

Furman University

Open Enrollment FAQs

Open Enrollment will take place in Workday from 11/7 – 11/20

Q: How will the medical premium discount work for 2022?

A: Onsite biometric screening events were held in August and October of 2021. These events allowed faculty, staff and spouses/domestic partners to participate to receive the medical premium discount for 2022. The onsite events that took place in March of 2021 satisfied the premium discount for 2021 as the Fall 2020 onsite screening events were cancelled due to the pandemic.

Q: If I normally have my biometric screening completed offsite with my physician, what do I need to do?

A: Individuals who have their biometric screening completed offsite with their physician may continue to do so. The offsite biometric screening form is located on the HR website. https://www.furman.edu/offices-services/human-resources/wp-content/uploads/sites/63/2021/08/OFF-SITE-FORM_Furman-2021.pdf

Q: What items are needed to receive the medical premium discount?

A: The following wellness items are needed to obtain the medical premium discount:

- 1) Health Risk Assessment (HRA)
- 2) Biometric Screening
- 3) Health Coach Provider (HCP) visit- only if stratified in a category 4 or 5 based on the March 2021 screening results. You should have received a packet from Prisma with your stratification results.

Q: What is the new deadline to have wellness items (listed in previous question) completed to obtain the wellness discount?

A: The deadline to submit all completed paperwork and the health screening components (HRA via MyChart, biometric screening, and HCP visit (if required)) is December 1, 2021.

Q: Is Alzheimer's covered under the new Enhanced Critical Illness Plan?

A: The new enhanced Critical illness plan does cover Alzheimer's.

Q: Can I enroll in the Unum Voluntary Products to include accident, critical illness, and/or hospital indemnity if I am not enrolled in Furman's medical plan?

A: Yes. Individuals can enroll in any of the voluntary products regardless of which Furman medical plan they are enrolled in. Individuals can also enroll even if they are not covered on Furman's plan.

Q: If I am currently enrolled in either the accident plan or critical illness plan will I need to make a new election during the open enrollment process?

A: Yes. Any individuals who are interested in the voluntary plans mentioned in the question above must make an active election during the open enrollment process. For current enrollees, elections will not automatically roll over since these plans will become new enhanced plans effective January 1, 2022. Individuals currently enrolled in the accident or critical illness plan will receive a notice from Human Resources showing their current coverage and steps needed to take in order to maintain the coverage.

Q: If I am currently enrolled in the current hospital indemnity plan, will I need to make a new election during the open enrollment process?

A: Yes. Individuals enrolled on the medical High Deductible Health Plan (HDHP) will not automatically receive the hospital indemnity plan effective January 1, 2022. The new enhanced hospital indemnity plan will be available at the individual's expense for all medical plan members (HDHP, Basic and Plus) in addition to those not enrolled on the Furman medical plan.

Q: If my physician does not mark generic on a new prescription, will the pharmacy fill the prescription with generic medication or brand name?

A: Due to our dispense as written pharmacy limitation, prescriptions will be automatically filled with a generic. If a prescription needs to be filled with brand name, the physician will need to notate this on the prescription.

Q: How does the deductible work for family coverage?

A: The medical deductible associated with all plans is the amount you pay for certain medical services before Blue Cross Blue Shield (BCBS) begins to pay. The individual deductible on each plan applies to each individual. However, the individual deductible only needs to be met by three people max on the Plus and Basic Plan and by two people max on the HDHP plan. Once one individual meets their deductible, coinsurance applies to claims going forward for that individual. BCBS will then begin to pay 80% of the claim cost and the member will pay 20% until the individual out of pocket maximum is met.

Q: Who can access the employee onsite clinic and what services are provided?

A: All faculty, staff and spouse/domestic partners are able to access the employee onsite clinic located next door to HR. The clinic is not available for dependent children. The clinic provides acute services for common illness such as sinus infections, flu, minor wounds, etc.

Q: Can the nurse practitioner in the employee onsite clinic write prescriptions?

A: The nurse practitioner can provide acute/episodic prescriptions but is not able to provide prescriptions for controlled substances.

Q: Can I contribute funds to a health savings account (HSA) if I am not enrolled in the medical HDHP plan?

A: Only members enrolled in the HDHP plan are able to contribute funds to the HSA account due to IRS regulations.