



We've put together a list of Frequently Asked Questions regarding WellHaven's benefits.

BENEFITS ENROLLMENT

Q: When am I eligible to enroll in Benefits?

A: Team members are eligible to enroll for coverage starting the first of the month following 30 days of employment or status change. For example, if you are hired on January 15th, you will be eligible for benefits on March 1st.

Q: How do I enroll?

A: You will enroll in the benefit plans through the Benefits Portal within the Paycom system. Please look for an email from Human Resources. Watch the Benefits Presentation and review the Benefits Guide on WellHaven's Knowledge Base.

Q: What if I don't want to enroll in benefits now, but I will want to enroll a few months from now?

A: You still need to go through the benefits enrollment in Paycom and provide a beneficiary for your company paid life insurance and decline all other benefit options. If you do not complete your enrollment during your designated enrollment window, you will not be able to enroll or make changes unless you experience a Qualifying Life Event [Qualifying life event \(QLE\) - Glossary | HealthCare.gov](#) or until the next open enrollment period.

Q: How do I know if I'm eligible for insurance benefits?

A: All Full-time status team members are eligible for insurance benefits, 1st of the month following 30 days of employment. If you have questions regarding your status, please reach out to your Practice Manager.

Q: What insurance ID cards should I expect to receive in the mail?

A: You will only receive a medical insurance card from BRMS/Cigna and a debit card from WEX for the HSA and FSA if enrolled. For all other plans like Guardian dental and VSP vision, please see the Benefits Guide, page 48 for plan numbers. The plan number along with your social security number will allow providers to verify your coverage.

MEDICAL

Q: What is the best way to pick the appropriate plan for myself and my family?

A: Utilize the Summary of Benefits Coverage (SBC) to determine the most appropriate plan option for you (or you and your eligible dependents). We also highly recommend contacting TouchCare, a third-party, confidential concierge benefit support team at **866-486-4085** or email assist@touchcare.com.

Q: What is a Summary of Benefits Coverage (SBC)?

A: The SBC is a snapshot of a health plan's costs, benefits, covered healthcare services, and other important consumer features. SBCs also explain health plans' unique features like cost-sharing rules and include significant limits and exceptions to coverage in easy-to-understand terms.

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Q: What if my medical provider is out-of-network?

A: Both of our medical plan options allow you the freedom to visit either In-Network or Out-of-Network providers. Staying within the Cigna network for providers (in-network) will provide you with fewer out-of-pocket costs and be the most economical use of your benefit coverage.

Q: Does preventative care count towards my deductible?

A: Preventative care is not subject to the deductible and is fully covered when you have services provided through In-Network providers.

Q: Will the prescribed medication that I'm currently using be covered under my health plan?

A: Limitations may apply. To learn more, please reach out to TouchCare at **866-486-4085** or email assist@touchcare.com with questions on your prescriptions and to transfer your medications to your health plan.

Q: I'm busy; it's hard for me to find time to visit a doctor. What is my best option?

A: Our medical plans offer Telehealth through Teladoc. You can talk to a board-certified physician any time 24/7 by video chat using your computer. Specialties include primary care, pediatrics, and family medicine. Teladoc can be reached at **800-835-2362** or help@teladochealth.com

Health Savings Account (HSA)

Q: What is an HSA?

A: A Health Savings Account (HSA) is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. It is designed to give you more accountability and control of your healthcare decisions. HSAs are only available to team members who enroll in a High Deductible Health Plan.

Q: What does an HSA allow you to do?

A: You can use your HSA for unexpected healthcare expenses not accounted for in your personal finances, increase tax savings, save, and "roll over money" if you do not spend it in the calendar year. HSAs are a great way to create healthcare savings for planned or unanticipated health events, and even as an additional retirement vessel.

Q: What are eligible medical expenses with an HSA?

A: An HSA allows you to use the funds to pay or reimburse yourself for: Deductibles, copays, coinsurance, eligible prescription fees, dental care costs, contact lenses, and certain over-the-counter pharmacy items. You can find the complete list of eligible expenses at www.irs.gov.

Q: Can I change my contribution amount in my HSA?

A: You can change/start/stop your contribution at any time throughout the year, provided you do not exceed the annual maximum, which is set at \$4,400 for individuals and \$8,750 for any level of dependent coverage. These maximum amounts include employer contributions. If you are 55 or over, you are eligible for an additional \$1,000 catch up contribution to your HSA.

Q: I'm thinking about the High Deductible Health Plan. I see I have the option of a Health Savings Account (HSA) with this plan, how does that work?

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A: The High Deductible Health Plan and the HSA work together. Enrolling in the QHDHP, which is governed by the IRS, makes you eligible to participate in an HSA. WellHaven will contribute \$625 dollars to your HSA account in the employee-only tier and \$1,250 for dependent tiers. The money in your HSA is yours and can be used as funds for uncovered medical expenses, future health care needs, copayments, and/or retirement.

Flexible Spending Account (FSA)

Q: Does WellHaven provide FSA accounts?

A: Yes, WellHaven provides 3 types of FSA accounts: General Purpose, Limited Purpose, and Dependent Care.

Q: How do I know which FSA account is right for me?

A: The General Purpose FSA is for team members on our medical PPO plan or a PPO plan you are enrolled in outside of WellHaven. The Limited Purpose FSA is for those team members on a Qualified High Deductible Health Plan (QHDHP) through WellHaven or enrolled in a QHDHP outside of WellHaven. Please note, the Limited Purpose FSA can only be used for dental and vision expenses. The Dependent Care FSAs are for day care expenses while you work.

Q: What is the difference between an FSA and an HSA?

A: FSA accounts are a “use it or lose it” program per the IRS tax code. If you don’t spend the allocated funds by the end of the calendar year, the FSA rules only allow you to rollover up to \$660. Any monies over \$660 will be forfeited at the end of 2026. The dependent Care FSA has no rollover feature. All monies in a dependent care FSA must be used by the end of 2026.

Q: May I change my FSA election at any time like the HSA?

A: Unfortunately, no. Once you make your election for the FSA for the calendar year, you are locked in per the IRS code; unless you have a Qualifying Life Event [Qualifying life event \(QLE\) - Glossary | HealthCare.gov](#) .

Dental

Q: Can I use my HSA & FSA dollars to pay for dental costs?

A: Yes! You can use your HSA & FSA dollars to pay for qualified dental costs including orthodontia.

Q: How many dental plans are offered through WellHaven’s benefit plan?

A: WellHaven has two separate dental plans available through Guardian. We offer a Dental Base Plan that is for an team member who wants the basic annual dental services. The second plan is the Dental Buy-Up Plan, offering more robust coverage for the team member, and eligible dependents should they have need for additional dental services. The Dental Buy Up Plan also provides orthodontia coverage.

Vision

Q: Can I see any provider with our VSP vision plan?

A: Yes! VSP is the leading provider of vision coverage across the globe! Through the VSP plan, you can see any eye doctor of your choice, or you can access the VSP vision network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. However, if you visit a non-network provider, the in-network benefits and discounts will not apply; therefore, benefits will be paid according to the set benefit reimbursement schedule. To maximize your benefit, it is recommended to see a VSP vision network provider.

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Q: Can I use my HSA & FSA dollars to pay for glasses?

A: Yes! You can use your HSA and FSA to purchase glasses, contacts, and even contact lens solutions.

Life Insurance

Q: When is the best time to enroll in Voluntary Life Insurance?

A: As a new hire or at the time of a status change to a full-time team member. It is always advised to enroll at the onset of your eligibility as you are not subject to Evidence of Insurability up to the guaranteed issue amount.

Q: What is a guaranteed issue (GI)? What is the guaranteed issue (GI) for WellHaven?

A: The guaranteed issue amount is the amount of voluntary life coverage you may enroll in as a new team member without providing evidence of good health. The guaranteed issue amount is \$200,000 for voluntary life employee coverage, \$25,000 voluntary life spouse coverage and \$10,000 for voluntary life child coverage.

Q: What if I want to wait and enroll in Voluntary Life Insurance at a later date?

A: You can enroll after your new hire period for Voluntary Life Insurance, if you have a Qualified Life Event [Qualifying life event \(QLE\) - Glossary | HealthCare.gov](#) or during any Open Enrollment. The new coverage will be subject to Evidence of Insurability (EOI) and based on approval by Guardian.

Disability Insurance

Q: Does WellHaven offer Disability Insurance?

A: Yes! WellHaven offers both short-term and long-term disability plans. It is always advised to enroll at the onset of your eligibility as you are not subject to Evidence of Insurability. If you enroll after your new hire period, coverage may be subject to Evidence of Insurability (EOI).

Q: Is WellHaven's short- and long-term disability in addition to any State Paid Leave I am eligible to receive?

A: No, WellHaven's short- and long-term disability payments will be reduced by any State Paid Leave payments you receive when off work for a doctor certified disability.

Pet Wellness Plans:

Q: When am I eligible for Wellness Plans for my pets?

A: You are eligible for Pet Wellness Plans the first of the month following 30 days of employment like your other insurance plans.

Q: How many Wellness Plans am I eligible to receive?

A: As a full-time team member, you are eligible to receive two Pet Wellness Plans for your personal pets. Part-time team members, regularly scheduled, are eligible to receive one Pet Wellness plan. Wellness Plans are made available to you in your home hospital.

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Employee Assistance Program (EAP)

Q: I've been having some personal problems, and I feel like I need a professional to talk to. Where can I go for assistance?

A: Expert advice for work, life and your well-being is available through Guardian. Confidential support is available to you and your household 24 hours a day, 7 days a week. For assistance please call **(855) 239-0743** or online at guidanceresources.com. App: GuidanceNow, Web ID: Guardian.

Q: Does WellHaven's health plans offer coverage for mental health services?

A: Yes! If you are enrolled in WellHaven's medical coverage, you have mental and behavioral health services available as well. Reach out to **Touchcare** for assistance with finding a provider at **866-486-4085** or email assist@touchcare.com.

401k Retirement Plan

Q: Does WellHaven offer a 401k plan to save for retirement?

A: Yes! WellHaven's 401k plan is through Manulife® | John Hancock. WellHaven offers you the ability to save for retirement with traditional pre-tax contributions or with Roth after tax contributions.

Q: How do I enroll in the 401k plan?

A: For the 401k plan, team members will enroll on John Hancock's website. This is the only benefit plan you will not enroll through Paycom. Check out the Benefit Resources on WellHaven's knowledge base for instructions on enrolling in the 401k plan.

Q: Does WellHaven offer a company match for its 401k plan?

A: Yes! The company match is 25% of the first 8% of contributions made.

Q: Can I take the money I put into the 401k plan if I leave WellHaven?

A: Any money you put into the 401k plan is always your money and you will take that money with you if you leave WellHaven. Any money the company contributes to your account is on a vesting ownership schedule as follows: 50% vested after one year of employment and 100% vested after two years of employment.

Q: Can I roll over an existing Retirement Benefit plan from a previous employer into WellHaven's 401k plan?

A: Once you become eligible for benefits, you can roll over your 401(k) plan from a previous employer. To do so, please contact Deborah Sharp at **(512) 697-5209** with NFP Corporate Services to assist you with the rollover process.

Q: Where can I go to get more information on WellHaven's Benefit Plans?

A: Please see the Benefits Guide on WellHaven's Knowledge Base for a comprehensive listing of our benefit offerings.

Additional Resources:

- TouchCare, our health care concierge service, at **866-486-4085** or email assist@touchcare.com
- Human Resources at HR@wellhaven.com