

FREQUENTLY ASKED QUESTIONS

- How many hours per week do I have to work in order to be eligible for group insurance benefits?

You must be regularly scheduled to work 30 or more hours per week.

- Is there a waiting period?

Yes. For new employees, coverage becomes effective on the first day of the month following 30 days of employment. For newly eligible employees who changes status from per diem or part time to a regular schedule of 30 or more hours per week, coverage becomes effective on the first day of the month following the change in status if employed for at least 60 days.

- Can dependents be covered?

All eligible employees may cover a legal spouse, children or stepchildren (up to 26 years of age). Coverage for all dependents requires a completed dependent verification form and appropriate documentation upon enrollment. Employees covering a spouse will be required to complete a spousal recertification form on an annual basis.

- Can I enroll or change my group insurance benefits at any time?

No. You may only enroll or make benefit changes when you are first eligible to enroll or during the plan's annual open enrollment period. However, there are special circumstances which may allow you to enroll or make changes mid-year. For example, a qualifying event would be if you have a change in your family status (marriage, divorce, death, birth of a child) or if you and/or your dependents(s) lose coverage under another plan.

- If I have a change in family status or loss of coverage elsewhere, how and when can I enroll?

You should promptly notify your location's Human Resources department or call the Benefits Help Line at 1-800-201-7898 to request enrollment. You will need to complete an enrollment form and provide adequate documentation within 30 days of the qualifying event.

- When do payroll deductions begin for the coverage I have elected?

Payroll deductions for the benefits you have elected will commence as of the first pay date of the month in which your coverage becomes effective. Occasionally, due to timing, it may be necessary to charge premiums retro-actively to the first pay date of the month.

- When do benefits end?

Your benefits will end on the date you are no longer in an eligible class of employees such as your date of termination of employment or the date you decrease hours below the required minimum. Benefits DO NOT continue until the end of the month.

- **Will I receive an identification card for all of my benefits?**

You will receive one card for Medical/Pharmacy, and separate ID cards for Dental and Vision.

- **How do I replace a lost insurance identification card?**

You will need to call the individual carrier or you may be able to go on-line to the carrier's website and print the ID card. Carrier telephone numbers and on-line instructions (if applicable) are listed under the individual benefit on the benefits tab.