

FAQ

Open Enrollment

What is open enrollment?

Open enrollment is a designated time period during which employees may change their coverage in SCOE benefit plans. Once a year, usually during August, employees have an opportunity to enroll themselves and their dependents in medical plans (Kaiser Permanente or Blue Shield). Open enrollment for the Flex Plan is in October, while open enrollment for employees eligible for group life insurance normally occurs in May. There is not an annual open enrollment period for dental or vision coverage.

What medical plans does SCOE offer?

Kaiser Permanente HMO (Health Maintenance Organization)
Kaiser Permanente HMO High Deductible with a Health Savings Account (HSA)
Blue Shield PPO (Preferred Provider Organization)

What is the difference between an HMO and a PPO?

In a health maintenance organization (HMO), you receive all or most of your healthcare from a network provider. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your healthcare. Primary care physicians include internal medicine physicians, family physicians, and in some cases, gynecologists who provide basic healthcare for women. You may select a pediatrician or family physician as your children's primary care physician.

A preferred provider organization (PPO) is a health plan that has contracts with a network of "preferred providers" from which you can choose. You do not need to select a primary care physician and you do not need referrals to see other providers in the network. If you receive your care from a doctor in the preferred network, you will be responsible for only your annual deductible and a co-payment for your visit. If you receive health services from a doctor or hospital that is not in the preferred network (known as going "out of network"), you will pay a higher amount. When obtaining out-of-network care, you pay the doctor directly and file a claim with the plan for reimbursement.

How do I change medical plans?

During the open enrollment period, you may select a different health plan by completing the appropriate enrollment form. Enrollment forms are available from Marlene Moore, mmoore@scoe.org, or Terri Walker, twalker@scoe.org, in Human Resources. Email either of them to request an enrollment form or stop by the Human Resources office between August 1 and August 31.

How much do I have to pay for healthcare?

Each employee group pays a different share of premium costs. Please read your open enrollment materials carefully for information on your costs.

What are the eligibility requirements for enrollment?

For Kaiser, you must have a work schedule of 17 hours or more per week.

For Blue Shield, you must have a work schedule of 20 hours or more per week.

May I enroll my spouse, domestic partner, or children?

An employee may enroll a spouse or domestic partner and children up to age 26 in the medical plan during open enrollment. The following verification is required: a marriage certificate to add a spouse, a domestic partner affidavit to add a domestic partner, and a birth certificate or adoption papers to add a child.

Can my adult children be included on my medical plan?

Under the Federal Healthcare Reform bill, children up to age 26 may be covered by a parent's health plan. Your adult child does not have to be living with you to be eligible, nor does s/he have to be a full-time student. If your child is under 26 and does not have group coverage through an employer, s/he is eligible to be enrolled in your plan. A married adult child may be covered on your plan, but her/his spouse, domestic partner, and/or children are **not** eligible for coverage.

May I enroll my grandchildren, parents, and/or other relatives?

Grandchildren, parents, and other relatives may be enrolled in your medical plan only if they are considered your legal dependents by court order. Before enrollment can occur, Human Resources must receive a copy of the court decree and obtain approval for enrollment from the medical plan.

How do I remove my former spouse from my plan?

You may remove a former spouse from your plan by providing a copy of the final divorce papers and marriage settlement agreement verifying that you are not responsible for providing coverage for your spouse. Documentation must be provided to Human Resources within 30 days of the final divorce decree or during open enrollment.

If I still have questions, how can I get them answered?

Please send an email with your specific question to openenrollment@scoe.org.