



ADP TotalSource®

# Open Enrollment



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## Post-enrollment FAQ: Common questions and answers that make sense.

### **My Benefits Confirmation Statement lists the incorrect benefits or has incorrect/missing dependents. What should I do?**

(1) Contact our MyLife Advisor team at 844-448-0325 or [MyLifeAdvisor@ADP.com](mailto:MyLifeAdvisor@ADP.com) for guidance. (2) All plan changes must be finalized before June 1, which is when the new Plan Year begins, and you won't be able to make updates outside of Open Enrollment (OE), unless you experience an IRS-qualified life event, or QLE. (Read on to learn what this is.)

### **How can I access my benefits when I'm not in front of a computer?**

Stay on top of your coverage wherever you go with the [ADP® Mobile app](#). Access tax forms, paychecks and even enroll right from your device during the next OE. (Pretty cool, huh?)

### **Why haven't I received my new insurance card?**

If this is your first time signing up, or if you changed plans, remember that it takes time to onboard new people in their systems. Chances are your carrier has a mobile app where you can access a digital copy of your card for use now while a physical one is sent to you. If your plan isn't changing, you can keep using your old card.

### **Why is the insurance company telling me my insurance will terminate on May 31?**

Since our Plan Year runs from June 1 to May 31, if you re-enrolled during OE, your new plan will start on June 1.

Once enrollment is completed, it takes 7 – 10 days to reflect this information in the carrier's system. So, if you enrolled during OE but received this message from your carrier, please be patient while their systems are updated.

### **Why didn't my Flexible Spending Account (FSA) elections roll over?**

That's because FSA elections do not automatically roll over from previous Plan Years. So, if you plan to contribute to your FSA in the new Plan Year, you must make those elections during OE.

### **When will my Health Care FSA rollover funds become available?**

Your carryover balance will be available to you after the new Plan Year begins, before June 16.

Health Care FSA and Limited Health Care FSA participants may carry over up to \$550 of their remaining account balance as of the current Plan Year claim filing deadline, which is July 30.

Eligible carryover amounts will be applied to the following Plan Year and must be used by the end of the year into which the funds are carried, unless you enroll in the Health Care FSA (including the Limited Health Care FSA) for the following Plan Year.

### **I reached my deductible in April. Now that I've re-enrolled, will I have to meet my deductible again?**

Deductibles run on a calendar year (January – December) basis, while our Plan Year runs from June – May 31. If you stay with the same carrier, your deductible will roll over when your plan renews on June 1. If you changed carriers, contact them for deductible-rollover instructions.

### **How do I determine my plan network so I can locate a participating provider?**

Visit the carrier site and register yourself as a new user (or log in with an existing account). They have information on participating providers near you.

### **Why are the benefit deduction(s) in my paycheck higher than normal?**

Remember that benefit premiums may change year to year for all participants. If the cost of the plan increases, your deductions will also increase.

### **I just realized my benefits enrollment window had passed. Can I still enroll?**

Sadly, only those experiencing an IRS-qualified life event (like marriage, divorce, birth of a child or loss of other coverage) can re-evaluate their options outside of OE.

That said, if you had coverage in the previous Plan Year, your benefits have rolled over (or, if plans have changed, you've received the next closest plan).

Two important things to note: FSAs don't roll over (except for the \$550 mentioned above), and if your plan has changed, your deductions may be different.

### **Why is the pharmacy telling me my prescription (Rx) isn't covered?**

Sometimes, benefit plans ask that you try *other* clinically appropriate or cost-effective drugs before approving what has been prescribed — unless your doctor provides a medical exception. In other cases, there may have been a change to the formulary list.

We recommend logging into your carrier's website, or referring to their Certificate of Coverage, to determine chances to Rx coverage.

### **I paid more money for my Rx when I went to the pharmacy. Why did this happen?**

It's possible that your plan changed this year, and your Rx benefits may now have a deductible that must be met before your Rx can be covered. (Most deductibles are \$50 – 100.) Fortunately, this amount does count toward your overall deductible, so you'll get there faster.