



### General Benefits

#### Frequently Asked Questions

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#### **What is Open Enrollment?**

Open Enrollment takes place annually every November. If you do not elect benefit policies during the Open Enrollment period, you will not be able to elect them again until the next Open Enrollment period, unless you experience a Qualifying Life Event that allows for a Special Enrollment.

#### **Where can I get information about the benefits that are offered by FMOL Health?**

Review the benefits offered by FMOL Health in the Team Member Guide to Benefits or the Virtual Benefits Fair found on the Total Rewards My Benefits page. For additional questions or unanswered questions, email [askHR@fmolhs.org](mailto:askHR@fmolhs.org).

#### **How do I enroll as a new hire or a newly eligible team member?**

Log in to Oracle Self-Service using your network ID and the password. Click on the *ME* tab, and choose the *Benefits icon*.

- If you are eligible for enrollment for an existing life event, click on *Enroll in Benefits* under your picture.
- If you are experiencing a new Life Event, providing you with a special enrollment period, click on *Report a Life Event*.

#### **Where can I find information on Leave of Absence, Short Term Disability or extended illness time?**

Refer to the "Time Off" button or "Leave of Absence" button on the HR Hub homepage. For additional information, askHR by emailing [@askHR@fmolhs.org](mailto:@askHR@fmolhs.org).

## General Health Insurance FAQs

### **What is an Explanation of Benefits (EOB)?**

An EOB is a description your insurance carrier sends to you explaining the benefits you have received and the services for which your health care provider can request payment.

### **What should I do if my EOB shows that my insurance claim was denied or that there is a request for additional information?**

File an Appeal due to a denied claim by following the Appeal Instructions in the Team Member Guide to Benefits. Contact the insurance carrier that provided the EOB using the telephone number on the EOB or the number on your Plan ID card.

### **What is a deductible?**

A deductible is the amount of covered medical expenses a team member pays each calendar year before benefits are paid by the plan. For example, if the deductible is \$400, then you must pay the first \$400 of covered medical costs before the plan will pay. The deductible amount is in addition to any co-insurance amount owed.

### **What is co-insurance?**

Co-insurance is generally shown as a percentage of covered expenses over and above the deductible. If the plan pays 80% of covered expenses, you would pay 20% of the covered expenses as a co-insurance amount. For example, if you have a covered expense of \$1,000, the plan pays over 80% or \$800 and you pay \$200 if you have already met your deductible.

### **What is a co-pay?**

A co-pay is a fee charged to a member for a covered medical expense or a covered prescription drug at the time the service or prescription is received. What is a maximum out-of-pocket? The maximum out-of-pocket is the amount above which the member is no longer responsible to pay co-insurance or co-pays.

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