OPEN ENROLLMENT

Health Insurance Enrollment Guide

2021-2022 Plan Year

Justworks

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Introduction

It's that time of year again! Time to pick your health coverage plans for the new plan year. Take care of yourself and your family by choosing a plan that best fits your needs and budget.

Important Dates:

Open Enrollment:
Time to pick your plans

Tuesday, September 28, 2021
to Thursday, October 7, 2021

Start of New Plan Year:
When plans officially start

Monday, November 1, 2021

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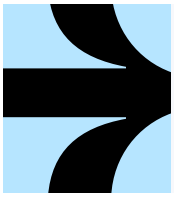

This Is An Interactive Ebook!

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Introduction to Open Enrollment

Getting Started

Welcome to open enrollment, the time each year when you can enroll in or make changes to your health insurance benefits offered through your employer for you and your dependents. Open enrollment is an opportunity to evaluate your health needs, both current and upcoming, and choose a health plan that fits your needs, goals, and budget.

At Justworks, we know picking the health insurance plan that's right for you can be a daunting task. From unfamiliar acronyms to hefty documents, it's easy to get caught in the weeds and feel overwhelmed. In this PDF, we'll guide you through a framework you can use to look at your health and goals as it relates to health insurance. This framework is one method you can use to feel confident in your health insurance selection for the upcoming plan year.

Open Enrollment Checklist

Choosing the health insurance plan that best fits your needs might seem daunting. We understand it's not possible to look into a crystal ball and foresee all of your upcoming needs. We do believe though, that there are steps you can take to confidently choose a health insurance plan that will best serve you this upcoming plan year.

Step 1 - Reflect

Before even jumping into Justworks to look at your plan options, a good place to start when beginning the open enrollment process is to

reflect on what's important to you when it comes to health insurance:

- → Do you have providers you wish to keep seeing?
- → What about making sure your spouse or dependents are covered?
- → How does health insurance fit into your budget?
- → What about services like mental health support?

Create a list of your priorities and rank them by level of importance to understand what to look for in a health insurance plan.

Step 2 - Map

Now you can begin to create a list of services you may need in the upcoming year based on each of your priorities.

For example, maybe you're thinking of starting a family this upcoming year. You'll want to jot down some services related to priority, like prenatal care.

Maybe you have a recurring health issue that requires you to see a specialist. Make a note of those specialists that you'll want to check cost and coverage for in plans available to you.

Additionally, think about what services you did or did not use last year. Was something in your plan last year even necessary to have? Was something missing that you really needed?

Mapping your priorities to the services you need will help you create a "shopping list" so to say when looking for a plan.

Step 3 - Compare

Now that you've mapped your priorities to services, it's time to start actually looking at what plans are available to you.

Let's say that affordability was high on your priority list. Take a look at the plans that are most affordable — you can see your monthly cost in Justworks when selecting a plan as well as information about co-pays, deductibles, and co-insurance between every option available. By looking at affordability, you can focus on the plans that best fit your budget and financial goals.

Maybe you want to prioritize which providers you see. Take a look at what plan types your company is offering — EPO, POS, HMO, etc. This will determine what network of doctors you can see, how they might coordinate your care, and how the cost of those

providers may be covered. By looking at the network, you can eliminate plans that do not include one of your current providers and hone in on the other plans available.

Not sure, what some of these terms mean? Don't worry, check out the "Common Health Insurance Terms" section below!

Using your list, you can jump into Justworks and start looking at the plans that are available to you. Simply log in to your Justworks account and click "Enroll Now" found in the red banner at the top of your account.

Checklist:

Use the checklist below to list your priorities and map the services you think you'll need in the upcoming plan year. Then, use the checklist when you're selecting your health insurance plans in Justworks to help you look for the services, coverage, and cost that best fit your needs.

☐ **Step 1 - Reflect**

☐ **Step 2 - Map**

☐ **Step 3 - Compare**

Network & Cost

Network

The network you choose — HDHP, HMO, EPO, POS, PPO — will determine what doctors you can see. Use the breakdown below to learn more about each network. Please note, not all employers offer every network type described below.

NETWORK TYPE

HDHP

High-Deductible Health Plan

How it works	Lower premiums, but (typically in the beginning) you pay higher out-of-pocket costs. Best when paired with a HSA or a Health Savings Account.
Good for	If you don't really go to the doctor and want coverage for an emergency or have a good sense of how much you spend on healthcare and can budget appropriately. Qualify you to open an HSA, which is a tax-advantaged account you can use to pay health care costs.

Flexibility 👍👍👍	**Premium** $	**PCP Needed** Varies

Out of Network	Yes, but in-network care is less expensive.
Referral	Varies

HDHP networks are popular among people who:

- → Are generally healthy, and typically have low healthcare costs and a higher risk tolerance
- → Prioritize saving money in the present and are okay with higher out-of-pocket cost when they **do** need care
- → Aren't likely to have many doctors visits a year
- → Don't require a lot of specialized health care
- → Utilize an HSA

NOTE: With this type of plan, you are generally required to pay all costs of care (typically excluding preventive care) until your deductible is hit.

NETWORK TYPE

HMO

Health Maintenance Organization

How it works

Lower out-of-pocket costs and a primary doctor who coordinates your care for you, but require referrals for care outside of primary care provider.

Good for

If you don't mind your primary doctor choosing specialists for you. One benefit is that there's less work on your end, since your doctor's staff coordinates visits and handles medical records.

Flexibility 👍	Premium $$	PCP Needed Yes

Out of Network

Only for emergencies

Referral

Yes

HMO networks are popular among people who:

- → Are more budget-conscious health insurance users with lower risk tolerance
- → Prioritize saving money, but are okay with paying more than a HDHP to prevent the need to meet a high deductible
- → Aren't likely to have many doctors visits a year
- → Enjoy having a primary care doctor to coordinate and manage their care
- → Don't mind coverage being limited by who is in-network o r geographic restrictions, unlike traditional

NOTE: With this type of plan, you are generally required to pay all costs for any out-of-network care.

NETWORK TYPE

EPO

Exclusive Provider Organization

How it works Lower out-of-pocket costs and no required referrals, but more limited network of providers to choose from.

Good for If you'd rather choose your specialists, may help keep costs low as long as you find providers in network; this is more likely to be the case in a larger metro area.

Flexibility	Premium	PCP Needed
👍👍👍👍	$$	No

Out of Network Only for emergencies

Referral No

EPO networks are popular among people who:

- → Are more frequent health insurance users
- → Don't want to worry about getting referrals for in-network specialists
- → Don't mind coverage being limited by who is in-network or geographic restrictions

NOTE: With this type of plan, you are generally required to pay all costs for any out-of-network care.

NETWORK TYPE

POS/PPO

Point of Service/Preferred Provider Organization

How it works More provider options (the widest national network) and no required referrals, but higher out-of-pocket costs.

Good for If you'd rather choose your specialists, may help keep costs low; if you live in a remote or rural area with limited access to doctors and care, and you may be forced to go out of the network.

Flexibility 👍👍👍👍👍	**Premium** $$$	**PCP Needed** No

Out of Network Yes, but in-network care is less expensive.

Referral No

POS/PPO networks are popular among people who:

- → Are more frequent health insurance users with ongoing health needs
- → Need more flexibility in which health care providers they see
- → Don't want to worry about getting referrals for specialists
- → Want access to out-of-network providers and are okay with paying a little more for it

NOTE: This type of plan is generally helpful for those who travel a lot and want to ensure coverage no matter where they are, since it tends to have the widest national network.

Total Potential Cost

Amongst your options for each network type, it's helpful to calculate total potential costs. To gauge total potential costs, find the sum of the plan's out-of-pocket max (how much you'd pay out-of-pocket for covered services before insurance begins to fully cover the costs) and annual premium.

NETWORK TYPE	HDHP	HMO	EPO	POS/PPO
PREMIUM	$350/month $4,200/yr	$325/month $3,900/yr	$375/month $4,500/yr	$525/month $6,300/yr
DEDUCTIBLE	$3,000	$0	$1,000	$0
COINSURANCE	0%	0%	20%	0%
OUT-OF-POCKET MAX	$6,000	$3,500	$4,000	$4,000
TOTAL POTENTIAL COST IN A WORST CASE SCENARIO (annual premium + out-of-pocket max)	($350*12) + $6,000 = **$10,200**	($325*12) + $3,500 = **$7,400**	($375*12) + $4,000 = **$8,500**	($525*12) + $4,000 = **$10,300**

Plan Richness

Within each group of plans available within a network, measure the level of richness (i.e. the percentage of how much the plan pays for covered services) a plan has relative

to other plan choices. A middle-of-the-road scenario tends to happen more than a worst-case scenario, so it can be helpful to gauge plan richness or what makes the most financial sense in those situations.

Example

For example, let's say you break your leg during the plan year and the services to help you cost $3000. This is how it'd play out with the same plans from above:

NETWORK TYPE	HDHP	HMO	EPO	POS/PPO
PREMIUM	$350/month $4,200/yr	$325/month $3,900/yr	$375/month $4,500/yr	$525/month $6,300/yr
DEDUCTIBLE	$3,000	$0	$1,000	$0
COINSURANCE	0%	0%	20%	0%
OUT-OF-POCKET MAX	$6,000	$3,500	$4,000	$4,000
TOTAL POTENTIAL COST IN A WORST CASE SCENARIO (annual premium + out-of-pocket max)	($350*12)+ $3,000+ ($0+0%) = **$7,200**	($325*12)+ $0+($0+0%) = **$3,900**	($375*12)+ $1,000+ ($2,000*20%) = **$5,900**	($525*12)+ $0+($0*0%) = **$6,300**

The cost of the worst-case scenario compared to the cost of a middle-of-the-road scenario can give you insight into just how much coverage each plan affords in comparison to how much you'll potentially pay.

Additional Health Insurance Offerings

When you access health insurance through Justworks, you also receive access to amazing providers to make finding care and taking care of your health that much easier. Check out what may be available to you through a health insurance plan through Justworks.

one medical™

One Medical is the national leader in technology enabled, on-demand primary care. One Medical challenges the notion that delivering high-quality, accessible healthcare is either unachievable or prohibitively expensive. In fact, they're working to prove that just the opposite is possible — a system where quality care is affordable and available to everyone.

Get the care you need:

- → High-quality, patient-centered primary care
- → Same-day and next-day appointments available
- → Longer visits that start on time
- → 24/7/365 claim-free virtual care via phone, email, or mobile app
- → Mobile app for appointment scheduling and prescription refills
- → Referrals to a network of curated specialists

How much does it cost?

A One Medical membership — a $200 value — is free if enrolled in a Justworks health insurance plan. You'll still pay your regular copay and deductible with One Medical, but the actual membership is completely free to you and your dependents!

Click here for more information.

NOTE: One Medical is available to employees being offered plans through Aetna and UnitedHealthcare only.

talkspace

Talkspace is an online therapy service that makes accessing mental health care and support easier. With Talkspace, you'll get:

- **Therapy on your time.**
  Write your dedicated therapist at any time and get the help you need. You can reach your therapist five days a week and will hear back daily.
- **Flexible, confidential care.**
  Connect with your therapist through unlimited text, voice, and video messages, all done via an easy-to-use and HIPAA-compliant app.
- **High-quality and certified providers.**
  Talkspace has thousands of licensed therapists, fluent in over 30 languages.
- **Smart and easy matching.**
  Finding a therapist can be hard. That's why Talkspace created the Talkspace QuickMatch questionnaire to understand what you're looking for and find a therapist that best fits your needs.

How much does it cost?

If enrolled in health insurance through Justworks, you'll have access to twelve free months of Talkspace to be used at any point in the upcoming plan year (November 1, 2021 - October 31, 2022).

Click here for more information.

Health Advocate™

When you're enrolled in benefits through Justworks, you have free access to Health Advocate, the nation's leading healthcare advocacy and assistance company. With Health Advocate, you get:

- **Advocacy.**
  Get answers to medical billing or coverage questions. Advocates reach out to providers and insurers on your behalf, and can also help coordinate care and book appointments.
- **Mental Health Services (Employee Assistance Program).**
  Health Advocate's EAP offers 24/7 access to confidential counseling services for a range of mental health needs.
- **Work/Life Services.**
  Take care of the people that matter most and get your finances in order with access to legal services, child and eldercare, and financial planning.
- **Medical Bill Saver.**
  For any bill that leaves you paying over $400, Health Advocate will attempt to negotiate it down on your behalf.

How much does it cost?

Absolutely nothing. Health Advocate is part of your health insurance plan and can be used at no cost to you.

Click here for more information.

Common Health Insurance Terms

Here are definitions to common health insurance terms you may come across while in open enrollment.

Plan Networks

EPO
Exclusive Provider Organization

Provides in-network coverage only (except in life or death emergencies) without pre-authorization.

What it means for you
EPO plans do not require you to elect primary care physicians or require referrals in order to see specialists. It's a best practice to search for your preferred providers to see if they're in-network when you're exploring EPO options.

HDHP
High Deductible Health Plan

According to IRS rules, 2021 HDHP plans at the employee only tier must have a minimum annual deductible of at least $1,400 and an out-of-pocket maximum on in-network expenses of $7,000. Though the IRS 2022 minimum annual deductible requirements will stay the same, out-of-pocket maximum on in-network expenses will increase to $7,050.

For families, 2021 HDHP plans must have a minimum annual deductible of at least $2,800 and out-of-pocket maximum on in-network expenses of $14,000. Similiarly, the IRS 2022 minimum annual deductible requirements will stay the same, however out-of-pocket maximum on in-network expenses will increase to $14,100.

With the exception of preventative care, the coinsurance and all cost sharing will not apply to any services before the deductible has been met. Please refer to the plan document to determine which services have the deductible requirement waived.

What it means for you
If you anticipate lower plan usage or might like to save on premiums, this could be a good pick for you. If your company also provides access to HSA, you may elect to contribute to an HSA if enrolled in a HDHP. This would allow you to save pre-tax dollars to put toward future healthcare costs.

POS
Point of Service

Provides in- and out-of-network coverage. Traditionally speaking, POS plans are "gated," meaning a member must choose a primary care provider (PCP) who is the "point of service." However, all Aetna POS plans accessed through Justworks are "open access," meaning a member does not need a referral from a PCP to see a specialist.

What it means for you
As with Preferred Provider Organizations (PPOs) or any other plans covering both in- and out-of-network services, if you choose to access healthcare services outside of your network, you may pay higher out-of-pocket costs relative to those of services provided by in network providers.

HMO
Health Maintenance Organization

Is a gated network health insurance policy that requires you to choose a Primary Care Physician (PCP) at the time of enrollment. HMO plans typically offer lower premiums for healthcare as the insurer is able to more readily predict member costs throughout the year.

What it means for you
If you enroll in an HMO, you will need to select a Primary Care Physician (PCP). This person will then choose specialists for you. There is less flexibility to choose your own providers, but your PCP does a lot of heavy lifting for you in regards to accessing care.

PPO
Preferred Provider Organization

Provides in- and out-of-network coverage and Is a healthcare organization that has agreed to provide health care through a network. Care may also be provided by out of network providers but higher fees may apply.

What it means for you
If you choose to access healthcare services outside of your network, you may pay higher out-of-pocket costs relative to those of services provided by in network providers.

NOTE: Not all companies will offer access to all types of plans.

Common Health Insurance Terms

Coinsurance

This is the percentage of the cost of a service or fee the insurance carrier will cover after the deductible (if any) is met. For example, if a plan has 80% coinsurance, the plan will cover 80% of the service and the remaining 20% will be paid for by you. Typically, the coinsurance coverage for out-of network services will be lower than for in-network services, which will result in reimbursement that is less than the cost for out-of-network services in general.

What it means for you
You will pay a coinsurance amount up to your out-of-pocket maximum.

Copay

This is the pre-set dollar amount you have to pay for a specific type of service or visit regardless of its cost before the deductible is met for all plans, except HDHPs. Copays count toward the out-of-pocket maximum but not towards the deductible.

What it means for you
This the amount you have to pay at your actual appointment. This amount counts toward the out of-pocket maximum but not towards your deductible.

Deductible

This is the amount of money you must pay out-of-pocket for covered health services before the carrier begins to pay. After you meet your deductible, you usually pay your copay or coinsurance, up to the out-of-pocket maximum. Typically copays will not apply toward your deductible. Health insurance plans will have a deductible for each individual on a plan, and a combined family deductible.

One thing to note is that all plans accessible through Justworks have embedded deductibles. This means that no individual is responsible for meeting more than their individual deductible, even if they are on a family plan.

While new plans start November 1, **deductible accumulators reset each calendar year on January 1.**

For plans selected during open enrollment and effective November 1, you'll have a deductible credit for what you've already paid toward the deductible for this calendar year on your current plan applied to your new plan until January 1. January 1 will mark the restart of your deductible accumulator for the new calendar year.

What it means for you
The amount you have to spend in each calendar year before your health insurance starts to pay portions of your bills.

For more information, please refer to our Help article.

Flexible Spending Account (FSA)

This allows you to use pre-tax dollars to pay for out-of-pocket health care or dependent care expenses. These funds are only available during the calendar year, January 1 through December 31, and expire at the end of the year. Any funds that are not used by the end of the year are forfeited. There is a 90-day run-out period, meaning you can submit claims incurred during the plan year until 90 days from their termination date or from December 31 when the plan year ends.

What it means for you
Think of an FSA as a pre-tax piggy bank for healthcare needs that you can use to pay for anything health-related, from inhalers to lip balm. An FSA lives with the employer, so if you lose your job, you will lose unused funds on the day of termination.

Health Savings Account (HSA)

This allows you to contribute pre-tax earnings to pay for eligible medical expenses. Funds contributed towards your HSA do not expire, even if you decide to change medical plans or if your employment is terminated. Unlike an FSA, an HSA belongs to the employee. Employees set up a pre-tax account that is specific for their health savings. In order to be eligible to enroll in and contribute to an HSA, you are required to be enrolled in a HDHP medical plan.

What it means for you
Think of an HSA as a pre-tax piggy bank for healthcare needs that you can use to pay for anything health-related, from inhalers to lip balm — well into retirement! Unlike an FSA, the HSA lives with you so even if you lose your job, you can keep the funds.

Out-of-Pocket Maximum

This is the most you would have to pay for qualifying services in a calendar year. The carrier covers 100% of the cost for qualifying claims after this amount is exceeded. Once you've met this amount, the carrier will generally cover 100% of subsequent procedures and charges. The plans accessible through Justworks have embedded out-of-pocket maximums. This means that no individual is responsible for meeting more than the amount of the individual out-of-pocket maximum, even if they are on a family plan and the family out-of-pocket maximum is not met.

What it means for you

Once you hit this amount, you are generally not responsible for any further costs for treatment from covered providers. There are some stipulations on what will be covered as listed in the plan documents, so we always recommend checking with the health insurance provider to clarify costs related to specific services.

NOTE: Out-of-pocket maximum accumulators reset each year on January 1

Premium

This is the monthly cost of your health insurance plan. Employees pay their portion of the premium on a semimonthly or biweekly , pre-tax basis. (Note: The number you see will reflect the total monthly contribution). You'll be able to see the amount your employer contributes to your monthly premium when making your selections. Premiums are based on four tiers:

- Employee only/individual
- Employees + spouse/domestic partner
- Employee + child(ren)
- Family (employee + spouse/domestic partner + child(ren)

Information about monthly cost to you for each plan and tier will be available during open enrollment.

What it means for you

This is the amount that will be deducted from your paychecks over the course of each month.

FAQs

Below, find some frequently asked questions about open enrollment, sourced from Justworks customers like you!

What happens to my deductible this year?

Plan deductible accumulators are based on the calendar year, so they won't reset until January 1, 2022. You'll continue to pay toward the deductible through December 31, 2021 — unless the balance carried over exceeds your new plan's deductible amount. On January 1, 2022, what you've paid towards the deductible will reset to zero for the new calendar year.

How can I tell if my doctor is in-network?

Aetna

Visit the Aetna website at aetna.com and click "Individuals", then click "Find a Doctor". You can choose to search by logging into your Aetna Navigator account. Or, if you're searching without an Aetna account, select "Plan from an employer", then select the type of provider you're searching for and the zip code of where you'd like the provider to be located. You'll then be asked to enter the network — you can access the network name directly in the Justworks enrollment flow, or by opening the individual plan details PDF (downloadable in Justworks) and referencing the top right corner of the second page. You'll be provided with a list of providers that are in-network for the plan and network. This link will give you more information on finding a provider.

Kaiser Permanente

Visit Kaiser Permanente at healthy.kaiserpermanente.org and click "Doctors & Locations". You can choose to search by region or by using your current location, zipcode, or city. From there, you can narrow using the filters or keywords.

UnitedHealthcare

For members who are already enrolled can locate a doctor through the "find-and-price care tool" via their app or online. For members who aren't enrolled yet, they can visit the website https://www.uhc.com/find-a-physician.

1. Under "General Directory" you can select "Find a physician, Hospital or Healthcare facility".
2. This will take you to a new web page, and asks you what type of provider you are looking for: Medical Directory, Mental Health Directory.
3. Clicking "Medical Directory" will ask you to "Choose a Plan Type". You should select "All UnitedHealthcare Plans".
4. It will ask you for a plan type: All of our plans are "Choice Plus" .
5. You can enter a name, facility, specialty, or find health care by category.

When can I enroll in an HSA or FSA?

FSAs are based on the calendar year. Open enrollment for that account will be in December for the new plan year beginning January 1, 2022. If you have an HDHP, you can add an HSA at any time.

I have questions about specific medical services, procedures, claims, or costs. Who can help me?

For specific questions related to these topics, reach out to Health Advocate directly. Medical services, procedures, claims, and costs are all considered to be "Protected Health Information" and can only be discussed with a HIPAA compliant resource.

Health Advocate is a third-party resource that's automatically available to all employees and can help answer questions about plans and claims, and provide help for finding specialists who accept your insurance.

Health Advocate: (866) 695-8622 or answers@healthadvocate.com

Why might my plan's monthly premium be more expensive?

Not all employees will see an increase in their monthly contributions, as it depends on the employer contribution and plans being offered. A cost increase may be the result of a change in an employer's contribution or the overall rise in the cost of the plan.

Every year, a component of all rate increases is the overall rising cost of health insurance in the U.S. All employers' renewal rates are impacted by market forces–like healthcare and drug inflation which continue to outpace the general inflation rate–and a healthcare landscape that is constantly changing. Other factors that may impact costs are new and changing legislation, advancements in prescription drugs/medical equipment, the cost of care, and the performance of plans.

If your plan no longer meets your needs or your budget or you'd simply like more help navigating your options, Health Advocate can provide support in picking a plan that's right for you.

I'm having trouble making my new plan selections in Justworks. Who can help me?

Please contact Justworks Support at support@justworks.com or (888) 534-1711 and we'll be happy to help you navigate our platform.

Contact Us

We've covered plenty of material here, but know that the Justworks Customer Success team is always here to assist with questions from you or your employees, 24/7. You can contact us by phone, email, chat, text, and public Slack.

Support Channels*

Phone	1 (888) 534-1711
Email	support@justworks.com
Slack	slack.justworks.com
Text	858) 247-0005

* Support available 24/7