Yes, unused HRA funds will rollover every year as long as you remain an eligible nurse enrolled in the Allina First Plan. Allina Health will only make contributions to the HRA in 2019 (\$1,000), 2020 (\$500) and 2021 (\$500) if you enroll in the Allina First Plan for each of those years. You will have an additional year, 2022, to incur eligible expense, but the HRA will close on 12/31/2022 and you have until 3/31/2023 to submit for eligible expenses incurred on or before 12/31/22 (again assuming you are in the Allina First Plan). Please review the Summary Plan Description for more details.
- What is a Flexible Spending Account (FSA)?
  - The FSA allows you to set aside money, before it's taxed, to pay for eligible health, prescriptions, dental, and vision expenses. This is a use it or lose it account (aside from a \$500 rollover feature) meaning unused funds are forfeited each calendar year and must be used for expenses while you were eligible. You will be allowed to rollover up to \$500 into the next year assuming you re-enroll in the FSA. You must re-enroll each year to continue participation. To learn more about an FSA go to [connectyourcare.com/allinahealth](https://connectyourcare.com/allinahealth).
- How will the FSA work if I also have an HRA?
  - Funds will come out of your FSA first and once your FSA funds are exhausted HRA dollars will be used.
- What is a Limited-Purpose FSA?
  - The Limited-Purpose FSA is a similar concept to the FSA, but like the name says, it's more limited. It can only be used for dental and vision expenses. You must re-enroll each year to continue participation and as with the FSA unused funds (aside from the \$500 rollover) will be forfeited if not used for prior calendar year expenses. You will also be allowed to rollover up to \$500 into the next year as long as you re-enroll.
- How can I use my funds in a HSA, HRA, FSA, and Limited-Purpose FSA?
  - ConnectYourCare will send you a Visa card that will allow you to pay for eligible expenses at the place of service. You can also submit expenses through your ConnectYourCare account holder

website and app and have payments sent directly to your provider or to yourself. For more information contact ConnectYourCare.

- What if I need an extra or replacement HSA, HRA or FSA card?
  - Yes, you can contact ConnectYourCare at 1-844-400-5723 to order additional cards.