

## Furman University Open Enrollment FAQs

**Open Enrollment will take place in Workday from 11/6/22 – 11/19/22**

**Q: How will the medical premium discount program work for 2023?**

A: Onsite biometric screening events were held in July, October & November of 2022. These events allowed faculty, staff and spouses/domestic partners to participate in order to receive the medical premium discount for 2023. Employees and spouses/domestic partners were also able to have their biometric screenings completed at the onsite clinic, as well as offsite with their own physician.

**Q: What is the new deadline to have wellness items listed above completed to obtain the medical premium discount?**

A: The deadline to submit all completed paperwork and the health screening components (health assessment via MyChart, biometric screening, and HCP visit (if required)) is December 1, 2022.

**Q: If I normally have my biometric screening completed offsite with my physician, what do I need to do to receive the discount for 2023?**

A: Individuals who have their biometric screening completed offsite with their own physician may continue to do so. The offsite biometric screening form is located on the HR website. [https://www.furman.edu/wp-content/uploads/sites/63/2022/02/OFF-SITE-FORM\\_Furman-12.1.2022.pdf](https://www.furman.edu/wp-content/uploads/sites/63/2022/02/OFF-SITE-FORM_Furman-12.1.2022.pdf)

*This completed form should be submitted directly to Prisma. See instructions on form.*

**Q: What items are needed to receive the medical premium discount for 2023?**

A: The following 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 2021 screening results. You should have received a packet from Prisma with your stratification results. Furman HR does not have access to this confidential medical information.

**Q. Can I enroll in the Unum voluntary products (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 plans regardless of which Furman medical plan they are enrolled in. Individuals can also enroll if they are not covered on any of Furman's plans.

**Q. If my physician specifically indicates a brand name Rx and writes "dispense as written" on a new prescription, will the pharmacy fill the prescription with a generic medication or the brand name?**

A: Regardless of whether the physician writes "dispense as written", if there is a generic brand available and the member still chooses the brand name, the member will pay their regular cost-sharing amount, PLUS the difference in the cost between the generic and brand name drug.

**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 covered on the plan. However, the individual deductible only needs to be met by **2 people** max on Furman medical plans. Once 1 individual meets their deductible, coinsurance applies for claims going forward in which BCBS begins to pay 80% of the claim cost and the member pays 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 can access the Employee onsite clinic. The clinic is not available for dependent children. The clinic provides acute services for common illnesses such as sinus infections, flu, minor wounds, etc., as well as chronic care services, health screenings, and lab testing.

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

A: Only members enrolled in the Furman HDHP plan are able to contribute funds to the HSA plan due to IRS regulations. However, all employees are able to contribute pre-tax dollars to a Flexible Spending Account (FSA) for medical, dental and vision expenses.

**Q: Can you explain the Short-Term Disability process and the benefits of enrolling in this voluntary plan?**

A: For employees enrolled in the Short-Term Disability plan, once their claim has been submitted and approved by Unum, they will receive 60% of their normal pay while disabled, after the applicable waiting period.

**Q: Because Furman’s medical plans are now fully-insured by BCBS, do I need to get a doctors’ authorization for a preventive visit (e.g. mammogram or colonoscopy) if I am outside of the (U.S. Preventive Services Task Force) recommended age limits? For example, I have a family history of colon cancer, but the minimum recommended age for a routine preventive colonoscopy is age 45 and I am 40 years old.**

A: No, you do not need a doctor’s authorization. However, these services will be considered “diagnostic”, not preventive and will be subject to the deductible, based on BCBS fully-insured plan design.

**Q: Do co-pays count towards my out-of-pocket maximum or towards my deductible?**

A: Insurance co-pays are counted towards the out-of-pocket maximum, not the deductible.

**Q: Can you explain the Rx home delivery process for getting prescriptions and the benefits?**

A: If you are on a maintenance drug, (one that you need to take on a continued basis), you can get a 90-day supply of the drug mailed to your home. This convenient service is available for generic, preferred brands, non-preferred brands, as well as specialty prescribed drugs. Co-pays are generally less expensive with home delivery.

Optum Rx is the pharmacy benefits manager. To get home delivery, please contact Optum Rx at **877-259-9428**. A team member will help you get set up to use the home delivery service.

**Q: With the new Concierge / Health Advocate benefit, do I need to talk to the Concierge service before treatment or before scheduling appointments?**

A: No. However, the concierge may be able to provide you with expert advice regarding your options for treatment and care.

**Q: Will the Concierge / Health Advocate service be able to help with decisions regarding where to get treatment or health services such as blood work, MRI's, or follow up care?**

A: Yes. They should be able to provide you with various options that include quality and cost-effective care.

**Q: Can the Concierge / Health Advocate service help me with decisions related to dental care or vision care and expenses?**

A: Yes. They will be able to provide assistance with these benefits as well as medical plan benefits.

**Q: If I am having trouble understanding my explanation of benefits (EOB's) and billing, will the Concierge / Health Advocate service be able to help?**

A: Yes. They can also help if you believe you were billed incorrectly for medical, dental or vision services.

**Q: Can I enroll a dependent child in the Dental plan if I am not enrolled?**

A: No. You need to be enrolled in the plan yourself in order to add an eligible dependent.

**Q: Where can I find the Critical Illness insurance rates?**

A: Critical Illness insurance premiums are based on age and coverage amount and can be found in Workday when making Open Enrollment elections.

**Q: How can I find out if my current Dentist or current Vision service provider is in the Unum network?**

A: You can ask your current provider if they are in the plan network, or you may visit the [Unum.com](https://www.unum.com) website. The phone number for Unum is: **888-400-9304** if you prefer calling.

**Q: Where can I find the Open Enrollment information in Workday?**

A: Faculty and staff will receive a Workday "in box" item. Please be sure to log into your Workday account during the Open Enrollment window. Open Enrollment ends at midnight on November 19, 2022.