



2025 Open Enrollment Frequently Asked Questions (FAQ)

(Last updated: November 5, 2024)

Open Enrollment Dates and Changes

What are the dates for Benefits Open Enrollment?

November 5, 2024 through November 22, 2024.

When will the Open Enrollment changes take effect?

Any elections or benefit changes made during Open Enrollment will take effect on January 1, 2025.

What is changing for 2025?

- All Aetna plans will have lower prescription co-pays for Tiers 1-3.
- The Aetna High Deductible Health Plan (POS/PPO) deductible for individuals within a family will be \$3,300.
- Employees who are approved out-of-state telecommuters have a new health plan option, the Aetna EPO.
- Healthcare FSA and Limited Purpose FSA limits will increase to \$3,300.
- HSA contribution limits will increase to \$4,300 for individual coverage and \$8,550 for family coverage (no change to additional \$1,000 catch-up for those 55 and older).
- Online will preparation services will be available at no cost. Please review the [Will Preparation Flyer](#) for more information.

Are the rates changing?

The rates for medical plans (Kaiser and Aetna) have increased compared to 2024. There are no changes to the dental or vision rates. You can view the 2025 rates [here](#). Voluntary life insurance rates are age-based so while there are no rate changes, you will see an increase if you moved into a new age grouping.

Workday Enrollment

How do I review my current (2024) benefit enrollments?

In Workday, select the "Benefits and Pay app, then under "Benefits," select "Benefit by Date" and choose today's date.

If I don't wish to change my benefit elections, do I have to take any action in Workday?

If you don't take action, your 2024 elections will automatically roll over, with the exception of:

- Flexible Spending Accounts (Healthcare, Dependent Care, or Limited Purpose) which require a new election each year.
- Health Savings Account election IF you are turning age 55 in 2025. If so, you will need to

enroll in the Health Equity HSA Catch-Up plan in Workday. You do not need to elect the \$1,000 catch-up amount, this is simply the name of the plan in Workday.

Even if you don't think you need to make changes, we encourage all benefit-eligible employees to review their elections. This will be your opportunity to ensure elections are correct, you're covering the family members intended, and that you understand how much your benefit deductions will be in 2025. It's also a good time to make sure the beneficiaries you've named for your basic and/or voluntary life insurance are current.

When and how can I make changes to my benefit enrollments?

Benefit-eligible employees can make changes in Workday from Tuesday, November 5 through Friday, November 22. Look for the "Open Enrollment Change" task in the "Awaiting Action" section of the landing page (or find it through the "My Tasks" envelope icon). Choose "Let's Get Started" and follow the prompts to enroll or make changes. When satisfied with your elections, make sure to choose "Review and Sign" and then "Submit" prior to 5 pm on November 22.

I'm trying to submit my enrollment but it's giving me an error; what's wrong?

Click on the error link in the red bar for guidance. Most likely, you need to scroll to the bottom of the page and check the "I accept" box. If issues persist, please email scu-benefits@scu.edu for assistance.

I submitted my enrollment then realized I need to make another change. Can you I still do so?

You can make changes through November 22. To do so, choose the "Benefits & Pay" app. Under "Needs Attention," there is an option to edit your Open Enrollment event. After you're done making changes, don't forget to submit them!

Can I change my elections after Open Enrollment ends?

Per IRS regulations and carrier agreements, changes outside of Open Enrollment are not allowed unless you have a qualifying life/family status event. Examples include marriage, divorce, birth/adoption of a child, and loss or gain of other coverage. This is not an exhaustive list; check with the Benefits Department if you have a different event that you believe will qualify. Changes due to a qualifying life event must be requested within 30 days of the event (60 days if the event is loss of eligibility for or enrollment in Medicaid, Medicare, or state health insurance programs).

If I am on a Leave of Absence, how can I complete my enrollment?

Whether or not you are on leave, you can log into Workday and select the "Open Enrollment Change" task.

Dependent Enrollment

What if I need to add dependents?

Before you can enroll eligible dependents in any of your plans, they have to be added as dependents in Workday. If you haven't already added them, make sure to complete the applicable eligibility affidavit(s): child/children, spouse, or registered domestic partner. You can find these forms in Workday by choosing "Benefits User Guides" under the "Benefits and Pay" app. You'll also need to have their social security numbers available. To review and/or add dependents in Workday:

- Choose the "Benefits and Pay" app
- Under "Benefits," choose "Dependents"
- Review the dependents already added, if any. Choose the "Add" button if you need to add any.

- Under “Reason,” choose “Add Dependent > Other/Open Enrollment” and complete the required fields
- Under “Attachments,” upload the applicable affidavit. For “Category,” select “Benefits”
- Submit

What is the age limit for covering a dependent child?

Dependent children will be covered until the end of the month in which they turn 26. If they have a mental or physical disability that existed prior to age 26 and they are incapable of self-support, they may remain covered past the age of 26. Additional documentation will be required if not already on file; please contact the Benefits Department for more information.

Medical Plans

What is the difference between the Aetna Whole Health (AWH) HMO and the Aetna HMO?

The plan designs (co-pays, out of pocket maximums, etc.) of these two HMOs are the same, but AWH has lower per-paycheck costs due to a more limited network of providers. For example, in the Bay Area, providers who are a part of the Palo Alto Medical Foundation are in-network for the HMO but not for AWH. To find out if your provider is in-network with either of these plans, refer to the next question. You may also view a listing of California medical groups/IPAs here:

<https://www.scu.edu/media/offices/human-resources/documents/benefits/summary-plan-documents/Aetna-California-Network-IPA-Listing.pdf>. This listing will show you at a glance whether a particular medical group/IPA is in-network for both AWH and the Aetna HMO, or just the Aetna HMO. This chart is subject to change.

How do I find out if my doctor is in-network with Aetna?

Visit the Aetna site: <https://www.aetna.com/individuals-families/find-a-doctor.html>

- Under “Guests,” choose “Plan from an employer.”
- Under “Continue as a guest,” enter your preferred location and radius, then choose “Search.”
- Under “Select a Plan,” look for the plan you’re interested in:
 - AWH: Under “Aetna Whole Health Plans” choose “(CA) Aetna Whole Health – Northern California HMO.”
 - HMO: Under “Aetna Standard Plans,” choose “HMO.”
 - HDHP: Under “Aetna Open Access Plans,” choose “OA Managed Choice POS HDHP (OAMC).”
 - EPO (for out-of-state employees approved for telecommuting): choose “Elect Choice® EPO (Open Access).”
- Select “Continue.”
- Search by your provider’s name or choose a category to browse available in-network providers in your area.

For a step-by-step guide with screenshots of the Aetna site, please visit

<https://www.scu.edu/media/offices/human-resources/documents/benefits/open-enrollment/AetnaMedicalProviderLookUp.pdf>. You may also contact your provider’s office directly to inquire whether they are in-network for the plan you’re interested in.

I am NEWLY enrolling myself and/or one of my dependents in one of the Aetna HMOs and Workday is requiring that I enter a Provider ID. What is this and where do I find it?

Each Primary Care Physician (PCP) that is in-network with Aetna has a 6-digit Provider ID Code. Instructions for identifying this code can be found here:

<https://www.scu.edu/media/offices/human-resources/documents/benefits/open-enrollment/AetnaMedicalProviderLookUp.pdf>. If you do not wish to designate a PCP at this time and instead be auto-assigned one by Aetna based on your zip code, enter “none” in the Provider ID field in Workday. PCP designations can always be changed directly with Aetna once you are enrolled.

I currently (in 2024) am enrolled in one of the Aetna HMOs and I want to change my PCP. Do I do that in Workday?

No, you will need to make this change directly with Aetna by calling the number on your ID card. Once a PCP is initially assigned by Aetna, any changes must be made through them. If you put a new PCP code in Workday, Aetna will not make the change.

I have seen the Aetna High Deductible Health Plan (HDHP) referred to as both a Preferred Provider Organization (PPO) and a Point of Service plan (POS). Which type of plan is it?

The Aetna HDHP operates as a “true” PPO plan, officially named Open Access Managed Choice POS plan. It is built as an open access plan that operates the same way as what other carriers call a PPO.

Can you tell me how the Kaiser plan works?

With the Kaiser HMO, you will designate a primary care physician within the Kaiser network, and typically receive services at Kaiser facilities. Enrollees must live or work in a Kaiser service area.

Dental and Vision Plans

Is the Guardian dental plan a PPO?

Yes, it is a dental PPO plan. As such, you may go to any dental provider, but you may have less out-of-pocket costs if you receive services from an in-network provider.

How do I find out if my dentist is in-network with Guardian?

Visit Guardian: <https://www.guardiananytime.com/fpapp/search>. Select DentalGuard Preferred as the plan type. You may also ask your dental provider if they are in-network with the Guardian PPO. If your provider is not in-network, you may consider nominating them to join the network. To do so, visit the same link above; at the bottom left of the page you will see “Nominate a Dentist.” Guardian will then reach out to the provider and encourage them to join the network. *Providers are not made aware of who nominated them to join the network.*

Do I need to enroll in Anthem Blue View Vision if I am in the Kaiser Plan?

As a Kaiser member, vision is covered through the Kaiser plan. However, you may also enroll in Anthem Blue View Vision for additional coverage. Please be mindful that the two plans are out of network with each other.

Do I need to enroll in Anthem Blue View Vision if I plan to enroll in an Aetna medical plan?

Our Aetna medical plans do not include vision coverage. If you need vision coverage, you will need to enroll in the Anthem Blue View Vision plan.

Flexible Spending Accounts (FSAs)

I enrolled in the Healthcare FSA (or Limited Purpose FSA) in 2024 but I won't use all my funds before December 31, 2024. Will they roll over to 2025?

The maximum amount that can be rolled over to 2025 is \$640. If you do have funds rolling over to 2025, please take that into consideration when calculating how much, if any, you wish to elect for 2025.

I will incur childcare expenses for my child who will turn age 13 in 2025. Am I able to enroll in the Dependent Care FSA?

Childcare expenses are not eligible for reimbursement once the child turns age 13.

I enrolled in the Dependent Care FSA in 2024 but I won't use all my funds by December 31, 2024. Will they roll over to 2025?

No, dependent care FSA funds will not roll over to the new year.

I enrolled in the Healthcare Care FSA (or Limited Purpose FSA) and/or the Dependent Care FSA in 2024. Will I need to re-enroll if I want to participate in 2025?

Yes, per regulations you are required to make a new election each year, even if it's the same amount.

I enrolled in the Mass Transit/Commuter FSA in 2024. Will I need to re-enroll if I want to participate in 2025?

No, unlike the other FSA plans, Mass Transit elections can be made as often as monthly. Elections must be made in Workday between the 1st and 10th of the month. Unless you make changes, the election in effect in December will also be in effect in January. You do not need to wait for Open Enrollment every year to make changes.

Health Savings Account (HSA)

If I'm enrolled in the HDHP in 2024 but switch to a different medical plan during open enrollment, what happens to my HSA?

You may no longer contribute to an HSA beginning 1/1/25, but you can still use your HSA funds to pay for qualified healthcare expenses. If you leave your funds at Health Equity, any monthly maintenance fees that SCU has been covering will be drawn from your account. Please contact Health Equity (877.857.6810) if you have additional questions.

Retirement Plans

Can I enroll in the 403(b) or change my election during Open Enrollment?

Once you are eligible to participate in the University's 403(b) plan, you can enroll or make changes at any time. You aren't limited to the Open Enrollment period! Please visit

<https://www.scu.edu/hr/benefits/financial-planning-benefits/retirement-benefits/> for more information about our retirement plans, including links to our retirement portal and instructions for making changes.