Human Resources

FAQ's - Open Enrollment

Q. What is Open Enrollment?
A. Open Enrollment is an annual event during which time benefits-eligible employees may make changes to or enroll in medical and dental insurance plans, add a dependent(s) to their coverage, or enroll in the healthcare flexible spending account and/or dependent care flexible spending account.

Q. Do I need to do anything if I don't want to make any changes to my benefits?
A. Yes! Due to new regulations, we need all benefit-eligible employees to complete an online enrollment form even if you don't want to make any changes to your current medical or dental coverage, or if you wish to waive coverage. Also, if you wish to participate in one of the flexible spending account programs (health and/or dependent care), you need to re-enroll each year during open enrollment.

Q. How can I see what benefits I currently have?
A. On the online enrollment form you can click "load current coverage" to see what you are currently enrolled in.

Q. Do I need to do anything if I don't want to make any changes to my benefits?
A. It depends. If you don't want to make any changes to your current medical or dental coverage, you don't need to do a thing. However, if you wish to participate in one of the flexible spending account programs (health and/or dependent care), you need to re-enroll each year during open enrollment.

Q. What if I miss the Open Enrollment period and need to enroll or make changes to my benefits?
A. Federal law limits your ability to change most of your elections outside of Open Enrollment unless you experience a 'qualifying event' and, if you do, the change must be made within 30 days of the event. Supporting documentation will need to be submitted to HR along with any election change. If you've missed the Open Enrollment deadline and have a concern, contact the Human Resources office.

Q. It seems too good to be true! Why wouldn't someone enroll in the HDHP?
A. There is no catch to the HDHP. Because of the lower premium cost, greater WHOI cost-share, and availability of the HRA that covers 50% of the annual deductible, it is an attractive option for many employees. The HDHP is still a choice for employees and should be considered carefully before enrolling. Typically, a high deductible health plan is not desirable to those who are not comfortable with taking the upfront risk for paying out-of-pocket expenses, which can create a cash flow issue for some.

Q. What is considered in-network under the HDHP?
A. Any provider or hospital in the PPO Preferred Network which includes over 90% of all providers and hospitals in the United States. There are even some participating providers outside the U.S. in places like Puerto Rico and US Virgin Islands. All employees considering enrollment in the HDHP are encouraged to check if their current providers are in the PPO network. All employees considering enrolling in the HDHP are encouraged to check if their current providers are in the PPO network. Use the following link to find a PPO Preferred network provider or hospital (use "XXP" for the 3-digit ID number):
http://www.bcbs.com/healthtravel/finder.html

Q. I have a child that attends college out-of-state, how will the HDHP plan benefit me?
A. The HDHP might still be a good option for college students residing out of state. Under the HDHP, there is a very large provider network, which means there is a good chance you should be able to find an in-network doctor and/or hospital in the geographic area of your child's school. Do some research and check to see if

providers and hospitals near your child's school are in the BCBS PPO Preferred Network. Remember that, under the HDHP, your child can seek care anywhere – even at out-of network providers and hospitals. If out-of-network, those costs would just be subject to additional expenses up to the out-of-pocket maximum.

Q. My child is over age 19 and is no longer a full time student. How long can my child be covered under my medical coverage through WHOI?
A. While the Affordable Care Act allows parents to add their adult children (to age 26) to their health plans, the IRS definition of a qualified dependent who may be covered under an employer's HSA is different. This means, for instance, that an employee whose 24 year old child is covered on his HSA-qualified high-deductible health plan may not be eligible to use HSA funds to pay that child's medical bills (unless the child is a full-time student, and therefore a qualified dependent for tax purposes). Further, imputed income does not apply for covered dependents (unless dependents of a domestic partner).
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WHOI is the world's leading non-profit oceanographic research organization.
Our mission is to explore and understand the ocean and to educate scientists, students, decision-makers, and the public.