

# Infor 2022 Benefits: General Frequently Asked Questions

# 1. What do I need to do to make sure I have benefits coverage in 2022?

You must make new benefit plan choices during Open Enrollment, which takes place **October 18 through November 5, 2021**. You'll use the Employee Self Service tool to complete your benefits enrollment.

# 2. What if I take no action during Open Enrollment?

If you do not make benefit elections during Open Enrollment, you will be placed into "no coverage" for medical, dental, vision, and other benefits for 2022. This means that you will not have any benefits in 2022, with the exception of company provided benefits like basic life, STD, LTD and EAP. You will not be able to enroll again until Open Enrollment for 2023 unless you have a qualifying life event (e.g., marriage, birth/adoption) during 2022.

# 3. Will I need a new ID cards for new coverage in January?

Yes. You will receive new Anthem and Delta Dental ID cards in late December for your 2022 coverage. You will also have access to your ID cards through the Engage Wellbeing app beginning in January 2022. Please note, there is no ID card if you enroll in vision coverage through VSP.

# **4.** How can I check to see if my doctor or other healthcare provider is in the Anthem network? You may follow these steps to confirm your provider is in the Anthem network:

- Go to: <u>https://www.anthem.com/find-care/</u>
- With "Members" highlighted in blue, enter one of the following alpha prefixes in the box titled "Member ID number or prefix (first three values)"
  - GAN if you live in the State of Florida
  - GAQ if you live in the State of Georgia
  - GFA if you live in the State of Wisconsin
  - GDH if you live in any other state
  - Beginning January 1, 2022:
    - GAA if you live in the State of New Jersey
    - GCB/GEB if you live in the Kansas City or St. Louis, Missouri areas (availability based on zip code)
- On the next screen, enter the criteria for your provider search and press Enter.

#### 5. What if I use a doctor who is not in the Anthem network?

If you use a doctor who is not in Anthem's network, your claims will be processed at the "out-ofnetwork" benefit level, which could mean higher out-of-pocket costs for expenses beyond the reimbursement allowance. Please consider using a doctor who is in the Anthem network.

# 6. What should I know about premiums for the benefits I choose?

Please see your benefits summary for premiums. Medical and dental plan premiums are listed per person. You can determine your monthly cost by adding them together. You will pay the "per child" premium for each child you cover. The per child premium is capped at four, which means you pay no premium after that (e.g. for the fifth or sixth, etc. child you cover).

# 7. What is happening to the Health Savings Account (HSA) benefit?

- Infor is moving from HSA Bank to Bank of America. This move allows us to take advantage of better employee terms and conditions through the Koch Industries' agreement with Bank of America. It will eliminate monthly account fees for employees who enroll.
- The company HSA match is changing. If you enroll in the Gold or Silver option, you will receive a dollar-for-dollar match up to \$250 for employee-only coverage or up to \$500 when you cover at least one dependent.
- If you do not want your HSA Bank balance to transfer to Bank of America, you must opt out during Open Enrollment. We will notify you multiple times prior to the transfer of any steps you need to take, and there will be a blackout period prior to the transfer in early 2022. The transfer will require you to liquidate any HSA investments at HSA Bank prior to the transfer. This step will be included in instructions provided prior to the transfer.
- When requested, you will need to provide information to Bank of America to verify your identity and open your account. Your account must be open and verified prior to the transfer, so please respond to their requests quickly.
- Remember:
  - You cannot contribute to an HSA and a *Health Care* FSA in the same year. You can contribute to an HSA and a *Dependent Care* FSA in the same plan year.
  - You cannot enroll in an HSA if you enroll in the Platinum medical plan option.
  - Your HSA account is owned by you. The funds are yours to keep, even if you leave Infor. The funds roll over from year to year. You can spend them on eligible healthcare expenses now or in retirement.
  - You can only spend up to the available HSA balance in your account. Your HSA balance increases only by the amount of your payroll deduction each pay period. It is unlike a Health Care FSA where the entire amount you elect for the year is immediately available in January.
  - $\circ$   $\,$  You can enroll in and change your contribution to an HSA at any time during the year.

#### 8. What is happening to the Flexible Spending Account (FSA) benefit?

- Infor is moving from Chard-Snyder to Surency for FSA administration.
- You will have until March 31, 2022, to submit reimbursement claims for eligible 2021 Health Care and Dependent Care FSA expenses. These expenses must have been incurred prior to December 31, 2021. You will submit claims for all 2021 expenses to Chard-Snyder.
- Please pay close attention to what happens to the current \$550 rollover provision in the Health Care FSA:
  - We are eliminating this provision beginning in 2022.

- You will be able to use up to \$550 in 2021 rollover funds in 2022; however, because of the runout period in which to claim 2021 expenses, the funds will not roll over until AFTER March 31, 2022.
- The funds will roll over into your account at Surency.
- You will have to elect a 2022 Health Care FSA to take advantage of the rollover. Since you cannot contribute to a Health Care FSA and a Health Savings Account (HSA) in the same year, please evaluate your options carefully.
- Remember:
  - Unused FSA funds will not roll over from 2022 to 2023.
  - The entire amount of your Health Care FSA election is available for use in January.

#### 9. What should I know about our new tobacco surcharge?

#### This surcharge begins in January 2022 based on tobacco-user status during Open Enrollment.

During Open Enrollment, you will attest to your use of tobacco products and that of any covered dependent age 18+. You will also acknowledge your review of the Infor Tobacco Agreement (located on Knowledgebase with your other benefits plan documents).

If you or any covered dependent uses tobacco, including vapes, you will pay a medical plan surcharge of \$75 per month. You (and/or your covered dependent) can eliminate this surcharge by completing the UBreathe tobacco cessation program. UBreathe will notify our medical plan administrator of your completion. The surcharge will be removed as soon as administratively possible, and any surcharges you have paid since the beginning of the year will be refunded. The refund is only available to current employees during 2022. For new employees, it will only be available during the first year in which they are eligible for the medical plan.

#### 10. What should I know about wellbeing surcharges?

This surcharge begins in January 2023 based on actions you take during 2022.

During 2022 we will ask you to participate in Koch Wellbeing. The program has significant resources to help you – and all members of your household – build physical, mental, and financial strength. Part of the program centers on simple steps you can take to prevent disease, like completion of a health screening and health-improvement program if your results are out of range.

We will share more complete information with you in January, but you can learn more now by visiting <u>myLifeChoices.com/wellbeing</u>.

#### For Additional Support:

- Call **Anthem (833-224-6935)** to discuss medical plan coverages and exclusions, in-network provider options and transition concerns if you will need to change providers. It's important to note that your personal information will not be available to Anthem until you become a member of the medical plan in January.
- Call the Koch Benefits Solution Center (877-561-6905) for general benefits questions. Representatives are available weekdays from 7 a.m. to 7 p.m. CT.