



2022 BENEFITS FAQ

Important Items for 2022

1. Where can I find an overview of my 2022 benefits?

Contact your local HR Business Partner (HRBP) to receive a copy of the 2022 Benefits Guide. You will also find information on the UKG/Ultipro (sign in, go to Myself, then Manage my Benefits tab, which will link you to benefitexpress™).

This 'path' is where you'll go when you're ready to enroll on October 20th.

2. What if I've lost my UltiPro user ID and password?

You should contact your local HRBP to locate this information.

3. When is Open Enrollment?

October 20- November 10, 2021.

4. How do I enroll?

Go [HERE](#) to begin enrollment. For assistance call the Benefits Service Center at (877) 830-0388 starting on October 20th.

5. When will the 2022 rates be available?

You can view your 2022 premiums in the 2022 Benefits Guide or you can view them on the [Benefits Portal](#) starting October 20th.

6. Can I attend webinars to learn about my benefits?

Yes, you will have several chances to attend a benefits webinar. Please review the schedule and register [HERE](#). Recorded versions will also be available [HERE](#).

7. Who can I contact with questions?

Contact the Benefits Service Center at (877) 830-0388. Beginning October 20th available Monday - Friday 8:30 am - 8pm EST - closed on Standard Holidays.

8. If I enroll dependents (spouse or children) for 2022, will I need to verify their dependent status?

Yes, you will need to provide documentation that supports their dependent status. **EVEN if they are already enrolled in coverage, you will need to re-verify them in 2021.**

9. Will our carriers remain the same?



Refresco’s existing medical plans, the HDHP with HSA and PPO will remain with UMR (a United Healthcare Company). There will be no HDHP plan design changes for 2022. The PPO will have a lower copay for office visits (both primary care and specialty) as well as \$0 Teledoc cost.

10. Will employees have additional options for Prescription Frames with VSP?

We will continue to offer the buy-up option to the basic vision plan. For a small additional premium, you can purchase a buy up that allows you to purchase one pair of safety frames with prescription lenses. You can view the details of the program in the 2022 Benefits Guide.

Your Health Care Plan

11. Where can I locate the premiums by benefit option for 2022?

You should have received a 2022 Benefits Guide that includes weekly and bi-weekly rates for most benefit options.

12. I currently have medical and/or dental coverage in 2021. Will I have the same carriers next year?

Yes, your 2022 carrier will continue to be UMR, a UnitedHealthcare company. The medical plans are through the UHC Choice Plus Network.

If you reside in New York state and live one of the below zip codes, you will be covered by the Magnacare PPO network instead of the above mentioned network.

MetLife will remain the dental carrier for 2022.

14001	14031	14057	14086	14111	14144	14205	14216	14227	14267
14004	14032	14059	14091	14112	14150	14206	14217	14228	14269
14006	14033	14061	14092	14120	14151	14207	14218	14231	14270
14008	14034	14067	14094	14126	14169	14208	14219	14233	14272
14010	14035	14068	14095	14127	14170	14209	14220	14240	14273
14012	14038	14069	14102	14131	14172	14210	14221	14241	14276
14025	14043	14072	14105	14132	14174	14211	14222	14260	14280
14026	14047	14075	14107	14134	14201	14212	14223	14261	14301



14027	14051	14080	14108	14139	14202	14213	14224	14263	14302
14028	14052	14081	14109	14140	14203	14214	14225	14264	14303
14030	14055	14085	14110	14141	14204	14215	14226	14265	14304
									14305

13. Will we receive notification if our provider is out-of-network with UMR?

You will need to access www.umar.com and search for your providers under the UHC Choice Plus network to confirm if they will remain in-network for 2022. If you reside in the state of New York, see question 11 for more details or reference the letter that was mailed to your home address recently.

14. Do I need to enroll in the medical plan in order to elect dental or vision coverage?

There's no requirement that you be enrolled in the medical plan to elect dental or vision coverage with the exception of union employees located in San Bernardino and St Louis.

15. If my spouse isn't enrolled in the medical plan, can I enroll him or her in the vision and/or dental plans only?

Yes, you can enroll your spouse during Open Enrollment.

16. Are my disabled parents eligible to be enrolled in health care coverage?

No, you may only enroll eligible tax dependents defined as your spouse or dependent children. You may cover a disabled child that is a tax dependent if they were deemed disabled prior to age 26. UMR may request documentation supporting the disabled status.

17. Are my step children eligible to be enrolled in health care coverage?

If they are a qualified tax dependent, they are eligible to be enrolled in coverage under the Refresco health care plan.

18. Are preventive medical exams measured by calendar year or rolling 12-month period on the once a year restriction?

Preventive exams are measured by calendar year, so there's no 12-month requirement in between exams.



19. How can I find out if something specific is covered under the medical plan?

Reference your Medical Summary Plan Description (SPD), which can be found on the Library tab of the enrollment website-or accessed under your personal UMR.com log-in. There is also a general summary of your Medical Benefits within your 2022 Benefit Guide.

20. How are costs handled for diagnostic services, x-rays and lab work?

The cost of services would depend on the type of service, reason for service plus the medical plan in which you are enrolled. You can view the covered services within the Medical Summary Plan Description and also by accessing the Cost of Care tool on www.umar.com. Your physician can also assist with providing an estimate for the cost of these services based on the provisions of the medical plan.

21. Are childhood immunizations covered at 100%?

Certain immunizations and preventive care services (including evidence-based preventive care, routine vaccinations, well-child care and well-woman care) will be paid at 100% by the plan, if provided by network providers, as required by the Affordable Care Act, as long as they are coded as preventive by your physician.

22. How does the cost of telemedicine apply with the 2022 HDHP related to my copay, deductible and coinsurance?

The total cost of telemedicine is \$49 for health care visits. Since you must fulfill your deductible before coinsurance applies, you must first meet your deductible before the copay applies.

23. I don't feel comfortable providing my Social Security number to my vision provider to receive coverage. Is there something else I can provide?

Yes, your provider can search by your name and your date of birth. They may request the last four digits of your Social Security number as well.

24. Will we receive new medical ID cards for 2022? Can I get soft (electronic) copies of my ID cards on my mobile device? Will I receive any other identification cards for the other various coverage options?

Any employee enrolled in the UMR PPO for 2022 will receive new medical ID cards. You can get an electronic version at www.umar.com once you receive your ID card in mid-December.

The dental and vision plans generally do not issue ID cards, but you can download an electronic version if needed. Teladoc will issue a pocket card for new entrants that you can retain for informational purposes with their contact number and website address.



25. If I don't plan to enroll in medical, dental or vision coverage with Refresco, should I log in and access the benefits enrollment website for 2022?

Because 2022 is a Mandatory-‘Active’ enrollment, you will need to access the site and enroll—or decline benefits. In general, it’s always a good idea to log in and review your options plus the employer provided life and disability coverage available to Refresco employees. **Your current coverages will NOT rollover to 2022!**

26. When I access the enrollment website to enroll for 2022, will I be able to see my 2021 elections in the system?

Yes. 2021 coverages are shown in the enrollment system.

Covering Your Dependents

27. Will I have to provide documentation to support the status of my spouse and dependent children during open enrollment for 2022?

ALL dependents-including existing dependents have to be (re)-verified. If they are not, then they will not have coverage in 2022. The only exception are court ordered dependents OR any dependent verified after 5/3/21 by benefitexpress™.

28. If my spouse has medical coverage available through his/her employer, can I choose instead to enroll him/her under my health care coverage?

Yes, there is no or restriction or penalty to enroll your spouse on Refresco’s Medical Plan.

29. My spouse and I both work for the company. Can we both cover our dependent children?

If both you and your spouse are eligible company employees, you have some options for how you choose health (medical, dental, and vision) coverage for yourselves and any eligible children, but each person can only be covered once:

- If both you and your spouse enroll for health care coverage, you may each choose coverage for yourselves (Employee Only), or one of you may choose coverage for yourself and cover the other as a dependent (Employee + Spouse) In this case, the individual being covered as a dependent would choose No Coverage under their own account.
- If you’re also covering eligible children, one of you can choose Family coverage to cover your entire family; the other person can choose No Coverage. Or, if you have only one eligible child, one of you can enroll in Employee Only coverage and the other can choose Employee + Child(ren) coverage.



- 30. I'm currently covering an adult child (24 years old) for medical coverage. She has a job but doesn't have medical coverage. She's also filing her own taxes and isn't a tax dependent. Can I continue to cover her? Can I use my HSA funds to cover her expenses?**

You can continue to cover her under the medical plan until she reaches age 26. However, according to the federal HSA rules, you may not pay her expenses from your HSA. Your HSA can be used only for medical expenses for yourself or any person whom you claim as a tax dependent on your federal tax return. The child in this example may be able to establish and contribute to her own HSA.

- 31. Can my son in college who I'm covering, but who isn't a tax dependent, open his own HSA?**

Your HSA can be used only for medical expenses for yourself or any person whom you claim as a tax dependent on your federal tax return.

- 32. My spouse and I both work for the company. Can we both cover our children for life insurance purposes?**

No, for supplemental child life, only one of you can cover your children.

- 33. My son will turn age 26 in April 2022. Will he continue to be covered through the end of the year?**

No, your son will automatically be removed from all coverage at the end of the month in which he turns age 26.

- 34. If I previously participated in dependent verification during my initial enrollment with Refresco and provided copies of verification documents, will I have to submit that documentation again during the 2022 open enrollment process?**

YES-ALL existing verified dependents do have to be re-verified. The only exception would be any dependent that is court ordered or was previously verified by benefitexpress™ after 5/3/21.

- 35. What is the maximum age I can cover my child on the group health plan?**

Dependent children can be covered up to the age of 26.

Medical Plan Basics

- 36. What's a deductible?**



The deductible is the amount you must pay for health care expenses before insurance begins paying a portion of the costs. Deductibles are defined on an annual basis.

37. What's coinsurance?

Coinsurance is the amount of money you are required to pay for health care services, after the deductible is met. Coinsurance is specified as a percentage.

38. What's an out-of-pocket maximum?

The total maximum amount you will pay for health care services as part of a medical plan. The maximum includes amounts paid for the deductible, copays and coinsurance.

39. Do the deductible, copays and coinsurance amounts count toward the out-of-pocket maximum?

Yes, amounts that you pay for the deductible, copays and coinsurance count toward your out-of-pocket maximum.

40. Do payroll deduction premiums count toward the out-of-pocket maximum?

No, premium payments don't count toward the out-of-pocket maximum.

41. For the HDHP, is preventive care paid before meeting deductible? Or does the employee need to meet the deductible first before preventative care is paid 100%?

Preventive medical care will be paid by 100% by Refresco and you are not required to meet your deductible prior to preventive care being paid by the plan.

42. Is Teladoc available outside of Florida?

Yes, Teladoc is available nationally but there are certain states that restrict the availability of telemedicine services. Those states include Idaho where video chat is required and Delaware requires the first visit to be video chat than any subsequent can occur by phone.

43. If I participate in the PPO plan for 2022, will the copays for office visits and prescriptions work toward my out of pocket maximum?

Yes, any copays that apply with the PPO plan will help you meet your out of pocket maximum. The copays will not apply toward the deductible, however.



46. If I utilize telemedicine services and they recommend that I go to an urgent care or ER, will I still be required to pay for the telemedicine services?

Yes, you will be required to cover the cost of the telemedicine services. In certain circumstances, you may be able to submit a request for an exception to receive reimbursement of the costs you paid for telemedicine services by contacting Teladoc but there is no guarantee you will be reimbursed.

47. Will I be able to receive a prescription if I utilize telemedicine services?

Yes, if a telemedicine doctor determines that your diagnosis requires treatment with a prescription medication, the physician can call a prescription into a local pharmacy. The prescription medication is a separate out of pocket cost to the telemedicine services.

48. How much does the telemedicine cost on the HDHP prior to reaching your deductible?

Medical visits will cost no more than \$49. The dermatology visits have a higher cost of \$85.

Prescription Drug Plan

49. What carrier provides prescription drug coverage?

UMR contracts with OptumRx and Kaiser (certain eligible employees) manages their own pharmacy program.

50. What's the difference between a generic drug, a preferred brand-name drug, and a non-preferred brand-name drug?

- **Brand-name drug** - A drug that's sold under a trademarked brand name. A brand-name drug is typically much more expensive than its generic counterpart. The reason: The original maker of a drug receives patent protection that gives the maker the exclusive right to sell the drug under its brand name for a limited time, which allows it to set a price without direct competition.
- **Generic drug** - A drug that's typically available once the brand-name patent protection expires. By law, generic drugs must have the same active ingredients, work on the body in the same way, and be as safe and similarly effective as their brand-name counterparts. However, generic medications usually cost much less.



- **Preferred brand-name drug** - A drug that's included on a prescription drug plan's list of preferred drugs (formulary). It's generally included based on its medical and cost effectiveness.
- **Non-preferred brand-name drug** - A drug that has a generic or therapeutic alternative available. Non-preferred drugs are covered at a lower level of benefits, and often have higher prices to begin with, so they're more expensive to purchase.

51. What is the definition of drug formulary? What is the difference between formulary and non-formulary medications?

Drug formulary is the list of medications covered under the prescription drug portion of a medical plan. The drug formulary is split into drug classifications or tiers. Medications considered non-formulary (not on the preferred drug list) are usually brand name drugs without a generic equivalent. Brand drugs are usually the most expensive and usually fall into the highest formulary tier if they are covered by the plan. These medications, in most cases, require pre-authorization for use.

52. Why should I choose generic drugs?

If you choose to purchase any brand-name drug when a generic equivalent is available (including preventive brand-name drugs), you'll pay your share of the cost of the drug plus the difference in price between the generic drug and the brand-name drug you purchased, out-of-pocket.

53. What if I can't take the generic alternative available for a brand name drug? Can I use the brand drug instead?

Your provider prescribing the medication must contact UMR to request an appeal to the generic penalty and submit a medical justification for the request.

54. What if there's no generic for the prescription drug I'm taking?

If there's no generic available, your prescription will be covered at the applicable brand-name drug coverage level. If you prefer a generic drug, ask your doctor if there are options that may work for you.

55. Where can I find a list of preventive drugs covered by the plan?

Visit www.optumrx.com to find the most recent drug lists and program details.

56. Do I have to meet my deductible before the \$5 copay applies to the medications included on the HDHP preventive drug listing?



No, you are not required to meet the deductible for medications that appear on the preventive drug listing. For medications that do not appear on the list, you must fulfill your deductible before the prescription copay applies.

57. Am I required to fill 90-day maintenance medications through the Maintenance Choice program or the UMR prescription mail order program?

No, the mail order program is not a requirement for 2022.

58. Can I reimburse myself for the cost of certain over-the-counter medications without a prescription from my physician?

As part of the CARES Act that was passed in early 2020, you can purchase certain over-the-counter medications with your FSA or HSA without a prescription as was previously required by the IRS.

Health Savings Account (HSA)

59. If I'm already in the HDHP and have an HSA, how do I make contributions for 2022?

After you elect the HDHP during enrollment, you will be given the opportunity to choose a contribution amount for the HSA. If you elected to contribute in 2021, your current contribution amount will NOT rollover to 2022.

60. If I'm newly enrolling in the HDHP, how do I open an HSA?

When you elect to contribute to the HSA during the enrollment process, the system will automatically start the process to open an HSA account in your name. You may be required to provide verification of your identity per the requirements outlined in the USA Patriot Act. If you are required to provide further verification, you will be notified by mail with the requirements.

61. If I'm newly enrolling in the HDHP, but not planning to contribute to the HSA, what happens?

You will not have any funds available to use within your HSA.

62. Does my HSA balance rollover from year to year or do I forfeit any portion of my balance if I don't use it?

No, you will never forfeit your HSA contributions. The HSA is owned by you along with the contributions. There is no deadline to use the contributions from year to year.

63. What if I'm enrolled in Medicare?



If you're enrolled in any portion of Medicare part A or B, you are not considered eligible to participate in an HSA based on IRS rules.

64. Do I need to name a beneficiary for the HSA?

It's best to name a beneficiary for the HSA. You can do this within the Optum HSA administration system.

65. Can I withdraw money from my HSA for non-health care expenses?

If you don't use the funds for qualified health care expenses, you'll need to pay ordinary income tax on the funds you withdraw and you'll owe the IRS a penalty of 20% of those funds. If you are age 65 or older, you'll pay income tax, but no IRS penalty.

66. How much can I contribute to the HSA?

You can contribute up to \$3,650 pre-tax (for individual coverage) or up to \$7,300 pre-tax (for family coverage) in 2022. If you're age 55 or older and not eligible for Medicare, you may contribute an additional \$1,000 each year. The additional \$1,000 is in addition to the normal contribution limits and applies whether you are enrolled in individual or family coverage.

67. Can I use my HSA to cover dental, vision and prescription drug expenses?

Yes, you can use your HSA to pay for eligible health care expenses, including medical, prescription drug, dental, and vision expenses. You can find a complete list of eligible HSA and FSA expenses on the HSA administration website and in IRS Publication 502.

68. Are 100% of the HSA funds available at the beginning of the year?

No, the funds are available as they are contributed.

69. Can I reimburse myself with HSA funds for eligible expenses I paid with after-tax dollars?

Yes, as long as the eligible expense was incurred after the establishment date of your HSA, you can reimburse yourself with HSA funds.

Be sure to retain all receipts and other documentation related to your distributions in the event you are later asked to substantiate an expense for tax purposes.

70. How do I change my HSA election once I've made it?

You can change your HSA election amount through the enrollment system any time during the year.



71. How do I prove my medical expenses when I request reimbursement from the HSA?

When you enroll in the HSA, you'll receive a Mastercard® debit card that allows you to pay for out-of-pocket costs incurred at certain health care providers or pharmacies that have implemented certain standards required by the IRS. The debit card is only accepted at retail locations that are known to provide health care items or services. As of April 2020, the Cares Act made it possible for you to purchase certain over-the-counter (OTC) medicines such as Tylenol, cold and flu remedies, etc. with HSA dollars without the requirement of a prescription from your physician.

Be sure to save your receipts for all expenses you receive reimbursement from your HSA. You may need them in the event you're audited by the IRS.

72. Can I get two HSA debit cards for my account (one for my spouse or child)?

Yes, you can request additional debit cards by contacting the Savings Account Service Center at 1-866-234-8913 or online at www.optumbank.com

73. Are there fees with the HSA?

The company pays the monthly maintenance fee for the HSA while you're actively covered by the plan. However, there may be associated fees if you choose to invest your account balance. If you separate employment and choose to leave your account with Refresco, there may be a monthly maintenance fee or a rollover fee, on the retail side.

74. Can I have both an HSA and General Purpose Health Care Flexible Spending Account (FSA)?

No, you're not eligible for the health care FSA in 2022 if you elect to participate in an HSA. You can only participate in the Limited Purpose Health Care Flexible Spending Account when you are enrolled in the HDHP and contributing to the HSA. Also, if your spouse currently has a general purpose health care FSA, the balance of that account must be \$0 before you can contribute to your HSA.

75. Is it possible for me to contribute to an HSA and participate in the PPO medical plan for 2022?

You are not eligible to contribute to an HSA if you are not participating in a HDHP for 2022. If you have an existing HSA account balance, you can reimburse your out of pocket costs while participating in a non-HDHP plan only.

76. If we already have an existing HSA, do we use the same account and credit card or will that change?



Yes, the same Optum HSA card issued in 2021 can be used in 2022.

- 77. Is it possible for me to front-load my HSA account by contributing a lump sum amount on a single pay period in 2022?**

Yes, but you must contact your local HRBP in order to make this election and avoid erroneous deductions taken beyond the lump sum amount you elected. Your local HRBP will contact the Corporate Benefits office to coordinate this process.

- 78. Will I receive a new FSA debit card for 2022?**

The same benefitexpress™ FSA card issued in 2021 can be used in 2022.

- 79. Why are HSA contributions limited from year to year?**

The IRS requires that annual contributions be limited based on your enrollment level (single vs family coverage) and age. This is an IRS requirement and part of the tax regulations.

- 80. I have an HSA account with my prior employer. How can I roll that balance over to my Refresco HSA?**

You can contact the Savings Account Service Center at 1-866-234-8913 for assistance in rolling over your prior account balance or access your account online at www.optumbank.com and download the HSA Transfer Form that needs to be completed for the rollover.

Wellness Program

- 81. Is it possible for new hires during 2021 to participate in the wellness program?**

Yes, employees hired between January 1st and September 30th have the opportunity to complete the wellness activities by November 30th. Those hired on or after October 1st will be extended the lower wellness rate for 2022 only.

- 82. How do I confirm that I completed the 2021 wellness activities to receive discounted premiums for 2022?**

You can confirm the activities that you completed and your final point balance by accessing your Virgin Pulse account at www.member.virginpulse.com. If you do not complete the required activities during 2021, you will not receive the discounted premiums for 2022.

- 83. What is the difference between the individual vs family deductible and out of pocket maximum in the PPO plan?**



Although some services such as office and specialty visits may be subject to a copay, all other medical services will require you to meet the deductible before coinsurance applies. Your overall out of pocket costs will then be limited to the out of pocket maximum. For the PPO plan, the deductible and out of pocket maximum do apply to covered individuals if they meet the individual maximums regardless of being enrolled in family coverage.

Flexible Spending Accounts (General Purpose/Limited Purpose Health Care & Dependent Care FSA)

84. Am I required to enroll in medical coverage in order to participate in the Health Care FSA?

No, you can elect to participate in the FSA without medical coverage. If you are participating in a spouse's medical plan that qualifies as an HSA eligible HDHP plan, you may not be eligible to participate in a Health Care FSA.

85. Can Dependent Care FSA also be used for elderly care or only for child care coverage?

Yes, you can contribute to the Dependent Care FSA to cover costs for elder care that enables you to continue working while you are responsible for the well-being of an elderly family member.

86. If I don't utilize the full balance of my Flexible Spending Account contributions, will the balance rollover to 2022?

No, if you re-enroll in the FSA or HSA plans, you will not receive new debit cards for 2022 unless your card has met the expiration date.

Vision Plan

87. Will I pay extra under the vision plan for lenses that include reflective and/or anti-scratch coating?

These features may cost extra under the plan. You can view the vision plan schedule of benefits under the Documents section in the enrollment website.

88. The vision plan includes a single pair of frames per 24 month period or lenses per 12 month period. Does this apply per family or per family member?

This applies to each person covered on the vision plan.



89. **Does the Prescription Safety Frame buy-up meet current ANSI and OSHA standards?**

All safety frames are tested and certified according to current ANSI & OSHA requirements.

HSA Eligibility & Medicare

90. **I'm eligible for and enrolled in Medicare Part A. If I enroll in the HDHP, can I contribute to the HSA? What if I enroll for Medicare Part B?**

According to the federal rules governing HSAs, you may not contribute to any HSA if you're enrolled in any health plan other than a "qualified high deductible health plan" that meets all the rules governing those plans and HSAs. Because you're enrolled in Medicare - another health plan, which is not a qualified plan - you're disqualified from HSA eligibility. It doesn't matter whether you're in Part A only or both Part A and Part B. You may not contribute to an HSA.

91. **If I'm eligible for Medicare Part A, but don't enroll, will I be penalized if I later enroll in Medicare?**

If you're an active employee who is age 65 or older, you can defer your enrollment in Medicare. If you defer your enrollment and later enroll, you would not be subject to a late entry penalty. Please contact Medicare directly for more details.

92. **If I'm enrolled in Medicare and choose to participate in the HDHP, is it possible to participate in the General Purpose FSA?**

You have until March 15th of the following calendar year to utilize the balance in your FSA account. If you fail to use the entire balance by the grace period deadline, you will forfeit any balance remaining.

Life Insurance & Disability

93. **Will my current 2021 life and disability elections appear in the enrollment system for 2022?**

Yes, your current enrollment elections will rollover to 2022.

94. **I would like to make changes to my current life or disability coverage (if available). Will I be required to complete a health questionnaire (evidence of insurability)?**

If you elect to increase your existing coverage or newly elect coverage for 2022 (excluding the newly auto-enrolled long term disability benefit offered), you may be required to complete a health questionnaire and be approved for the coverage.



Other Benefit Options

95. I am interested in making Roth contributions to my 401(k) for 2022. Will my Roth contributions be eligible for the Refresco employer match?

Yes, Roth contributions are eligible for matching contributions.

96. What cost are there for utilizing MetLife Legal Services?

You will pay \$19.50 per month for the coverage. The monthly premium will cover the majority of the costs of the legal services available through the program. If the services require additional out of pocket costs, the network attorney will provide you with a cost estimate before performing the services.

97. My family members reside outside of the US. Can I designate them as beneficiaries for my life insurance and 401(k) account?

Yes, you may designate beneficiaries who reside outside of the US.

98. If I terminate employment, when do my benefits end?

Benefits will end the same exact date of termination. If applicable, COBRA paperwork will be sent for continuation of benefits.

NOTE: The information contained in this FAQ is a summary of questions submitted during the live webinar sessions. The information is drafted in plain language to assist in your understanding of what benefits are offered and does not constitute a policy. Detailed provisions are contained in each providers plan documents such as a summary plan description. If there is any discrepancy between what is presented here and what is in the official plan documents, the plan documents will govern.