

Question	Response
Why is the new PPO option so much more expensive than the SimplePay Core option?	SimplePay plan is the lowest cost because there is more structure in place to control the cost while still ensuring quality. The traditional Aetna PPO plan doesn't have those same cost containment controls, so the cost of care and premiums goes up.
Why is the HDHP so expensive? This is usually the lowest cost plan?	The Aetna HDHP is higher in cost than the typical High Deductible Health Plans for three primary reasons: 1) We kept the deductible <i>low</i> (the minimum amount allowed by the IRS to be considered an HSA-compatible High Deductible Health Plan) 2) We kept the Out of Pockets Maximum <i>low</i> 3) HireRight is offsetting the cost of the premiums by providing an HSA contribution of \$840 (for employee only) or \$1,680 (employee + family)
Is there any discussion about increasing the HSA contribution?	Not this year but we will review again next year during our healthcare renewal planning.
I found it helpful to review the summary sheet of copay amounts for several standard services on the Benefits Center site, but where can I find the cost of ABA/ST/OT therapies for each plan?	For the SimplePay Core PPO, therapy copays vary based on Tier: \$55 - \$125 copay/visit. For the Aetna plans, the benefit for ABA/ST/OT therapies depends on where treatment is received. Aetna POS: For in-network coverage, if care is received during an office visit, a \$50 copay applies (deductible is waived). If care is received in a different setting, such as a hospital, then 20% coinsurance after deductible applies. For out-of-network coverage, 40% coinsurance after deductible applies regardless of the setting. Aetna HDHP: All settings are 10% in-network and 20% out-of-network, after the deductible.
If we have already done a coordination of benefits with SimplePay and switch to one of the traditional Aetna plans, do we have to redo our coordination of benefits?	The member would not have to fill out another form this year as it will show in the system. However, Meritain asks members to confirm whether they have other insurance coverage (e.g., Coordinate of Benefits) once a year. They might receive a letter a year from when they completed the last form.
If I enroll in Aetna HDHP how will I know how much the prescriptions costs are if I'm not part of SimplePay?	You can go call 1-888-884-6331 or go to website https://medone-rx.com/ . After becoming a member, you can register on the MedOne portal and run sample pricing for potential medications. See the flyer "Member Portal & How to Enroll in Mail Order" for more information.



Member Portal &
How to Enroll in Mail

How do I check to see if my doctor or pharmacy is in the SimplePay network?	Use the SimplePay app or contact the SimplePay Health Pro at 1-800-606-3564. They are available M - F from 8 to 8 CST, or by email at healthpro@simplepayhealth.com
What happens to the money I contributed this year to the HSA fund if I choose SimplePay Core next year?	Your Health Savings Account is always yours and your funds will remain in your account. Fortunately, there are no monthly maintenance fees if you wish to retain your HSA through Avidia Health.
What happens to my HSA money if we move to new vendor?	You will receive a letter regarding your options to maintain your current account, or consent to a bulk-transfer of your money to the new HSA vendor, WEX. Your options will vary depending on whether you enroll in the Aetna HDHP (which is the only HSA-compatible plan in 2023) or not.
I had no idea SimplePay had an App. Can we find doctors or the price of prescriptions on that?	Yes. You can also contact the SimplePay Health Pro at 1-800-606-3564. They are available M - F from 8 to 8 CST, or by email at healthpro@simplepayhealth.com
Do we still have the SimplePay HSA?	No. There is only the SimplePay Core PPO plan available? There is a traditional HDHP offered
Will the coverage be the same with all three plans?	No. Each plan is designed to for different healthcare needs. You can do a comparison in PlanSource.
Is there a comprehensive list of all Tier 1 pharmacy locations?	Yes on the SimplePay app or the website www.simplepayhealth.com
How will I know which plan covers Speech Therapy?	<p>All 3 medical plans provide benefits for Speech Therapy.</p> <p>For the SimplePay Core PPO, therapy copays vary based on Tier: \$55 - \$125 copay/visit.</p> <p>For the Aetna plans, the benefit for speech therapy therapies depends on where treatment is received.</p> <p>Aetna POS: For in-network coverage, if care is received during an office visit, a \$50 copay applies (deductible is waived). If care is received in a different setting, such as a hospital, then 20% coinsurance after deductible applies. For out-of-network coverage, 40% coinsurance after deductible applies regardless of the setting.</p> <p>Aetna HDHP: All settings are 10% in-network and 20% out-of-network, after the deductible.</p>
I was told on the SimplePay plan I shouldn't pay the doctor directly. Is that true?	Yes, that is correct. One of the benefits of SimplePay is no payments are due at the time of visit. SimplePay will send you a monthly invoice for the services you received. You don't have to wait to see the Dr before you have the money

Why aren't pharmacies familiar with SimplePay?	Tell the pharmacy you are enrolled in MedOne. They are familiar with insurance carrier MedOne for medications
Do all three plans use MedOne?	Yes.
Do all three plans use Aetna network?	Yes.
If we want to make changes to how much money to take out of my check for HSA during the year, can I do that?	Unlike the FSA where you make the decision once on how much to defer, with a HSA, you can change your deferral amounts during the year using PlanSource. Keep in mind that the maximum amount you are allowed to contribute includes HireRight's contribution as well. For instance, if you are below the age of 55 and enrolled in single coverage, HireRight's annual contribution is \$840 and your contribution cannot exceed \$3,010 (the 2023 IRS maximum annual contribution allowed is \$3,850).
For the dental plan, is orthodontia available for the employee and dependent?	Yes.
If you do not continue with SimplePay and have a balance on the Vive credit card at the end of the year, will your paychecks still be debited with the remaining balance?	Yes. SimplePay will continue to deduct your payments from where you instructed (eg., payroll, debit card, credit card).
On the SimplePay Core plan, Tier 1 inpatient hospital services are listed at \$2,850. Does that mean anything billed by the hospital above and beyond that amount will be covered 100% by the plan?	The \$2,850 is a copay that covers the expense of the inpatient stay. If you have additional healthcare services, outside of the hospital stay, those services will have their own copay (e.g., office visits, lab work)
For dental are adults covered for Orthodontics services or is it only for minors?	Only the Dental Premier Plan Option (DPPO) covers Orthodontia for people 19 years of age or younger.
How does the LifeStyle process work? Is this something that we would have to submit specific documentation to Forma? If so, do you know what types of documents?	You can access your LifeStyle funds by either purchasing directly from FORMA or you can purchase an approved item from a retailer (e.g., COSTCO) and complete a form to request reimbursement of your purchase.
Does the deductible apply before purchasing medications?	For the SimplePay Core Plan or the Aetna POS plans the deductible <u>does not</u> need to be paid first. You will only pay the copay. For the Aetna HDHP, you will need to pay the deductible first before the copay amount kicks in. This means you will pay 100% of the medication cost until you satisfy your deductible.
The slide about the HDHP said \$49 for Teladoc but the Benefit booklet say just 10% after deductible	Good catch! They should both be \$49. It has been corrected in the OE Benefits Guide.

On Prescriptions, what does “deductible does not apply mean”?	It means that you only pay your copay for medications. You do not have to wait until you have paid the deductible first, before the copay rate kicks in.
Can you use your 2023 FSA benefits to pay down a 2022 balance on your simple pay account?	No. You can only use 2023 FSA money to pay for 2023 medical/prescription costs.
With the SimplePay Core plan, do we have the option of being invoiced? As opposed to providing a card?	No, not in the traditional sense where you receive a billing statement from a doctor and then you send a check or pay by credit card. You receive a statement each month that outlines your charges from the doctor but the payment method is setup ahead of time so the funds can be pulled by SimplePay.
So just to clarify, you cannot continue with HSA UNLESS you go with the HDHP plan?	That is correct. By law, employees are not allowed to enroll in a Health Savings Account (HSA) unless they participate in a High Deductible Health Plan (HDHP).
If there is a 2022 balance for Simple Pay, will there still be automatic deductions from paycheck each week until that balance is met?	Yes. SimplePay will continue to deduct your payments from where you instructed (e.g., payroll, debit card, credit card).
Since Simple Pay is moving from Vive, does balance move to the new provider?	If you chose the Aetna HDHP plan for 2023, someone from the Benefits Team will ask if you want to elect to move your balance from the Vive account to the Wex account.
Flexible spending accounts have to be used that year - correct? You cannot roll it over?	Our plan does not allow for rollovers. Instead, we allow you more time. You can use 2022 FSA money to pay for services or get reimbursed through March 15 th
If we go with middle Aetna/Meritain POS (PPO) and it only uses Flexible spending, can we still use the HSA money that we have still in that account to pay for services?	Absolutely. That health savings account is yours and can be used anytime to pay for medical expenses. You just cannot defer pretax dollars to the account, once you move out of the HDHP plan.
My auto insurance with Metlife was transferred to Farmers. The letter I received a few months ago stated Farmers bought Metlife. How does that impact me?	No action is required by employees. Policy documents will include Farmers branding once approved by regulators. MetLife will still be used for a short period of time, however, Farmers branding will be phased into communications and marketing materials immediately. Also, the current customer service numbers and website will direct employees to the Auto and Home business of Farmers.
Is the FSA Healthcare and the FSA Dependent care the same account? Or if you have both then it will be two different accounts with two different cards?	They are managed by the same company Navia so you will only receive one (1) card. Read the details carefully. FSA and Dependent FSA are two different buckets of money, for different purposes and therefore, different rules for spending.

On the Basic vision plan, do we have a separate allowance for frames and contacts or is that allowance used for both?	The allowances are separate: \$150 for frames, \$120 for contacts
Are "well child" doctor's visits considered as preventative care?	Yes.
What does not having an annual deductible mean? Is that better than a plan that has an annual deductible?	<p>It depends on how you use healthcare. If you have a recurring prescription that you take frequently, it is more cost effective to chose the SimplePay Core or Aetna POS where you only pay a copay because the deductible is waived.</p> <p>You must satisfy the deductible in the HDHP plan first <u>before</u> the copay rate kicks in. This means you will pay full cost of medications until your deductible is met.</p>
What is the difference between an HSA and FSA?	<p>Both are pre-tax savings accounts for your medical, dental and vision costs. This means you are saving money on your purchases.</p> <p>The money you defer into your HAS account is always yours and you never lose it. In fact, if your balance is more than \$1,000 you can invest that balance in the stock market.</p> <p>The money you defer into your FSA account can be forfeited if you don't use all the funds. It is often called a "use it or lose it" account.</p>
For Aetna plans are the Deductible and Out of Pocket maxes separate for in and out of network?	The deductibles are the same whether you choose a doctor in or out of network. However, what you pay when you go to the doctor will be more expensive if you go to a doctor that is "out of network" . Meaning, that doctor does not have a contract with Aetna and can charge whatever they want.
Does the life insurance include salary and commissions?	This calculation for coverage is 1x annual earnings (e.g., salary, commission) up to \$250,000.
Can we have a Dependent FSA as well as an HSA?	Yes you can. However, you are only eligible for a FSA if you chose the PPO plans or HSA if you choose the High Deductible Health Plan (HDHP).
Can I use my HSA account for my husband's medical expenses even though he is on another health plan?	Yes. You can use your HSA account to pay for medical expense for any of your dependents, even if they are not enrolled in HireRight health plans.
If I go to the Dr for a physical and also see an OBGYN will both be covered as preventative?	Yes. Both an annual physical and a Well Woman visit are considered preventative procedures and there will no charge.
The Teledoc costs and the Aetna POS cost is the same. It that correct?	Yes. If you are in the Aetna POS plan your Teledoc copay will match the copay for an office visit.