

2019 Open Enrollment Frequently Asked Questions (FAQs)

1. What are the employee premium contributions for 2019?

The employee premium rates are not changing for medical, dental or vision group health plans.

2. For the New HRA benefit - how will I be able to submit an itemized receipt (required for reimbursement) if I write a check or pay by credit card, at the time of service?

You will need to call the provider and tell them you need an itemized statement. This statement must detail each individual charge(s) that was applied to your deductible. This is the requirement, as outlined by the IRS, to have those charges included in your HRA eligible reimbursement funds. Each receipt must show that you have actually paid those charges, not just been billed.

3. How do I receive HRA credit for a deductible for which I am making monthly payments?

Each time you make a payment, you will need to call the provider and tell them you need an itemized statement which notes that your monthly payment was credited to charges that were applied to your deductible. This will ensure that those amounts are included in your HRA eligible reimbursement funds.

4. How does TML know that my routine lab and x-ray charges are associated with an office visit?(To qualify for 100% paid In-Network Charges)

TML will review the total charges submitted, for you or your dependent (during a 7 day window) to determine if routine lab and x-ray charges were ordered at the same time as your office visit.

5. What about the current problem with Brenham Baylor Scott & White Emergency Room doctors not being in our UHC network?

Unfortunately, this is a nationwide problem. However, recent legislation has been passed to make it required for all contract ER physicians to enter into arbitration with the insurance carrier, not the employee/dependent member. Hopefully, this will make them more receptive to becoming part of our in-network provider list. Stay tuned!

Also, you can call TML directly to negotiate your bill for out-of-network providers.

6. Will any unused FSA funds be forfeited (lost) after September 30, 2019?

The City of Brenham gives each participant a "grace period" of 2.5 months to incur expenses and use those funds. You have until December 15th, each year, to use your available funds.

7. Will the Healthy Incentive program and be available this plan year?

Due to recent EEOC regulations, the Healthy Incentive program had to be discontinued. However, TML has stated that that a new Wellness Program will be available for the next plan year. It will have alternative incentives and different program guidelines. Stay tuned for more details!

8. Will I receive new ID cards for 2019?

Yes, everyone enrolled in the TML medical plans will receive new ID cards from TML. Cards will be sent during the month of September 2019 with the intent that you receive them prior to October 1, 2019.

9. When do I make my 2019 benefit elections?

Between August 19th and August 22nd, you will have an appointment time block to come see HR to select your enrollment options. Please see your Supervisor for your designated day and time.

10. What happens if I do not enroll during the Open Enrollment window? This applies even if you are not making any changes.

If you do not enroll by the end of the enrollment period, you will not have insurance benefits for 2019-2020. Then you must experience a qualified life event in order to change or enroll in health insurance.

11. How can I find out which plan I am currently enrolled in for 2018-2019?

HR will have your current plan selections available during your designated Open Enrollment time slot.