

**2025 ANNUAL BENEFITS ENROLLMENT FAQ**

*Annual enrollment for Roper St. Francis Healthcare will run Oct. 9-23 in Workday. Below are some answers to frequently asked questions about benefit offerings.*

**Do I have to enroll?**

Yes, teammates eligible for benefits must enroll to have coverage in 2025. This is an active enrollment, meaning you must elect all medical, dental, vision and spending account coverage for 2025. Your basic life insurance and accidental death and dismemberment (AD&D) coverage and any optional benefits elected through Beneplace are the only benefits that will carry over to next year. If you don’t make an election for medical, dental, vision and spending accounts, coverage will end as of Dec. 31, 2024, and you will not have coverage as of Jan. 1, 2025.

Even if you don’t want any benefits, RSFH provides life insurance and accidental death and dismemberment benefits to all full- and part-time teammates, and this is a good time to add beneficiaries or make sure your beneficiaries are up to date in Workday.

RSFH also pays the full cost to automatically provide short-term disability benefits for part- and full-time teammates, and long-term disability benefits for full-time teammates. The coverage levels are available for review in Workday.

**How do I enroll?**

Enroll in benefits easily online using Workday! You can enroll during the 2025 annual benefits enrollment period, Oct. 9-23. Check your Workday inbox for your “Annual Enrollment Change” task or “Benefit Change” task to enroll in 2025 benefits.

**What happens if I don’t enroll?**

If you don’t enroll during annual enrollment for 2025, you will not have medical, dental, vision or spending account coverage next year.

If you do not elect benefits, you will only have the company-provided benefits such as life/AD&D insurance, short-term disability and long-term disability, if eligible.

**Where can I get more information?**

The HR Service Center can help you with Workday enrollment and benefit questions. You can reach them by submitting a General HR Inquiry (in HR ServiceNow, click “Contact Us”) or by calling 888-691-5729 weekdays from 8 a.m.-4:30 p.m. to speak to a service adviser. Faith, the RSFH chatbot in HR ServiceNow, can also help connect you to resources during enrollment and throughout the year.

**What are premiums for 2025?**

Check [RSFBenefits.com](https://rsfbenefits.com/).

**How can I get help choosing my benefits?**

You can get help choosing the best medical, dental and vision options with a new tool called Upwise. Upwise provides benefit decision support powered by census and individual data to develop a personalized recommendation during the enrollment period.

Upwise’s Choose platform offers a step-by-step questionnaire that gets to know you and your unique needs, walks you through your enrollment options and helps you evaluate healthcare options so you can choose what meets your needs and the needs of your family for 2025. Upwise will be available the week of Oct. 7.

**Do we have to use the recommendation that Upwise gives us, or is it just informative and we can still select a different option?**

Upwise only provides plan recommendations based on how you answer the questionnaire. You can select the recommendations from Upwise or make any other selections when completing enrollment in Workday. You must make your elections in Workday between Oct. 9-23 to complete annual enrollment.

**Will Upwise accept Medicare as a choice to compare?**

Upwise will not include Medicare – it will help you evaluate the RSFH medical plans for which you are eligible.

**Will Upwise pull pharmacy claims?**

During the questionnaire, Upwise will ask for prescriptions you are taking, and you can pull in medical claims information from the BlueCross BlueShield of South Carolina site, but it will not include pharmacy claims.

**How do you enroll if you’re on a leave of absence?**

There are a couple enrollment options for teammates on leave of absence. You can enroll from home by accessing Workday (using the Workday app or your home computer at [wd5.myworkday.com](https://wd5.myworkday.com/)). You also have the option to contact the HR Service Center at [HRServiceNow.RSFH.com](https://bsmhealth.service-now.com/hrportal?id=kb_article_view&sysparm_article=KB0021970) or 888-691-5729, and they can assist in enrolling.

**Where do I find network providers and facilities?**

If you're looking for an in-network provider for RSFH health plans, be sure to use the correct Find a Doc feature [here](https://s2.bl-1.com/h/i/dwPHmKc8/PkPoSt9?url=https://findadoctor.rsfhealthalliance.com/InternalCIN).

**Do I get preventive care at no cost for all medical plans?**

Yes, when using an RSFH-owned provider, the Roper St. Francis Healthcare plans provide preventive care covered at 100 percent. Age- and frequency-appropriate preventive care is available to you and each of your covered family members. While there is no copayment, getting preventive care can save you money now and in the long run, by helping you stay as healthy as you can. These services include:

* Annual physical
* OB/GYN exam and Pap smear
* Mammogram
* Prostate exam
* Colonoscopy
* Routine immunizations
* Routine hearing exam
* Well-baby care
* Well-child care

Remember, diagnostic screenings and labs are not considered preventive care, even if your provider recommends and arranges for them during your annual physical. And you will be responsible for their cost, subject to meeting your deductible and coinsurance.

**How do I add dependents during benefits enrollment?**

This [how-to guide](https://bsmhealth.service-now.com/hrportal?id=kb_article&sysparm_article=KB0021510) provides step-by-step instructions for how to add dependents during benefits enrollment in Workday.

**Will I have to prove my dependents are eligible for medical coverage?**

Only if a dependent is newly added or hasn’t been verified before. After enrollment, watch for a mailing at your home or an email from HMS, our dependent verification partner.

**What about other optional benefits we can choose?**

Roper St. Francis Healthcare partners with Beneplace to offer full- and part-time teammates other optional benefits. Here are your options to choose from:

* Chubb: Lifetime benefit term with long-term care rider
* MetLife: Accident
* MetLife: Critical illness
* MetLife: Hospital indemnity
* MetLife: Legal
* Aura: ID Protection

**What if I just want to enroll in other optional benefits through Beneplace?**

You will have to enroll in Workday and click on a link to enroll in other optional benefits. When you are finished, you’ll return to Workday to submit your elections (even if you are waiving all other benefits).

**How do I designate beneficiaries during enrollment?**

This [how-to guide](https://bsmhealth.service-now.com/hrportal?id=kb_article&sysparm_article=KB0021510) provides step-by-step instructions for how to add and designate beneficiaries during enrollment in Workday.

**ELIGIBILITY**

**Please explain coverage for a spouse.**

If a spouse has other coverage, such as through their employer, a teammate may cover the spouse. The spouse’s employer’s coverage will be primary for the spouse, and RSFH coverage will be secondary. That means the spouse’s plan will pay first, and any remaining costs will be submitted to the teammate’s RSFH coverage for consideration. Normal Coordination of Benefits rules will apply.

**Are domestic partners considered spouses, or are spouses only those who have a marriage certificate?**

A teammate’s legally married spouse is an eligible dependent. Domestic partners are not eligible.

**How old can dependents be to remain eligible for coverage?**

You can cover your children — including adopted children, children for whom you have legal guardianship and stepchildren — up to age 26, or older if unmarried and if confirmed disabled before age 26 and incapable of self-support.

**If my covered child turns 26 in 2025, will coverage end during the birth month or will benefits continue until the end of the year?**

Coverage ends at the end of the month in which the child turns 26. Continued coverage would be available under COBRA.

**What is the difference between qualified premiums and nonqualified premiums?**

You are eligible to pay qualified premiums if you have completed a provider visit for a wellness exam or lab work. This saves you $90 per pay period.

**What should I do if I don’t receive information about dependent verification?**

If you don’t receive anything by email or mail in January 2025 about dependent verification, please reach out to the HR Service Center to determine if they have next steps to take for dependent verification.

**If my spouse is covered on their employer’s medical plan, can I carry them on my dental and vision plan?**

Yes.

**Are spouses who also work for RSFH still required to be on separate insurance?**

You can cover your spouse on your plan, but you can’t cover each other on the same plan. That is, neither one of you can be enrolled both as an employee and as a dependent. Your dependent children may be enrolled under either parent, but not both parents.

**MEDICAL**

**Is “in footprint” or “out of footprint” based on your home address?**

Yes. If you live outside the tri-county area (Berkeley, Charleston and Dorchester counties), you are considered out of footprint.

**What are the options if you live in the RSFH footprint, and what are the options if you live outside the footprint?**

* In the RSFH footprint: Alliance Prime, Alliance Flex and Alliance Save.
* Outside the RSFH footprint: Alliance Out of Area and Alliance Save Out of Area.

**I live about three hours outside the tri-county area. What is the best option for me?**

You may want to try our new health plan comparison tool, Upwise, available at [Upwise.com](https://www.upwise.com/). You’ll answer some questions about your healthcare needs to help you determine the plan that makes the most sense for you in 2025.

**Is there a difference between what services and supplies the medical plan options cover? Or are there just differences in the networks (providers and facilities)?**

All medical plan options cover the same services and supplies. The differences are in the costs you and RSFH share for the care you receive based on which network tier you use (the providers and facilities who deliver those services and supplies to you).

**How can I find out if my current provider is in the Roper St. Francis Health Alliance network?**

A Roper St. Francis Health Alliance provider search tool is available [here](https://findadoctor.rsfhealthalliance.com/InternalCIN).

**Is there a way I can look up covered pediatricians covered on RSFH’s medical plans?**

The Roper St. Francis Health Alliance has supplemented its network for the following specialties with many local providers that accept BlueCross BlueShield of South Carolina: behavioral health, chiropractic, dermatology, maxillofacial surgeons, pediatric subspecialties and pediatric therapies. You can use the Roper St. Francis Health Alliance provider search tool [here](https://findadoctor.rsfhealthalliance.com/InternalCIN) to view these supplemental providers. If you have questions about the provider network, please call Blue Cross Blue Shield of South Carolina at (888) 410-2227. It’s important to know before you go.

**SAVE (HDHP) PLAN WITH HEALTH SAVINGS ACCOUNT**

**Could you explain the Alliance Save plan (high-deductible option)?**

The Alliance Save and Alliance Save Out of Area plans (high-deductible health plan, or HDHP, options) provide a tax-free way to save for future healthcare expenses if you also are eligible to contribute to a health savings account (HSA). Your premiums may be lower but when you need care, you initially pay more for medical care and prescriptions -- until you and all your covered dependents meet a combined medical/prescription deductible. You can use your HSA to pay for medical and prescription expenses tax-free. If enrolled in the Alliance Save plan, eligible healthcare flexible spending account (FSA) expenses are limited to dental and vision expenses.

**Do you have to be enrolled in the Alliance Save plan to have an HSA, or can I have an HSA if I’m enrolled in another plan?**

You can contribute to an HSA only when you are enrolled in the Alliance Save or Alliance Save Out of Area plan.

**What’s the difference between the HSA and FSA?**

You can make tax-free contributions to an HSA only if you are enrolled in the Alliance Save plan. Any amounts in your HSA can be used for current or future medical, prescription, vision, dental and other qualified healthcare expenses – tax-free. The IRS restricts the total amount eligible for contribution each year. RSFH will contribute seed money to your HSA account and additional funds for successful Be Well completion, which is part of the annual IRS total. This account is also portable and yours if you leave the system.

The FSA is a pre-tax account you contribute to via payroll deduction. Only you contribute to a healthcare FSA or dependent care FSA; RSFH does not make contributions to FSAs.

For a healthcare FSA, you can use your funds for the full range of eligible healthcare expenses. (If you are contributing to an HSA, the IRS will let you use the FSA only for qualified dental and vision care expenses.)

The dependent care FSA provides reimbursement for dependent day care, including after-school care or summer day camps for a child under age 13; care for a disabled child; or care for a dependent parent incapable of self-care, provided the teammate claims the parent as a tax deduction.

**Can you have both the HSA and healthcare FSA?**

Yes, but your healthcare FSA is limited to use for dental and vision expenses if you’re enrolled in the Alliance Save plan. The HSA can be used for medical and prescription expenses, as well as dental and vision expenses. So, you don’t need both accounts, but the healthcare FSA is available if it helps you budget for dental and vision care expenses you plan to have in 2025.

**Does my leftover HSA money roll over?**

Yes, your HSA balance stays with you and carries over year to year. It also stays with you into retirement, if you leave the system.

**If I want to switch to a high-deductible plan next year, what will happen to my FSA from this year? Will the excess funds from 2024 roll over?**

If you choose to enroll in the Alliance Save plan but have an FSA from the prior year, you can still carry over remaining FSA funds up to $610, but it will be a limited plan in 2025: You would be able to use those funds only for dental and vision expenses (not medical) in 2025.

**Can I enroll in a non-high-deductible plan and have an HSA, the new health reimbursement account (HRA) and the new lifestyle spending account (LSA)?**

If you elect a plan other than Alliance Save, you can deposit 2025 Be Well incentives in an HRA or LSA, but you won’t be eligible for an HSA. You’re eligible for an HSA only if you enroll in the Alliance Save plan. For your 2025 Be Well Incentive, you can’t split contributions between an HRA and an LSA.

**What do the HSA contribution limits mean?**

The limits for 2025 for the HSA are $4,300 for individual coverage and $8,550 for family, and if you are over 55 years old, you can contribute an additional $1,000. This is the maximum annual amount you can have taken out of your paycheck and deposited in the HSA, which also includes Be Well employer contributions.

**If I’m not enrolled in the Alliance Save plan, can I still contribute money pre-tax? If so, what account?**

If you are enrolled in a medical plan other than the Alliance Save plan, contributing pre-tax funds to a healthcare FSA is your option. The healthcare FSA is teammate-funded through payroll deduction.

**How much does RSFH contribute to the HSA?**

The contribution amounts for HSAs will increase for 2025. RSFH will provide seed money of $600 per teammate, $925 for teammate and spouse, and $1,250 for families. For those who complete their Be Well requirements, additional contributions by RSFH are $300 per teammate and $600 per family.

**If a medical expense is not a covered benefit under our medical plan, can I use an HSA, FSA or HRA?**

There are some procedures that are not covered, and those lists are determined by the IRS. An HRA covers any in-network medical plan expenses or dental/vision expenses even if you’re not on those plans. The list of eligible FSA expenses is available on HealthEquity’s website. An HSA covers medical, prescription, dental and vision qualified expenses.

**Are my contributions to the HSA pre-tax?**

Yes, you’re eligible to make that pre-tax contribution if you elect the Alliance Save plan.

**Explain difference between HRA and HSA?**

The HRA is what you’re eligible for when you enroll in any medical plan other than the Alliance Save plan and where you receive your Be Well contribution (unless you choose the LSA Be Well contribution option). An HRA has only employer contributions and ends if you opt out of our medical plan.

An HSA is what you’re eligible for when you enroll in the Alliance Save plan and is a combination of employer contribution (seed money and Be Well incentive) and the ability to contribute your own funds. An HSA is only available with the Alliance Save plan.

**If you have an HSA and want to enroll in another plan, does your HSA card expire?**

If you no longer are enrolled in the Alliance Save plan, you are not eligible to make contributions to your HSA, but you can still request withdrawals for qualified medical expenses.

**HEALTHCARE FSA AND DEPENDENT CARE FSA**

**Does the healthcare FSA cover medical expenses?**

The healthcare FSA can be used to pay eligible healthcareexpenses. For details, visit [irs.gov/pub502](https://www.irs.gov/forms-pubs/about-publication-502). If you are in the Alliance Save plan with an HSA, you are allowed to have a healthcare FSA. However, it is a limited account, and it can be used only for qualified dental and vision expenses.

**Can you clarify whether the healthcare FSA can help pay copays, lab bills and similar expenses?**

Yes, the healthcare FSA can be used to pay for eligible medical, prescription, dental, hearing and vision expenses, unless you are enrolled in the Alliance Save plan, which allows only dental and vision expenses to be paid from your FSA.

**Is the healthcare FSA allowed only for dental and vision expenses?**

Your healthcare FSA is limited to use for dental and vision expenses only if you’re enrolled in the Alliance Save plan. That’s because your HSA can be used for medical, prescription, dental, hearing and vision expenses.

**Does my 2024 healthcare FSA roll over to 2025?**

Up to $610 in healthcare FSA funds will carry over from 2024 to 2025. The carryover limit is increasing to $640 in 2025.

**Does the 2024 dependent care FSA roll over to 2025?**

No. Unused dependent care FSA funds will be forfeited.

**Will I need to save all receipts and be responsible for submitting claims to the new FSA administrator, HealthEquity?**

Yes. It’s best to do that if you must prove to the IRS that your expense is eligible.

**What happens if you have more than $610 in your FSA for this year?**

You can roll over up to $610 for your healthcare FSA from 2024 to 2025. You will forfeit any remaining balance.

**If I have dependent care in 2024, do I need to select the option again if I need it in 2025?**

Yes, the dependent care FSA must be elected every year to keep deductions for next year.

**How are FSA and HSA funds distributed?**

* **For a healthcare FSA:**These are pre-tax payroll deductions. You elect the amount you want for the year during annual enrollment, and that amount is frontloaded to your account/card on Jan. 1, 2025.
* **For a dependent care FSA:**You can use these funds only as they are available following paycheck deductions throughout the year – based on the amount you select during enrollment.
* **For the HSA:**The HSA attached to the Alliance Save plan includes employer seed money that is frontloaded within the second pay period in January. On top of that, you also can elect a pre-tax payroll deduction. The amount you select loads to your account throughout the year, so you’re unable to use those funds until they are available.

**When will employer contributions be available in spending accounts (HRA and HSA)?**

Be Well contributions will be made around Feb. 1, and you can apply for claims for expenses incurred Jan. 1, 2025, and later. HSA seed money for those on the Alliance Save plan will be available within the second pay period of January.

**Can an FSA be used for cosmetic surgery, such as eye lift or facelift?**

Generally, cosmetic procedures are ineligible unless the treatment or procedure is medically necessary. However, some cases are taken into consideration if the cosmetic treatment is meant to improve a personal injury, congenital abnormality or disfiguring disease.

**LIFESTYLE SPENDING ACCOUNTS (LSA)**

**What is a lifestyle spending account (LSA)?**

The LSA is an option to use your Be Well incentive funds: It can be used for non-healthcare items or things not covered by medical, dental or vision plans. An LSA can be used for items that enhance your well-being; it’s another option to use funds now that you will be able to use within the next year (it doesn’t carry over). For example, you can use an LSA for athletic equipment such as running shoes, Apple watches, swimming goggles, fitness apps/trackers, race entry fees, personal trainers, fitness memberships and more.

**Would massages or chiropractic visits count toward the LSA?**

Chiropractic visits are covered by the medical plan; massages are not covered on the medical plan (unless part of physical therapy). You would not be able to use LSA funds for these expenses.

**Can I split the Be Well contribution between an LSA and an HRA or HSA?**

No. If you elect the LSA for your Be Well incentive, you receive either $150/$300 based on your medical plan coverage tier and if you and/or your covered spouse met the Be Well requirements. You cannot split an election.

**Would my monthly gym membership be covered by LSA? Volleyball shoes? What about medication or medical bills?**

A monthly gym membership and volleyball shoes purchase would be covered expenses with an LSA. An LSA would not cover medications or medical bill expenses. An LSA gives you an option to spend money on wellness-related items not eligible for HRA, FSA or HSA reimbursement.

**How is an LSA funded: employer contributions and/or employee contributions?**

An LSA is all employer contribution: You cannot contribute funds to an LSA. Employer-contributed funds will be in those accounts around Feb. 1, but they can be used for activities or purchases that date back to Jan. 1.

**Are you required to be on a medical plan to elect an LSA?**

Yes, you must be on a medical plan to elect an LSA to cover lifestyle expenses for you and eligible dependents.

**BE WELL**

**Do I need to enroll in a medical plan to receive the Be Well incentive?**

Yes, you must be enrolled in a medical plan to receive your Be Well incentives in 2025. Be Well incentives include lower premiums for completing your provider visit for a wellness exam or lab work, as well as an additional $300 HRA/HSA contribution or $150/$300 LSA contribution if you complete the rest of your Be Well program requirements.

**What is the Be Well deadline?**

The Be Well provider visits and/or lab work, as well as the Human Performance Assessment, need to be completed by Dec. 27.

**PRESCRIPTIONS**

**Is Walgreens an in-network pharmacy in 2025?**

Yes, Walgreens is in the MedImpact retail pharmacy network, along with Harness Health Pharmacy online.

**Can we go to CVS?**

Yes, CVS is in the MedImpact retail pharmacy network.

**What other pharmacies can I use?**

If you use a retail pharmacy for an occasional acute drug, you may want to contact MedImpact at [medimpact.com](https://www.medimpact.com/) or 844-826-3450 to confirm that the pharmacy is in its retail pharmacy network.

If you use maintenance medications, we recommend using Harness Health Home Delivery Pharmacy for convenience and cost savings. You are permitted only one 30-day retail pharmacy fill of each maintenance medication while you are transitioning to home delivery through Harness Health. Beginning on the second fill obtained at retail pharmacy, you will pay 100% of the cost of the drug. In order to continue receiving benefits, you must switch to a 90-day prescription and fill through mail order. Some prescription drugs (including Schedule II controlled substances, such as ADHD medications) may not be required for home delivery. Call Harness Health Home Delivery Pharmacy at 866-775-5767 to learn more.

**How do prescriptions get to mail order?**

To fill a prescription through Harness Health, providers can e-prescribe from an electronic health record (EHR), fax to Harness Health or call in the order to the pharmacy. A patient can also mail the prescription to the pharmacy (a fax must come from the provider’s office). Patients can request to transfer from an outside pharmacy on a non-controlled prescription that has refills remaining.

**DENTAL AND VISION**

**Dental coverage is provided by Delta Dental of Ohio. Do all teammates use the same website (**[**deltadentaloh.com**](https://www.deltadentaloh.com/)**)?**

Yes, all teammates will use the same site. We utilize Delta Dental of Ohio, but all teammates have access to Delta Dental providers nationwide. On the Delta Dental site, go to “Find a Dentist” and select Delta Dental PPO or Delta Dental Premier. In the search field, you can search by location under either the PPO or Premier networks to find providers near you.

**If I don’t see my current dentist in Delta Dental’s providers, what are my options?**

If they are a non-PPO or non-Premier dentist, the plan will send claim payments directly to you (not your dentist), and you are then responsible for making full payment to your dental provider. Out-of-network coverage levels apply, but balance billing is possible. This means that you would be responsible for any difference between Delta Dental’s payment and the amount charged by your out of network dentist. You can also go on the Delta Dental of Ohio website ([deltadentaloh.com](https://www.deltadentaloh.com/)), where you can refer your dentist to become part of their network.

**Is there an age limit for orthodontia treatments?**

No, the Core Plus and Enhanced dental plan options do cover adult orthodontia treatment, as well as dependent orthodontia treatment.

**Are dental implants covered by our dental plan? What about dentures?**

Yes, implants are covered to the annual maximum. Dentures are also covered, but in most cases, plans will cover only one or the other. For example, if they cover dentures now, an implant will likely not be covered later.

**Are items such as Invisalign covered in one of our dental insurances?**

Yes, orthodontia – including Invisalign – is included. Orthodontia is covered on the Core Plus and Enhanced plans.

**Can spending account funds be used for dental/vision expenses even if I don’t have a dental/vision plan?**

You can use HRA, FSA or HSA funds for dental and vision expenses. You don’t need to be enrolled in an RSFH dental or vision plan.

**LIFE AND ACCIDENT INSURANCE**

**What coverage do you offer?**

Roper St. Francis Healthcare life insurance includes options for:

* Supplemental teammate coverage (RSFH provides basic coverage at no cost)
* Supplemental spouse coverage
* Dependent child(ren) coverage

If you request a certain level of supplemental teammate or spouse coverage, you may be required to provide evidence of insurability. If so, you will be notified via email by Sun Life.

**If I have additional life insurance in 2024, do I need to re-enroll for 2025?**

If your life insurance is under Sun Life – including voluntary supplemental life and AD&D – those will roll over to 2025.

**OTHER BENEFITS YOU DON’T ELECT**

**Are short-term disability (STD) and long-term disability (LTD) benefits offered?**

STD is available to full- and part-time teammates. LTD is available to full-time teammates. You don’t have to elect these benefits, as RSFH pays for these benefits.