

2024 G&A Benefits Renewal FAQs



Welcome to the renewal of your benefits program with G&A Partners!

Renewing coverage can be an exciting time. To help ensure that the renewal goes as smoothly as possible, we have prepared these brief benefits frequently asked questions guide.

This guide is intended to serve as a reference of general benefits best practices, as well as processes specific to G&A Partners. Please be aware that this guide includes information about **all** of G&A Partners' master benefits products. For information about your organization's selected benefit options, please refer to your G&A Partners Customer Service Agreement (CSA).

If you ever have any questions about your organization's benefit options, or if you would like more information about enhancing your benefit package with any additional offerings, please contact your G&A Account Manager.

If G&A Partners is not currently administering your organization's benefit plans and you are interested in adding this service to your G&A Partners Customer Service Agreement (CSA), please contact your G&A Business Advisor or Client Advocate for more information.

Master Products Carrier Contacts

Please note that the table below shows carrier information for all G&A Partners master products, and may differ from your organization's specific benefit package.

Product	Carrier	Contact Information	Group Number(s)
Medical	BCBSTX	www.bcbstx.com	
Group Dental	 Guardian	1-800-541-7846 www.guardiananytime.com	400822
Group Vision	 Vision care for life (through Guardian)	1-877-814-8970 www.guardiananytime.com	400822
Group Life/ Accidental Death & Dismemberment	 unum	1-866-679-3054 www.unum.com	ER Paid: 0219704-002 Vol. Life: 0219705-002
Long-Term Disability	 unum	1-866-679-3054 www.unum.com	ER Paid: 0219704-002 Voluntary: 0604827-001
Short-Term Disability	 unum	1-866-679-3054 www.unum.com	ER Paid: 0219704-002 Voluntary: 0604827-001

Employee Assistance Program (EAP)		1-800-854-1446 www.unum.com/lifebalance	N/A
Accident & Critical Illness		1-866-679-3054 www.unum.com	R0655654
Flexible Spending Account (FSA)/ Dependent Care Account (DCA)		1-866-451-3399 www.wexinc.com	37779
Telemedicine		1-800-Teladoc (835-2362) www.teladochealth.com	N/A
Section 125 Plan		1-866-451-3399 www.wexinc.com	37779
401(k)/ Retirement Plan		1-800-356-3009 www.slavic401k.com customers@slavic401k.com	N/A
Employee Wellness Program		1-801-432-6469 www.gnapartners.com/contact-us/	N/A

G&A Partners AccessHR Team

The G&A Partners AccessHR team is available Monday through Friday to help answer questions you or your employees may have about your organization's benefit plans.

- **Hours:** Monday – Friday | 7:30 a.m. – 7:00 p.m. CST
- **Phone:** 1-866-497-4222
- **Email:** accessHR@gnapartners.com
- **Web:** <https://www.gnapartners.com/contact-us/>

Your G&A Benefits Team

Below is a high-level overview of each member of the various G&A Partners benefits personnel who will be servicing your account:

Account Manager

Your Account Manager is your organization's main point of contact during your onboarding and open enrollment periods. Their role is to ensure your organization is presented with the best-possible benefit options, and to oversee the entire renewal process.

Benefits Specialist

Your Benefits Specialist will handle the day-to-day administration of your plan(s).

Benefits Administrator

Each Benefits Specialist has a dedicated Benefits Administrator to serve as the backup Benefits Specialist for their accounts.

COBRA Specialist

If your organization is required to offer COBRA coverage, G&A Partners will administer it on your behalf. The COBRA Specialist acts as a liaison between our third-party COBRA vendor (Discovery Benefits) and any participants.

Reconciliation Specialist

The Reconciliation Specialist handles the payment and reconciliation of carrier invoices each month.

401(k) Retirement Specialist

If your organization offers a 401(k)/retirement plan, the 401(k) Specialist will handle the day-to-day administration of the plan.

AccessHR Team

G&A Partners' AccessHR Team acts as the front lines to answer questions from your employees regarding coverage/carriers, printing ID cards, obtaining proof of coverage, registering online, etc.

Frequently Asked Questions

General Questions

What is the timeline for open enrollment?

Prior to the renewal date, G&A Partners will contact you to discuss the upcoming renewal, including any changes in rates and/or plans. You will then be required to sign off on the renewal rates and contribution strategies before G&A Partners begins setting up the online enrollment process (if applicable), or scheduling enrollment meetings.

When will my plan be effective?

All G&A Partners plans will become effective on September 1.

What happens during open enrollment?

The open enrollment period allows employees to enroll, decline or change their benefit elections. This process is facilitated between you, your broker and the G&A Benefits team, as applicable.

Are the deductibles and out-of-pocket maximums per calendar year?

Yes. Even if your organization's medical renewal is mid-year, the deductible and out-of-pocket maximums will remain on a calendar year basis (January 1 – December 31).

Will deductibles reset January 1?

Yes, deductibles reset on a calendar year basis.

What if my organization's enrollment was processed late?

Even if your enrollment has not been processed by the carrier or your employees have not received their ID cards, the coverage will be retroactive to the plan effective date.

Medical

Will I receive an ID card?

Any new medical participants, participants who change plans, or participants who add or remove dependents will receive new ID cards. ID cards will be sent to the home address employees provided during the open enrollment process. Participants that make no changes will not receive new ID cards.

What if I have a doctor's appointment and have not yet received my ID card?

You may download a temporary ID card from your online medical carrier portal. You may also contact the G&A Partners AccessHR team prior to the date of your appointment to inquire about receiving a temporary ID card.

When will I receive my ID card?

You can expect to receive ID cards 10-15 business days after the date the enrollment processed. For urgent ID card requests, contact G&A Partners AccessHR Team.

How do my employees find information about prescription coverage?

Prescription coverage information can also be found in the member section of the carrier website.

Dental & Vision

Will I receive an ID card?

Any employees who make changes to their benefit plans or change classifications will receive a new ID card to the home address employees provided during the enrollment process. Classifications for plan types are:

- Employee only
- Employee + dependents

How can my employees find an in-network provider?

The easiest way to find an in-network provider is to visit Guardian online at:

www.guardiananytime.com/.

What is the Guardian member portal?

The Guardian member portal is where Guardian members can manage their account online. Within the Guardian member portal, your employees can:

- View coverage;
- Access a temporary ID card;
- Find in-network provider;
- And more!

Once they are enrolled in coverage, your employees can register for the Guardian member portal online by visiting www.guardiananytime.com/.

Life, Accidental Death & Dismemberment (AD&D), Disability

Will my employees receive an ID card? G&A Partners' life insurance and disability policies will not issue an ID card.

When can my employees update their beneficiary information?

Unlike most other insurance coverages, employees can update their beneficiary at any time by contacting the G&A Partners Customer Care Center.

What is Accidental Death & Dismemberment?

Accidental death and dismemberment is a policy that will pay out a lump sum in the event that a covered individual dies as a result of an accident, or is dismembered, including the loss of or the loss of use of body parts or functions as a result of an accident.

What is guaranteed issue?

The guaranteed issue applies to insurance coverage individuals can obtain without having to answer medical questions at the time of initial enrollment. The guaranteed issue for G&A Partners' master life insurance policy is \$200,000 for employees, \$50,000 for spouses and \$10,000 for children.

How will my employees be deducted if they elect over the guarantee issue?

Employees will only be deducted for approved benefits coverage. When and if an election amount that exceeds the guaranteed issue is approved, deductions will be updated accordingly.

Accident and Critical Illness

Will my employees receive an ID card? G&A Partners' accident and critical illness policies will not issue an ID card.

What is a pre-existing condition limitation?

A pre-existing condition limitation means that these plans will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of a pre-existing condition.

Flexible Spending Account (FSA) / Dependent Care Account (DCA)

Flexible Spending Account is offered through Wex.

What is the purpose of a flexible spending account (FSA)?

A flexible spending account (FSA) is a type of tax-advantaged medical account that reimburses employees for eligible health care expenses not covered by their health plan.

Do my employees need to make new elections to participate in the upcoming FSA plan year?

Yes. FSA is always an active enrollment which requires employees to re-enroll.

Will my employees receive new debit cards?

Only new FSA participants should expect to receive a new debit cards.

How do my employees view their account balances?

Employees can view their account balance online via the FSA carrier website. They can also inquire about their balance by calling the FSA carrier at the number listed in the “Master Products Carrier Contacts” section of this guide.

Can my employees use their FSA funds for family members even if they are not dependents under their medical plan?

Yes. Employees can use their FSA funds to be reimbursed for medical expenses incurred for themselves, their spouse and their tax dependents.

Does the \$500 rollover apply?

For medical FSA, participants can carry over a minimum of \$25 up to \$500 in unused funds into the next plan year. Rollover funds will not become available until the end of the plan's 90-day run-out period. Please allow up to 15 days after the claims run-out period ends to access the rollover funds.

Health Savings Account (HSA)

Can my employees participate in the health savings account (HSA)?

All eligible employees can participate in an HSA. To be eligible, employees must be actively enrolled in a high-deductible health plan (HDHP).

What information will employees need to provide in order to participate in the HSA?

Employees will need to complete the HSA direct deposit form, which should be included as part of the open enrollment packet materials and submit it to G&A Partners. This form provides G&A Partners with HSA account and routing numbers.

How can I, as an employer, make contributions to employees' HSAs?

Employers wishing to contribute towards their employees' HSA accounts simply need to notify G&A Partners about how they would like to make the contributions: either as a lump sum or on a recurring basis (per pay period, monthly, quarterly, etc.).

Telemedicine

Telemedicine services are provided by Teladoc.

What is Telemedicine?

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults.

NOTE: You must register yourself and your dependents in order to obtain services. Limit 15 general medical care visits per participant per year.

Does Teladoc offer any additional services?

Services offered also include a caregiver benefit which allows members to add loved ones (including adult children and parents that the member cares for) to their account and extend the same telemedicine services to them. Nutrition consultations with a registered dietician are also available.

NOTE: Additional services have separate costs associated.

COBRA

COBRA services are administered by Wex.

What is COBRA?

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers to provide formerly covered employees (and their dependents) who have lost their group health benefits with the opportunity to temporarily continue their group health insurance coverage.

Who is eligible for COBRA?

Individuals who are covered by a qualifying group health plan and experience a qualifying life event are considered “qualified beneficiaries” and may be eligible to elect COBRA coverage. For the purposes of COBRA, qualified beneficiaries may include covered employees, their spouses and any dependent children.

NOTE: Not all group health plans are COBRA-eligible (such as self-funded plans or plans sponsored by employers with less than 20 benefits-eligible employees). **All G&A Partners master health plans are COBRA-eligible.**

How does G&A Partners handle COBRA administration?

If G&A Partners is the administrator of your organization’s benefit plans and your organization is required to offer COBRA, we, together with our third-party COBRA vendor will administer COBRA coverage for your organization.

How will COBRA participants be notified of open enrollment changes?

Upon your organization signing off on your benefits renewal, G&A Partners will forward updated rates and plan documents to our third-party vendor. A COBRA packet with all pertinent COBRA enrollment information will be mailed directly to the eligible participant within the timeframe required by law. The terminated employee will be instructed to forward COBRA enrollment forms and payment directly to our third-party vendor.

Broker Disclosure

By accepting participation in the Plans, you understand that G&A Beneficial, LLC (“G&A Beneficial”) is providing valuable services to the Plans and you approve G&A Beneficial’s receipt of certain commission revenue from the related insurance carrier(s) in exchange for providing these valuable services to the Plans (“Plan-Related Commissions”). The valuable services that G&A Beneficial provides include soliciting quotes, explaining various insurance products, conducting market analyses, interacting with insurance carriers regarding Plan design and cost, and other services as agreed to from time to time by you.

In addition, G&A Beneficial may become eligible for additional compensation from carriers, including overrides and bonuses, expense reimbursement, and other allowances. Each arrangement depends on a number of factors unique to each carrier, such as insured lives, technology and systems used to service clients, and programs and services provided by third parties and offered to clients. Any such arrangement is subject to change by the applicable carrier and may be negotiated each year. Given the number of variables that may impact such other compensation, it is not possible to determine exactly how much additional compensation G&A Beneficial may be eligible to receive but included are commissions of up to 4% on medical and up to 15% on other products.

You acknowledge and agree that you have exercised, and will exercise, independent judgment in reviewing and approving, on a prospective and annual basis, such Plan-related commissions. Prior to the start of each coverage period, G&A will disclose in writing the Plan-Related Commissions that G&A Beneficial expects to receive in connection with the Plan. To the extent you do not approve of G&A Beneficial’s receipt of such Plan-Related Commissions, you may elect to not participate in the Plan for the related coverage period. You understand and specifically concur that G&A Beneficial is providing valuable services to the Plan with respect to its day-to-day and ongoing administration of the Plan and that the Plan-Related Commissions may or may not exceed G&A Beneficial’s actual costs in delivering the services to the Plan.

If you have any questions about the Plans or the attached fee and commission schedule, representatives from G&A Beneficial, LLC would be pleased to meet with you and your team in person or by phone.