



Open Enrollment 2022

Frequently Asked Questions

Enrolling into Benefits

1. When can I enroll for Open Enrollment?

- a. HireRight Benefits Open Enrollment begins on **November 8, 2021** and ends on **November 17, 2021**.

2. What changes am I allowed to make during Open Enrollment?

- a. It's your once-a-year opportunity to review current benefit elections and make changes, such as:
 - i. Change medical plans
 - ii. Add or drop dependents
 - iii. Enroll/re-enroll in Flexible Spending Accounts (FSA) or Health Savings Accounts (HSA)
 - iv. Enroll in voluntary benefits

3. If I don't want to make any changes, do I have to do anything?

- a. Even if you don't have any changes, all Team Members must login to actively enroll or opt out of coverage.

4. How do I login?

- a. Your Benefits Center is an online system that enables you to make all your benefit decisions in one place.
- b. Before you enroll:
 - i. Know the date of birth, Social Security Number, and address for each dependent you will cover
 - ii. Review your enrollment materials to understand your benefit options and costs for the coming year
- c. Getting started:
 - i. LOG IN to www.YourBenefitsCenter.com and follow the instructions to begin enrolling in your benefits
 - ii. **Your username is:** the first initial of your first name, up to the first six letters of your last name, and the last four digits of your Social Security Number



1. Example: If your name is Jane Williams and the last four digits of your Social Security Number are 1234, your username will look like this:
jwillia1234
- iii. **Your password is:** If you have forgotten or need to reset your password, please click on the Forgot your password? link on the login page. Enter your username and e-mail address onto the Forgot Password screen and a new password will be sent to the e-mail address you provided. If you are a new hire logging in to the site for the first time, you will receive a separate email directly from our benefit administration platform, PlanSource, containing your temporary password. Please log in to the application using your username and temporary password.

After you have entered this password information, you will be prompted to establish a permanent password.

- d. ADD your personal and dependent information.
- e. SELECT your benefit plans for the coming year.
- f. REVIEW your choices and costs before finalizing.

5. Who is eligible for benefits?

- a. Team Members
 - i. You are eligible if you are a regular Team Member (not a contractor) scheduled to work at least 30 hours per week
- b. Eligible dependents
 - i. Legally married spouse
 - ii. Domestic partner
 - iii. Opposite-sex domestic partners of Team Members who are registered as domestic partners in a local jurisdiction that maintains such a registry
 - iv. A same-sex domestic partner. Same-sex domestic partners must meet all of the following requirements to be eligible:
 1. At least 18 years of age
 2. Not be legally married, under federal law, to anyone or be part of another domestic partnership during the previous 12 months
 3. Currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 4. Currently reside together, have resided together for at least the previous 12 months, and intend to do so permanently
 5. Have agreed to share responsibility for each other's common welfare and basic financial obligations

6. Not be related by blood to a degree of closeness that would prohibit marriage under applicable state law

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- v. Natural, adopted or stepchildren up to age 26
 - vi. Children over age 26 who are disabled and depend on you for support
 - vii. Children named in a Qualified Medical Child Support Order (QMCSO)
- c. For additional information, please refer to the benefit booklet located on www.YourBenefitsCenter.com.

6. Can I make changes to my benefits enrollment outside of the Open Enrollment period?

- a. Outside of Open Enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:
- i. Change in legal marital status
 - ii. Change in number of dependents or dependent eligibility status
 - iii. Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
 - iv. Change in residence that affects access to network providers
 - v. Change in your health coverage or your spouse's coverage due to your spouse's employment
 - vi. Change in an individual's eligibility for Medicare or Medicaid
 - vii. Court order requiring coverage for your child
 - viii. "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth, or adoption, or loss of coverage under another health insurance plan
 - ix. Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP)
- b. You must submit a request through Your Benefits Center within 30 days of the Qualifying Life Event along with uploading supporting documentation.

Learning About Plan Changes

1. What are the major changes I will be seeing to our benefits?

- a. Our three medical plans through Anthem Blue Cross of California will be replaced by three new medical plans through SimplePay. SimplePay utilizes the Aetna network and partners with MedOne for prescription benefits.
- b. With our transition to SimplePay, telemedicine services will be offered through Teleadoc moving forward (services were previously offered through LiveHealth Online). In addition, our new SimplePay medical plans will introduce innovative healthcare vendors to ensure you receive the best care at the best prices.
- c. Our HSA will now be administered by Vive who works directly in tandem with SimplePay.
- d. Our Healthcare and Dependent Care FSAs, as well as Commuter Benefits will now be administered by Navia.



- e. We will be replacing our incentive program with an automatic monthly employer contribution to eligible Health Savings Account (HSA) plans. HSA eligible plans include the Value and Enhanced High Deductible Health (HDHP) plans. The Core plan is no longer incentive eligible due to the elimination of the plan's high deductible in 2022.
- f. Our Basic Life annual earning maximum and Long-Term Disability maximum monthly benefit will be changing.
- g. Hospital Indemnity (previously with Aetna) and Critical Illness (previously with MetLife) will now be administered by The Hartford offering lower rates for you and your family coverages.
- h. Our medical plan contributions will be slightly increasing, while all other contributions will remain the same.
- i. Employer paid parental leave is increasing from 1 week to 4 weeks (more information to follow)

2. How do I learn more about our new benefits?

- a. Please visit www.YourBenefitsCenter.com and click on the top banner labeled "Open Enrollment" for a full list of resources.
- b. Open Enrollment Kickoff Video: [Click Here](#)
- c. Open Enrollment Overview, [Click Here](#)
- d. Benefits Guide 2022:
 - i. PDF: [Click Here](#)
 - ii. Virtual: [Click Here](#)
- e. Benefits Virtual Fair 2022: [Click Here](#)

3. Where can I download specific documents related to each plan?

- a. Visit www.YourBenefitsCenter.com and click on "LIBRARY", then the selected plan.

4. Are there important details about my spending accounts I need to know?

- a. Changes to your spending accounts:
 - i. Health Savings Account (HSA)
 - 1. If you enroll in an HSA eligible plan in 2022, you will automatically be enrolled in a Vive HSA account. Your 2022 HSA election will deposit into your Vive HSA account on the first payroll deduction of the year: January 14th, 2022. You can contribute up to \$3,650 if you are Single and up to \$7,300 for a Family per year (these are the annual limits set by the IRS and include any employer contributions).
 - 2. If you had an HSA account with Anthem ActWise you have the option to rollover funds to your Vive HSA account for a \$25 processing fee by submitting your consent form prior to January 31st, 2022.



3. While your funds are being transitioned from Anthem ActWise to Vive during February 14th to February 22nd, 2022, your remaining Anthem ActWise funds will be unavailable. However, during this time, you will have access to your Vive account and any newly deposited funds (based on your new 2022 election). Your remaining funds with Anthem ActWise will be transitioned to and available through your Vive account starting on February 24, 2022.
 4. If you do not wish to rollover your Anthem ActWise funds, then you will be responsible for the monthly administration fee with Anthem ActWise until you close your account.
- ii. Flexible Spending Account (FSA) & Dependent Care Flexible Spending Account (DCFSA)
 1. If you want an FSA or DCFSA account in 2022, you must actively elect one through Navia during Open Enrollment. You can contribute up to \$2,750 for an FSA and up to \$5,000 for a DCFSA each year (these are the annual limits set by the IRS).
 2. If you had an FSA or DCFSA account with Anthem ActWise, you must incur qualified expenses to cover the money in your account by December 31st, 2021 and submit any claims for reimbursement to Anthem ActWise by March 31st, 2022; otherwise, you lose any remaining money. Leftover money cannot be rolled over into the next plan year.
 - iii. Commuter & Parking Savings Account (TSA)
 1. If you want a commuter/parking savings account in 2022 through Navia, you must actively elect one during Open Enrollment. You can contribute up to \$270/month (this is the annual limit set by the IRS).
 2. If you had a commuter/parking savings account with Anthem ActWise, your balances will automatically rollover into your Navia 2022 commuter/parking savings account. Please note, if you do not enroll into a 2022 Commuter/Parking savings account, you will forfeit any unused funds after December 31st, 2021 and your account will be terminated.



Learning About Specific Medical Details

1. **Why did we change medical providers from Anthem Blue Cross of California to SimplePay?**
 - a. The SimplePay health program performs dramatically better for all stakeholders: patients (you), providers, and employers. The simplified plan design and payment model provides price and quality transparency that naturally motivates individuals to self-select the highest quality providers in their community without reducing their choice of provider. The result is better quality care for you and your family!
2. **Since we are changing medical insurance, will I be getting new ID cards from SimplePay?**
 - a. Yes, ID cards will be sent shortly after enrollment is complete.
- 3.. **How do I check if my prescriptions are in MedOne's formulary list?**
 - a. If your doctor prescribes medicine, especially for an ongoing condition, do not forget to check your health plan's drug formulary. It is a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection
 - i. Click [here](#) to view MedOne's searchable formulary list

Learning About the Advantages of Signing Up for Specific Benefits

1. **Why sign up for an HSA?**
 - a. An HSA is tax-free. There is no federal tax on contributions, or state tax in most states. Withdrawals are also tax-free, as long as they are for eligible healthcare expenses.
 - b. No "use it or lose it." Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
 - c. Use it now or later. Use your HSA for healthcare expenses you have today or save it to use in the future.
 - d. Boosts retirement savings. After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses (which are taxable, but with no penalties).
2. **Why sign up for a Healthcare FSA?**
 - a. A Healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year. These funds will *not* rollover to the following year, so you must use them before the end of the plan year.
3. **Why sign up for a Dependent Care FSA?**
 - a. A Dependent Care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on daycare. This program is administered by Navia.

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4. Why sign up for a Transportation Savings Account?

- a. Transit benefits, administered by Navia, lets you set aside pre-tax dollars to pay for employment-related out-of-pocket transportation expenses. The 2022 contribution limit set by the IRS is \$270/month. There are two options available: mass transit or parking.

5. Why sign up for Dental Coverage?

- a. It is important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat. That is where dental insurance comes in. dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

6. Why sign up for Vision Coverage?

- a. Vision Coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Learning About Specific Plan Details

1. Life Insurance - what is Guaranteed Issue?

- a. If you select coverage above a certain limit (the "Guaranteed Issue") or after your initial eligibility, you will need to provide additional information about your health status in order to qualify for the requested amount of coverage.

2. Healthcare & Dependent Care FSA – do I have re-enroll every year during Open Enrollment?

- a. Yes, you must re-enroll into the Health Care & Dependent Care FSAs in order to stay enrolled in the plan.

3. Long-Term Disability Insurance (LTD) – why is LTD important to have?

- a. It can protect you from having to tap into your retirement savings.
- b. You can use LTD benefits however you need: for housing, food, medical bills, etc.
- c. Benefits can last a long time – from weeks to even years – if you remain eligible.

4. 401(k) Retirement Plan – do I have to enroll/make changes during this Open Enrollment?

- a. No, enrollment/changes to your 401(k) Retirement Plan can be made at any point in time, while eligible for the plan. Visit [Fidelity.com](https://www.fidelity.com) to review your plan and make changes.

5. 401(k) Retirement Plan – how is the Roth 401(k) similar to the Traditional 401(k)?

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- a. Contributions are based on eligible compensation, just like your traditional pre-tax contributions.
- b. Your Roth 401(k) contribution limits are part of the same IRS limits set for your Traditional pre-tax 401(k) contribution.
- c. 2021 contribution limits are: \$19,500, or \$26,000 if the Age 50 Catch-Up applies.

6. How is the Roth 401(k) different from the Traditional 401(k)?

- a. Roth 401(k) contributions are after tax.
- b. Roth earnings are tax-free, as long as the withdrawal is qualified.

Additional Assistance

1. If I still have questions, who can I contact?

- a. If you have questions about your benefit plans or need further assistance, please submit a request through [HR4U](#) > Myself > AskHR > Benefits.
- b. You can also contact the Benefits team at **1-888-921-0563**. This number is active from 6 a.m. through 6 p.m. PST, Monday through Friday, but you can leave a voicemail any time and the team will get back to you as soon as possible.