1. How do I enroll in benefits during the 2013 Open Enrollment period?
   Open Enrollment for 2013 medical, dental, vision, supplemental life insurance, and Flexible Spending Account (FSA) plans, is November 1 through November 15, 2012. Enrollment will take place via PlanSource, our new online enrollment system. To access the system, click on “Benefits Summary” in EdWeb under the HR & Benefits section and follow the instructions to be directed to the PlanSource web site.

2. How do I waive coverage if I do not want to enroll in benefits?
   During the 2013 Open Enrollment period, you may waive participation in the medical, dental, vision, supplemental life insurance, and/or FSA plans via the PlanSource online enrollment system. To access the system, click on “Benefits Summary” in EdWeb under the HR & Benefits section and follow the instructions to be directed to the PlanSource web site.

3. Do I need to login to PlanSource even if I am not making any benefit changes for 2013?
   Yes, all employees are required to either enroll in or waive coverage for the 2013 medical, dental, vision, supplemental life insurance, and FSA plans. Your existing benefit elections will NOT automatically carry over to 2013.

4. How do I add or drop a dependent from my coverage?
   The Open Enrollment period allows you to make changes to your coverage without a qualifying event. To add or drop dependents from medical, dental, vision, and/or supplemental life insurance, access the PlanSource online enrollment system by clicking on “Benefits Summary” in EdWeb under the HR & Benefits section and follow the instructions to be directed to the PlanSource web site. Changes will be effective January 1, 2013.

5. What information will I need to enroll a dependent for coverage?
   You will need social security numbers and dates of birth for each dependent that you are enrolling.

6. Do I have to choose the same enrollment tier for each plan? (Employee only, Employee + Spouse, etc.).
   No, you may elect different tiers of coverage for each benefit plan. For example, Employee + Family for medical coverage and Employee Only for dental and Employee + Spouse for vision coverage.

7. Can I make changes after I submit my benefit elections?
   Yes, you may access the PlanSource system as many times as needed to make changes up until Open Enrollment closes on November 15th.

8. If I don’t enroll now, when is my next opportunity to do so?
In most cases your elections will remain in effect for the entire plan year (January 1 – December 31, 2013). You may only make changes to your elections during the plan year if you have one of the following qualifying events:

- Marriage, divorce or legal separation;
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse’s benefit eligibility.
- Your or your dependents’ Medicaid or CHIP (Children’s Health Insurance Program) coverage ends as a result of loss of eligibility
- You become or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP

Changes must be submitted to Human Resources within 31 days of the qualifying event.

9. **What is the difference between the “core” and “enhanced” medical plans?**
   Both plans offer the same level of benefits and the same network of providers. However, the plans have different calendar year deductibles, copays and coinsurance amounts. Additionally, there is a difference in the cost of coverage.

10. **What are “out-of-network benefits”?**
    Out-of-network benefits are services received from a provider that is not part of the insurance network. An out-of-network provider is one who has not contracted with the insurance company for reimbursement at a negotiated rate. Your health plans offer insurance coverage for out-of-network providers; however, reimbursements to the out-of-network provider will be the same as the contracted rates paid to an in-network provider and you will be responsible for the difference. Your portion of the coinsurance and your deductible will be higher than it would be if you were utilizing an in-network provider.

11. **How do I know if my doctor/dentist is participating in the new plan(s)?**
    You can access provider directories on the carrier websites. Please note the websites and corresponding physician network and/or plan names below:

    Blue Cross Blue Shield of Texas (medical)
    Network: Blue Choice PPO Plan
    www.bcbstx.com

    Guardian (dental)
    Plan Name: PPO, Network: DentalGuard Preferred
    www.guardiananytime.com

    Guardian (vision)
    Plan Name: Guardian/Davis
    www.guardiananytime.com

12. **Will my prescription coverage change?**
Each medical carrier has its own prescription drug formulary and prescriptions tier assignment may vary from the current (2012) Humana plans to the new (2013) BCBSTX plans. You can go to www.myprime.com and select Find Drugs & Estimates and follow the prompts to look up your prescription by name and dosage to find out the formulary tier placement: select Your Health Plan (BCBS Texas), Medicare Part D Number (select No) and select a Formulary (Preferred Drug List 1).

13. How do I find a participating pharmacy?
In general, most of the major pharmacies in the Austin area, such as HEB, Walgreens, Target, Costco, Randall’s and CVS are in the BCBSTX network. If you are using a pharmacy other than one listed above, you can go to www.myprime.com and select Find a Pharmacy and follow the prompts to search for a pharmacy by name or location: Select Your Health Plan (BCBS Texas), Medicare Part D Number (select No) and Select a Network (BCBSTX Non HMO Network).

14. Will there be a waiting period before I can use the services?
Benefit elections that are made during the open enrollment period will be effective January 1, 2013.

15. When will I receive new ID cards?
Medical, dental and vision member ID cards will be mailed to your home address approximately two weeks prior to the beginning of the new plan year, January 1, 2013. ID cards will arrive in unmarked envelopes so be cautious not to accidently throw them away.

16. What if I need to use my insurance, but I haven’t received my card yet?
You can contact the St. Edwards dedicated account representative for assistance via phone or email with any insurance questions or concerns Monday through Friday from 8:00 am - 6:00 pm:

Service Email Address: seu@mhbt.com
Service Phone Number: 866-812-1765

17. What information will I need to designate or change life insurance beneficiaries?
After logging onto the PlanSource system, choose Enroll in Benefits from the menu on the left side of the page, and then continue through each page until you reach the Basic Employee Life Beneficiaries page. You will be required to provide the beneficiary’s name and their relationship to you. You will also need to complete beneficiary information if you elect Supplemental Employee. Employees are automatically the beneficiary for Spouse and Child Supplemental Life.
Please note: Beneficiary designations for retirement plans will continue to be made through the retirement providers.
18. I enrolled in the FSA last year. Do I have to enroll again for 2013?
Yes, the IRS requires participants to make new elections for each and every plan year. It is important to review your expenses each year to make sure that your election is appropriate, based on the actual expenses you expect to incur.

19. Can I use my FSA in conjunction with the dental and vision program?
Yes, allowable expenses generally include medical, dental and vision care expenses not paid by insurance. Please review pages 23-29 of the 2013 benefit guide for more information.

20. Why was the maximum annual limit for the health FSA reduced to $2500?
The federal government, via the Patient Protection & Affordable Care Act is, for the first time, imposing a maximum on health flexible spending arrangements (FSAs). Effective January 1, 2013 health FSAs will be limited to a $2,500 per employee per calendar year. Future calendar year limitations will be indexed.

21. Who can I contact for help with enrollment?
For assistance with plan questions, please contact your Human Resources Generalist:

Geri Edens ACAD-FLSP gerie@stedwards.edu 512-428-1258
Angi Bustamante HCIX-NSCI angieb@stedwards.edu 512-428-1392
Luisana Cayetano PEGI-UNPG luisanav@stedwards.edu 512-637-5697

To reset your PlanSource online enrollment system password, log onto www.benefits.plansource.com, and click on the Forgot Your Password link.