Your 2023 Plan Year Frequently Asked Questions Answered

Table of Contents

Open Enrollment and Changes for 2023 Benefits

Q: When is Open Enrollment?
A: Open Enrollment will be **November 7 through November 18, 2022**.

Open enrollment is generally your only opportunity to make benefit changes. After Open Enrollment, changes are only permitted if you have a qualifying life event, and you will be required to submit supporting documentation for your life event**.**

Q. What's changing in 2023?

A: We have some modifications and enhancements to our benefits for 2023.

- Addition of Lyra Renew, a confidential integrated alcohol and mental health recovery program that provides cost-effective, high-quality care to improve members' relationship with alcohol
- Introducing Elements Federal Financial Credit Union, an at-work resource that offers lower rates, fewer fees, financial health checkups, educational workshops, and much more
- 401(k) Plan – new deferral options available for separate deferral rates for base pay and bonus/commission pay; visit www.401k.com to enter your deferral options (effective November 2023)
- UMR HDHP1: in-network family deductible increased to $3,000
- UMR HDHP1: out-of-network family deductible increased to $6,000
- UMR HDHP2: in-network deductibles increased to $3,000/$6,000
- UMR HDHP2: out-of-pocket maximums increased to $3,500/$7,000
- Employee payroll deductions have increased

Q: Who needs to enroll?
A: HSA and FSA require enrollment every year. If you currently contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA), those contribution elections cannot be carried over – you must actively re-enroll to continue contributing in 2023.

Your other 2022 benefit elections will remain in effect for 2023, unless you make a change during open enrollment.

Q: How do I prepare for open enrollment?
A: Here are a few things to keep in mind as you prepare for open enrollment:

- **Review your current elections and the 2023 Benefits Guide:** While your plan options stay the same for 2023, your personal circumstances may have changed. If you got married or divorced, had a baby or experienced other big changes in your life, take a fresh look at your benefits and make sure you choose the ones that are the best fit for you for 2023.
- **Review your beneficiary designations:** To ensure you are protecting your loved ones review and, if necessary, update your beneficiary designations.
- **Gather documentation:** If you are adding new dependents or beneficiaries, be sure to have the social security numbers and dates of births available.

A: What actions can I take during open enrollment
A: During open enrollment, you may:

- Elect medical, dental or vision coverage. You may even waive coverage altogether.
- Add or drop a spouse, domestic partner or child(ren) without providing supporting documentation.
- Contribute pre-tax dollars to the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs).
- Make voluntary pretax contributions to a Health Savings Account (HSA).

- Add or increase voluntary life insurance through CIGNA/New York Life's Group Universal Life Coverage (GUL).
- Add or drop the voluntary legal plan (MetLife Legal).
- Add a voluntary supplemental insurance product; Critical Illness, Hospital Indemnity and/or Accident coverage through Aflac.

Q: What happens if I don't enroll?
A: Most of your 2022 benefits will roll over to 2023. Exceptions to this are:

- If you don't actively enroll, you won't be able to contribute pre-tax dollars into a Flexible Spending Account. Your next chance to enroll will be during Open Enrollment in 2023 for coverage in 2024, unless you experience a qualifying life event during the 2023 plan year.

- If you wish to contribute to your Health Savings Account (HSA), you need to enter an annual goal in order to contribute pre-tax dollars in 2023. You can start/stop/increase/decrease your contribution at any time during the year by visiting the Benefits enrollment system and changing your annual goal. You must also actively enroll in an HDHP plan in order to be eligible to receive pre-tax HSA contributions from Genesys and make voluntary HSA contributions effective January 1, 2023. You must complete the HSA registration process with HealthEquity in order to receive the Genesys quarterly contribution if 2023 will be the first plan year you are covered under one of the high deductible health plans. However, you don't have to contribute yourself in order to receive the company contribution.

Q: Will I get new cards if I don't change anything?
A: Yes and no. If you are enrolled in one of the HDHP plans or the PPO plan through UMR, you will receive new medical cards in late December.

No new insurance cards will be issued for those on the Kaiser or HMSA plans (medical) or the Anthem dental plans.

VSP does not issue cards for vision coverage. You will let your vision provider know you have VSP coverage through Genesys, and they will look up your coverage by the employee's name and SSN.

Q: My spouse/domestic partner has other medical coverage. Can I cover him/her under a Genesys medical plan?
A: Yes. Your spouse/domestic partner may be enrolled in both his/her own coverage and the Genesys plan. Coordination of Benefits rules between your two plans will apply when paying claims.

Q: What happens if I elect to opt out of Genesys' health benefits?
A: Genesys medical coverage is optional and you're free to decline it (for example, if you have coverage through another source, such as your spouse/domestic partner's employer). Genesys does not offer any opt out credit for declining coverage. It's important to take this into consideration as you're comparing your Genesys medical options to other coverage you may have available through other sources, such as your spouse/domestic partner's employer.

Q: If both spouses work for Genesys, can one of them opt out of the medical plan?
A: Yes, one of the spouses must opt out if they're going to be on their spouse's plan as a dependent.

Q: Are benefits available to part-time employees?
A: If you're a part-time employee working at least 20 hours per week, you're eligible for benefits under Genesys health and welfare plan. Interns are eligible for medical, dental, vision, HSA (although interns are not eligible for the Genesys quarterly HSA contribution), EAP, health care FSA, dependent care FSA, group legal, and commuter benefits.

Medical Options

General Questions

Q: What is a PPO?
A: A Preferred Provider Organization (PPO) is a traditional medical plan that encourages you to use a specific network of providers by offering higher in-network benefits. The plan also provides benefits when you use doctors and facilities that are outside the network; however, out-of-network coverage is based on the maximum allowed amount determined by the health plan, and you will pay a greater portion of the cost if you see an out-of-network provider.

Q: If I enroll in a PPO or the Kaiser California HMO option, can I still contribute to an HSA?
A: No. IRS regulations only allow you to contribute to an HSA if you're enrolled in a High Deductible Health Plan (HDHP) like the two HDHP Medical Plans we offer. However, you *can* contribute to the Health Care Flexible Savings Account (FSA).

Q: What happens if I switch to a PPO for 2023? Do I lose the money in my HSA?
A: No. Any money in your HSA is always yours, even if you change plans. You can continue to spend the money already in your account on eligible health care expenses – you just can't make any additional contributions.

Q: How do I choose between the medical options?
A: It depends on what your needs are and how much you can afford to pay out of pocket. For example, the HDHP Medical Plans come with higher deductibles and out-of-pocket maximums. However, they also have lower premiums each paycheck and they offer the opportunity for long-term savings in the HSA.

The PPO provides a more traditional option with no deductible, copays for office visits and prescription drugs, but higher out-of-pocket costs, and you pay a higher premium each paycheck for that coverage. You must use network providers to get the highest level of benefits, and the coverage of out-of-network expenses varies widely. If you plan to use providers who are not members of a plan's provider network, be sure to compare the out-of-network coverage and your costs under each plan before making your selection.

You can find more information about each of the plans on the *Benefits* page on https://mygenesysbenefits.com/. The regional plan (Kaiser California HMO) will also have provider information on their website. For examples of how these plans work, go to the Medical Coverage section of the *Benefits* page on https://mygenesysbenefits.com/.

Q: What are the limitations for healthcare and medications related to pre-existing conditions for current employees, their minor dependents and new employees?
A: No pre-existing conditions apply to any members and their dependents.

Q: Where can we view a full listing of covered services by type and limitations?
A: For detailed information on covered services and limits, check out the benefit summaries on the *Resources* page at https://mygenesysbenefits.com/.

Q: Are there any lifetime maximums?
A: No, there are no lifetime maximums for medical benefits.

UMR Medical Plans

Q: Who is UMR?
A: UMR is the third-party administrator that will process your claims and pay your providers if you're on the PPO plan or one of the HDHP plans. Through UMR, the Genesys medical plans have nationwide access to doctors in the United HealthCare (UHC) network.

Q: How does UMR determine how much it pays for out-of-network services?
A: UMR pays out-of-network benefits based on a fee schedule tied to what Medicare reimburses providers for services. Medicare reimbursement takes into account the complexity of the services and the geographic location where services are delivered, and the reimbursement schedule is set by the federal government. At times, the fee schedule can be significantly lower than the provider's billed charges. Any member seeking out-of-network services needs to be prepared for additional costs above the fee schedule. After reaching the deductible, the plan will pay a lower percentage for out-of-network benefits (percentage varies by plan selected). Any costs above the fee schedule are the responsibility of the member.

See the table below for an example:

Example 1: You have met the deductible but have not met the out-of-pocket maximum

	In-Network	Out-of-Network
Provider's charge	$1,000	$1,000
Plan's contracted rate	$500	N/A (there are no contracts with providers who are out of network)
Plan's allowed amount	N/A	$800
Your cost sharing	10% coinsurance	30% of the allowed amount PLUS the difference between the allowed amount and the provider's charge
You pay	$500 x 10% = $50	$800 x 30% = $240 PLUS $1,000 - $800 = $200 TOTAL = $420

Example 2: You have met the deductible and the out-of-pocket maximum

	In-Network	Out-of-Network
Provider's charge	$1,000	$1,000
Plan's contracted rate	$500	N/A (there are no contracts with providers who are out of network)
Plan's allowed amount	N/A	$800
Your cost sharing	N/A as out of pocket maximum met	The difference between the allowed amount and the provider's charge as you have met the out-of-pocket maximum for the year
You pay	$0 as you have already met the out-of-pocket maximum under the plan	$1,000 - $800 = $200

Q: If I am enrolled in an HDHP with HSA, do I have to pay a percentage of health care costs after satisfying the deductible. Is there a limit?
A: Yes, please see the table below. After you satisfy the deductible, you pay a portion of the charges (your cost-share) until the total of the deductible and coinsurance reaches the out-of-pocket maximum (OOPM). After you meet your annual out-of-pocket maximum, the plan will pay 100% for **in-network** benefits. Please note that if you incur expenses for visiting out-of-network providers after you meet your annual out-of-pocket maximum, your insurance will pay 100% of the **allowed amount** only, which may be lower than the amount the out-of-network provider charged; you may still be responsible for additional expenses beyond the out-of-pocket maximum.

Employee Responsibility	**HDHP Plan 1**	**HDHP Plan 2**
In-Network Deductible Single/Family	$2,000 / $3,000	$3,000 / $6,000
Your Cost-Share	20% Coinsurance	10% Coinsurance
In-Network OOPM Single / Family	$4,000 / $6,550	$3,500 / $7,000

Q: What expenses apply towards the annual deductible and out-of-pocket maximum?
A: If you enroll in a HDHP, only medical care and prescription drug expenses that are covered by the plan apply to the annual deductible and out-of-pocket maximums. Any expenses excluded from coverage by the Genesys medical plans, but paid by a member, will not count towards the deductible or out-of-pocket maximums. The expense difference between the provider's usual charges and the maximum allowed amount for out-of-network does not count towards the deductible and out-of-pocket maximum. This includes anything related to dental or vision services as well as non-covered medical items.

If you enroll in the PPO Plan, medical care and prescription drug expenses that are covered under the plan apply to the out-of-pocket maximums (there is no deductible for this plan option). The prescription drug benefits for the PPO Plan are described in a separate benefit summary, which can be found at: https://mygenesysbenefits.com/.

Any expenses excluded from coverage by the medical plans, but paid by a member, will not count towards the deductible or out-of-pocket maximums. The expense difference between the provider's charges and the maximum allowed amount for out-of-network charges also does not count towards the deductible and out-of-pocket maximum.

Q: If I enroll in Employee + Spouse/Domestic Partner coverage in the beginning of the year, have a child during the year, and switch to Employee + Family coverage, will my deductible and out-of-pocket maximum restart? Or, if I have Employee Only coverage and change to Employee + Spouse/Domestic Partner during the year, will my deductible and out-of-pocket maximum restart?
A: If you have a Qualifying Event and change your level of coverage from EE+SP/DP to EE+FAM, your deductible and out-of-pocket maximum will change from EE+SP/DP to EE+FAM for the entire year. Similarly, if you change your coverage from EE Only to EE+SP/DP your deductible and out-of-pocket maximum will change to EE+SP/DP for the entire year. They will not be prorated. However, any expenses incurred by you at the level of coverage prior to the change will continue to count towards the deductible and out-of-pocket maximum under the new level of coverage.

Q: Does the In-Network correspond to In-State? For example, I live in Georgia, but I would like to see a surgeon in Alabama. Will the surgeon in Alabama accept my plan?
A: “In-Network” means that a provider or hospital has contracted to be part of the provider network and agreed to discount their fees. In-Network providers can be located in different states. You can access your Genesys Care Coordinator at (877) 498-3041 or mygenesyshealth.com for assistance.

Regional HMO Plan

Q: Where are HMO options available?
A: Kaiser HMO is available to employees in California for 2023.

Q: Why aren’t HMOs available in more locations?
A: Genesys’ philosophy is to offer HMOs only in the areas that are more cost efficient and in locations with a substantial population of Genesys employees.

Q: How does the HMO differ from the other options?
A: The primary difference is that HMOs provide benefits ONLY when you use the providers that are members of the HMO. There are no out-of-network benefits, other than for emergency services.

Q: I would like to enroll my family in an HMO option. However, one of my children is a student outside the HMO state. Will I be able to cover my child?
A: In this situation, the child would only have coverage for emergency services outside of the state of California. Routine and diagnostic care would need to be performed In-Network locally only. Regional HMOs typically do not have a network of doctors out of state. College students can typically get their general, non-emergency care at the campus facility and have their annual physicals done during their school breaks at home.

Q: I may relocate to a different state next year (for example, from CA to GA). How will this affect my coverage? Can I elect Kaiser GA if I relocate?
A: If the plan you're enrolled in currently (for example, Kaiser CA) is no longer available in the new state of your work and residence, it is considered a Qualifying Event and you may make changes to your benefits. You will be able to choose a plan that is available in your new state. In this instance, since Genesys doesn't offer Kaiser GA, you would need to select one of the other medical plan options.

HSAs and FSAs

General Questions

For 2023 HSA Administration with HealthEquity.

Q: If I am new to the HSA plan, how do I activate my HealthEquity HSA account so that I can receive HSA contributions (seeding) from Genesys?
A: If you're enrolled in one of the Genesys High Deductible Health Plans (HDHP) for 2023 (Plan 1 or 2), an HSA account will be created for you.

To view your new HealthEquity account please follow the below instructions:
- Login to www.myhealthequity.com
- Click 'Login/Register'
- Click 'Employee Registration'
- Complete instructions 1-6

Q: How much money will Genesys put into the HSA for 2023?
A: In 2023, participants in the two HDHP Medical Plans will receive a pretax contribution of $750 (annual amount) if electing individual coverage or $1,500 (annual amount) if electing family coverage. Genesys will contribute to your HSA on a quarterly basis (¼ of the annual amount) on the first day of the first month of each calendar quarter. You must be employed and enrolled in one of the 2 HDHP plans on the first business day of the calendar quarter in order to be eligible for that quarter's company contribution.

Q: Do I need to contribute into my HSA account to receive Genesys' HSA contribution?
A: No.

Q: How may I opt-out of Genesys HSA Funding for 2023?
A: If you don't wish to receive HSA seeding / funding from Genesys in 2023 (in the event you are enrolled in Medicare or Tricare, and not eligible for an HSA), you may contact the HR Service Center at (844) 487-5599 and advise them that you wish to waive employer contributions to your HSA. Please also email the Genesys Benefits team at Benefits.team@genesys.com.

Q: How much can I contribute to my HSA for 2023?
A: The maximum contribution, including the Genesys portion, for single coverage is $3,850. The maximum contribution for family coverage is $7,750. Participants who attain age 55 during the plan year (or older) can make an additional catch-up contribution of up to $1,000 for the year.

Q: Can my spouse have an HSA too?
A: Yes, as long as he or she is covered under a high deductible health plan and doesn't have other non-HDHP coverage. If both you and your spouse have HSAs, the maximum tax-free contribution combined cannot exceed the annual IRS limit of $7,750 for family coverage. However, both you and your spouse may make the $1,000 catch-up contribution if you will be age 55 or over in the plan year.

Q: Could you help me understand how my HSA account can be established if I join as a family member on my spouse's high deductible health plan offered by his/her employer, not Genesys? And if my HSA will be established, will Genesys be able to contribute to it?

A: If you enroll as a dependent on your spouse's HDHP through his/her employer, then your spouse's employer may open an HSA in your spouse's name. However, Genesys will not be able to open an HSA for you or contribute to your spouse's HSA. In this case, you could open an HSA on your own; however, Genesys will not contribute to that account as the company can only contribute to an HSA linked to an HDHP offered by Genesys.

Q: Can my domestic partner open his/her own HSA?
A: Yes, your domestic partner can open their own HSA.

Q: My spouse has a Health Care FSA. Can I open an HSA?
A: No. If your spouse participates in a Health Care FSA (unless Limited Purpose FSA), you won't be eligible to open an HSA. Federal regulations do not allow you, or your spouse, to contribute to both an HSA and a Health Care FSA.

Q: My spouse has a Limited-Purpose Health Care FSA. Can I open an HSA?
A: Yes. If your spouse participates in a Limited-Purpose Health Care FSA, which is a special type of FSA that covers only dental and vision expenses, you'll still be eligible to open an HSA. Genesys also offers a Limited Purpose FSA.

Q: I'm changing to employee plus family coverage from employee-only coverage mid-year since we just had a baby. How will it affect HSA contributions?
A: If an employee changes from single coverage to family coverage prior to December 1st of the plan year, the employee can contribute the family maximum to the HSA for the entire year. If an employee changes from family coverage to single coverage mid-year, the employee must prorate the contributions based on the number of months under each tier of coverage.

Q: Can I keep an HSA account even if I leave Genesys?
A: Yes, you own this account and you take it with you even if you leave the company. There's no age limit on HSA funds and you can use them for medical expenses even in retirement.

Q: Will Genesys contribute funds if I enroll in the PPO or HMO option?
A: No. Genesys will contribute to your HSA only if you continue to enroll in a HDHP plan.

Q: If I enroll in a PPO or HMO option, should I use the FSA or HSA?
A: You can use the Health Care FSA if you enroll in a PPO or HMO medical plan. You don't have the option to establish or contribute to an HSA with these plans. Note, you can use the Dependent Care FSA regardless of which medical plan you elect.

If you enroll in an HDHP Plan, you can contribute to an HSA. You also have the option of participating in the Limited Purpose FSA, which can only be used for dental and vision expenses.

Q: What happens to my HSA account if I no longer participate in an HDHP medical plan and enroll in a PPO or HMO plan?
A: You own your HSA account and you keep it—even if you're no longer enrolled in the HDHP medical plan. If you're no longer enrolled in an HDHP, and therefore not eligible to contribute to your HSA, you can still use your HSA funds to pay for eligible expenses.

Q: I have an HSA card. However, in 2023 I am going to enroll in either the PPO, or even possibly switch to an HMO option. Can I use my card to keep spending the money already in my HSA?
A: Yes, you may still use your HSA card to spend the money in your account as of December 31, 2022. However, you will not be able to contribute to your HSA or receive Genesys contributions to your HSA unless you elect an HDHP Plan for 2023.

If you elect coverage under a PPO or HMO for 2023, you may choose to participate in the Health Care FSA to pay your eligible out-of-pocket expenses with pre-tax dollars. In this case, you will receive a new debit card for the Health Care FSA.

Note that your HSA funds will remain in your HSA bank account.

Q: What is the difference between an HSA and FSA? Can I combine the two?
A: Federal tax regulations do not allow you to contribute to both a general-purpose Health Care Flexible Savings Account (FSA) and Health Savings Account (HSA). However, you can participate in both an HSA and a "Limited Purpose FSA," which can be used only for dental and vision expenses.

For a comparison between HSAs, Limited Purpose FSAs and Health Care FSAs, please see the detailed chart in the *Benefits*, Health Savings Account and Flexible Spending Account page on https://mygenesysbenefits.com/.

Q: My spouse/domestic partner has other medical coverage that also covers me. Will this affect my HSA eligibility?
A: Yes. IRS regulations prohibit you from establishing or making contributions (including employer contributions) to an HSA if your spouse/domestic partner has other, non-HDHP coverage that also covers you. This includes your spouse/domestic partner's health care FSA (unless it's a limited purpose FSA) or if you are enrolled in Tricare (health care program for current or retired service members and their families).

Building Your HSA

Q: How does my HSA grow?
A: Your HSA grows in several ways:

- Quarterly contributions from Genesys are: $187.50 if electing individual coverage, or $375 if electing family coverage
- Any pre-tax contributions you decide to make
- Tax-free interest and investment return earned on your account

Note: HSA contributions are not subject to federal income taxes and most state income taxes. However, HSA contributions are subject to state income taxes in California and New Jersey.

Q: Are there resources available to help us decide how much we should contribute to a family HSA other than a guesstimate? Perhaps an HSA calculator?
A: In 2023, you can contribute—through convenient payroll deductions—pretax amounts up to $3,850 if you're single, $7,750 if you cover dependents, under IRS regulations. These amounts include contributions from Genesys, which are $750 if you're single and $1,500 if you cover dependents. If you're age 55 or older, you may contribute an additional $1,000 per year. HealthEquity offers you tools to estimate your HSA contributions at: www.myhealthequity.com.

Please note: The annual amounts are pro-rated based on employee's start date or plan entry date, with the quarterly contribution being made on the 1st business day of each quarter following the employee's entry date in the HSA plan. You must be employed and enrolled in one of the 2 HDHP plans by the first business day of the quarter in order to be eligible for that quarter's company contribution.

Q: What if I contribute more to my HSA than the IRS allows?
A: If you contribute more to your HSA than the IRS allows, the excess is taxed as ordinary income and subject to a 6% penalty. To avoid penalties, make sure to contribute less than the legal limits ($3,850 for employee-only coverage and $7,750 for family coverage in 2023), or withdraw any excess contributions and interest on those contributions before the tax-filing deadline.

Q: Are HSA rules similar to IRA rules where I can make a deposit into my HSA up to April 15 and have it count toward my prior year tax return?
A: Yes, as long as you did not contribute up to the maximum in the prior tax year.

Q: How do I make contributions to my HSA?
A: You can contribute to your HSA through automatic payroll deductions at Genesys. You can also make after-tax contributions directly to HealthEquity through an electronic funds transfer. Watch your mail after you enroll for a packet of information from HealthEquity.

Q: How often can I contribute to my HSA?
A: You can contribute frequently, or all at one time, provided your total annual contribution, including Genesys' contribution, doesn't exceed the IRS limits ($3,850 for employee-only coverage and $7,750 for family coverage, in 2023). If you contribute the full amount at the beginning of the year you must maintain HSA eligibility to avoid excess contribution penalties.

Spending Your HSA

Q: How can I spend my HSA?
A: HealthEquity will send you an HSA debit card that makes accessing your HSA money easy. All you have to do is swipe the card for eligible health care expenses and the funds will be taken directly from your account.

If you aren't required to make a payment at the point you receive the service, you should wait for the claim to be processed. The doctor's office will send you a bill requesting payment for the difference between the billed charges and the amount paid by your health plan. You can write your HSA debit card number on the doctor's bill and submit it as payment, or you can pay for the expense out of pocket and reimburse yourself later.

Make sure to keep your receipts for all expenses in the event that you are audited.

Q: Can you use an HSA to pay for monthly insurance premiums for the Genesys medical plans?
A: No, you **cannot** treat insurance premiums as qualified medical expenses unless the premiums are for:
- Long-term care insurance
- Health care continuation coverage (such as coverage under COBRA)
- Health care coverage while receiving unemployment compensation under federal or state law
- Medicare and other health care coverage if you're 65 or older (other than premiums for a Medicare supplemental policy, such as Medigap).

Q: Does my HSA have to have the money in it before I use it on eligible medical expenses?
A: Yes. Your HSA is like a personal checking account in your name. The funds must be in your account before you can pay for an expense. The annual contribution from Genesys ($750 for just you, or $1,500 for you and dependents) is prorated and deposited on the first day of each quarter; it will not all be available at the beginning of the year.

Q: What if funds are not available when I have an eligible medical expense?
A: If you do not have enough money in your HSA to pay for an eligible medical expense, you will need to pay for the expense by some other means. Once the money is in your HSA, you can reimburse yourself for the amount you paid for the expense.

Q: At the end of the year, can I use my HSA money to reimburse myself for medical expenses that I paid for out -of-pocket during the year?
A: Yes, you may cover your out-of-pocket medical expenses during the year and reimburse yourself from the HSA later in the year for qualified medical expenses. Generally, money you get from your health savings account is called a distribution. If you receive distributions for reasons other than for qualified expenses, the amount you withdraw will be subject to income tax and may also be subject to an additional 20% penalty tax. The trustee (the bank administering your HSA) will report any distribution to you and the IRS on Form 1099-SA, "Distributions from an HSA," for your tax filings. If you're over age 65, you may withdraw funds for reasons other than qualified medical expenses without penalty, but such distributions will be subject to income tax.

Note: It is recommended that you keep your receipts for qualified expenses when you use your HSA in case you're audited by the IRS.

Q: What is a Qualified vs. Non-Qualified expense?
A: A qualified expense is a legitimate expense paid by you towards certain types of health-related goods or services. Even if a service or item is not covered under your medical, dental or vision plans it may still be considered a "qualified" expense by the IRS and therefore you can use your FSA or HSA funds to pay for those expenses. Please check the list of qualified expenses on the HealthEquity web site: www.myhealthequity.com.

Q: What can I spend my HSA on?
A: You may use your HSA on eligible health care expenses for you, your spouse, or your dependents as defined by IRS Code Section 213(d). The code states that the expense must be primarily to alleviate or prevent a physical or mental defect or illness. Examples include prescriptions, doctors' office visits, and vision and dental care. For a complete list of eligible expenses refer to IRS Publication 502. Go to www.irs.gov or www.myhealthequity.com.

Examples of expenses that do not qualify include most cosmetic surgery, health club dues, maternity clothing, and toiletries.

Q: Does Genesys' HSA contribution ($750 single/$1,500 family) count towards my deductible and out-of-pocket maximum?
A: No, however; you can use Genesys' HSA contribution (and any contributions that you make out of your paycheck to your HSA) to pay any expense to offset your deductible and coinsurance expenses. Expenses that count towards your deductible and coinsurance include doctor's visits, hospital stays, emergency room visits and prescriptions, among others.

Q: Do I have to use my HSA dollars to pay for medical expenses?
A: No. Your HSA account belongs to you and you can decide if you want to spend any funds from your HSA balance to offset any health care related expenses; medical, dental and vision (including amounts towards your deductibles or coinsurance) or pay out of pocket now and save the funds in the account for expenses further down the road.

Q: Can I spend my HSA on non-health care expenses without penalty?
A: No. If you use your HSA for expenses other than eligible health care, you automatically subject yourself to IRS penalties: the normal income tax plus a 20% tax penalty. You must report those withdrawals accordingly. Keep in mind, inappropriate use of your HSA may leave you without available funds should you or your family ever needs them for medical expenses.

The 20% tax penalty does not apply if the withdrawal is made after you:

- Reach age 65
- Become completely and permanently disabled
- Are deceased

Q: Is a debit card charge at a drug store categorized as a qualified expense?
A: The charge at a drug store will not be categorized as qualified or non-qualified. You can use your HSA card for any expense; however, if you use the HSA card for anything other than qualified expenses, the amount you withdraw will be subject to income tax and may also be subject to an additional 20% penalty tax. Please check the list of qualified expenses on the HealthEquity web site: www.myhealthequity.com.

Q: Do I need to pay a 20% penalty for using my HSA to pay for non-medical expenses, even if I contributed post-tax funds to my HSA?
A: Yes.

Q: Who is responsible for ensuring that I am only using my HSA for eligible medical expenses?
A: You're responsible. How you use your HSA is solely between you and the IRS. You will want to save all receipts, invoices, and statements that provide evidence on how you used your HSA in the event that you're audited.

Q: Who can I spend my HSA on?
A: You can use your HSA to pay for eligible health care expenses for:
- Yourself
- Your spouse
- Anyone you claim as a dependent on your personal income tax return—even if that person is not covered by your HDHP health plan
- Your minor children even if you do not claim them as a tax dependent – this is often referred to as the "divorce exception"

However, you **cannot** spend your HSA on eligible expenses for dependent children between ages 24 and 26. While changes due to health care reform mandate that children up to age 26 can be covered by your medical plan, they aren't considered dependents for tax purposes. You **cannot** spend your HSA on eligible expenses for a domestic partner. Although the plan allows for domestic partner coverage, per the IRS, they are not considered a qualified dependent and their expenses will not be eligible as a tax deduction. In both cases, the dependent can open their own HSA and make contributions.

Q: Can my HSA be used on dependents not covered by my medical plan?
A: Yes, as long as the expense is eligible under the IRS rules. Dependents include anyone you claim as a dependent on your personal income tax return.

Q: What happens to my HSA when I reach age 65?
A: You can continue to use your HSA tax-free on eligible health care expenses, including retiree Medicare premiums, deductibles, copays, and coinsurance under any part of Medicare, as well as any other retiree insurance premiums (other than premiums for a Medicare supplemental policy, such as Medigap). Once you turn age 65 and enroll in Medicare you can also use your HSA to pay for things other than eligible health care expenses. The money used will be taxable as income, but it will not be subject to the 20% penalty. Once you reach age 65 and enroll in Medicare you will no longer be eligible to contribute to an HSA, nor will you be eligible to receive the Genesys HSA contribution, per the IRS.

Q: Can I enroll in a Kaiser HMO plan at Genesys and have an HSA-compatible plan from my spouse/domestic partner's company and still be HSA eligible?
A: No. To be eligible for an HSA, you must be covered under an HDHP and may not be covered by any other health coverage (e.g., FSA, HMO, PPO, EPO).

Q: If an employee enrolls in an HMO plan, will Genesys still contribute to the HSA?
A: No. Genesys will only continue to contribute to an HSA if an employee is enrolled in an HDHP medical plan. If you're currently enrolled in an HDHP medical plan and consider electing an HMO, or PPO plan, Genesys will stop contributing to your HSA effective January 1, 2023. However, if you have funds available in your HSA, you still can use your balance to pay for eligible expenses.

Maintaining Your HSA

Q: How can I track my HSA balance?
A: You will have access to your account online through the HealthEquity website at www.myhealthequity.com. When you log in, you can track your expenses, claims, and account balance.

Q: What happens if I have money left in my HSA at year-end?
A: Just like a bank account, any money left over at the end of the year will be yours to keep no matter what. Whatever funds you don't spend in one year remain in your HSA, earn interest, and are available for the next year.

Q: How do I change my HSA contribution

A: Please see below for the steps to change your HSA contribution:

1.) Log into BenefitsNow and go to "Summary of Your Benefit Elections" page and click "View/Change tab.

2.) Enter the goal amount and then save and continue.

Q: What happens to my HSA if I don't enroll in a high deductible health plan (HDHP) next year?

A: If you're no longer covered by a high deductible health plan, such as one of the Genesys HDHP Plans, you cannot continue to contribute to your HSA. However, the account is still yours and you can use the money to pay for eligible health care expenses or save it for future medical expenses.

Q: What happens to my HSA if I leave Genesys?

A: All funds contributed to your HSA, even the money contributed by Genesys, are yours to keep. In the event that you leave Genesys, you can:

- Keep your HSA at HealthEquity
- Transfer your funds to an HSA with your new employer
- Roll over your funds to another qualifying HSA within 60 days of distribution

If you don't keep your funds with HealthEquity and don't roll them over to another qualifying HSA within 60 days of distribution, the funds are taxable and likely subject to the additional 20% penalty.

Q: Can my HSA money be rolled into an IRA?
A: Not without incurring tax consequences. The only way to avoid those would be to roll it into another qualified HSA.

Q: What happens to my HSA if I die?
A: Like your other assets, your HSA will go to your legal beneficiaries. You need to provide your beneficiary information to HealthEquity by logging into your account and adding beneficiaries to your account. If your beneficiary is your spouse, the HSA will not be taxable to your beneficiary. However, if your beneficiary is not your spouse, the HSA will be taxable.

Q: What would cause my HSA to terminate?
A: HealthEquity will only close your HSA at your request.

Q: Is my HSA protected from fraud?
A: Yes. If your HSA debit card is stolen or you suspect fraudulent activity, contact HealthEquity immediately and they will work with you to resolve the issue. Your account is protected and will be treated just like your checking account in the event of fraud.

Q: Do I have to pay maintenance fees on the HSA?
A: No. In 2023, the normal banking fee will be paid for by HealthEquity. You will not be charged a maintenance fee as long as you remain an active employee of Genesys.

Q: Do I have investment options for my HSA balance?
A: Yes. Once your HSA balance reaches $1,000, you have the option to open an investment account with HealthEquity. The investment options include Asset Allocation, Fixed Income and Equity Funds. $1,000 must remain in cash to cover your debit card transactions, but every dollar above that can be invested. Your HSA will be charged an investment administration fee of 0.03% per month on your average daily invested balance. For more information, go to www.myhealthequity.com.

The Limited Purpose FSA

Q: Who can participate in the Limited Purpose FSA?
A: The Limited Purpose FSA is available only to participants in the Genesys HDHP plans.

Q: What expenses can be paid from the Limited Purpose FSA?
A: Only eligible vision and dental expenses can be paid from this plan.

Q: Can I pay dental and vision expenses from my HSA?
A: Yes. The Limited Purpose FSA gives you an opportunity to set aside up to an additional $3,050 in pre-tax dollars to pay for dental and vision expenses. Note, if you participate in both an HSA and Limited Purpose FSA, you may only submit your eligible dental and vision expenses once – you cannot "double dip" and submit them to both accounts.

Q: Why is Genesys offering the Limited Purpose FSA?
A: Some HSA participants may be interested in setting aside additional pre-tax dollars beyond what they can contribute to the HSA. The Limited Purpose FSA gives them the opportunity to do that. HSA participants are NOT eligible to contribute to the regular Health Care FSA.

Q: Can I participate in both the regular Health Care FSA and the Limited Purpose FSA?
A: No, you cannot participate in both. The regular Health Care FSA is available only to participants who enroll in the PPO, Kaiser California HMO, and employees who decline medical coverage through Genesys. The Limited Purpose FSA is available only to HDHP Plan participants.

The $610 Rollover

Q: Which FSAs allow the $610 rollover at the end of the year?
A: For 2023, under IRS rules, only the Health Care FSA and Limited Purpose FSA will allow up to $610 of funds remaining as of December 31, 2023, to be rolled over to the following year. The rollover does not apply to the Dependent Care FSA accounts in 2023 – any money remaining in that account as of December 31, 2023 will be forfeited.

Q: What happens to my FSA rollover if I switch from the PPO to an HDHP?
A: IRS regulations do not allow you to rollover any FSA funds into a subsequent year and also contribute to an HSA. If you switch to the HDHP with an HSA in 2023, your unused FSA funds will rollover to a Limited Purpose FSA since you're HSA eligible on January 1.

Q: Does this replace the Use it or Lose it Rule?
A: Only to a certain extent. You may roll over only up to $610 remaining in your Health Care FSA or Limited Purpose FSA as of December 31, 2023 into 2024. If you have more than $610 in your FSA, that money will be forfeited under IRS rules as of January 1, 2024.

Q: Does my rollover count toward the annual $3,050 FSA contribution limit.
A: No, it does not count toward the $3,050 annual limit.

Vision Coverage

Q: What are the differences between the two vision plans?
A: Under the VSP Buy-Up Plan, you pay a lower copay for prescription glasses and you have a larger allowance for frames and contact lenses when you use VSP doctors.

Q: How do I decide if the Buy-Up Plan is better for me?
A: Vision expenses are usually fairly predictable. How many of your family members will need new glasses or contacts in 2023? Estimate the likely cost to you under each of the options – be sure to add in your semi-monthly premiums – and choose the option that provides the best deal for you.

Q: Do I have to use VSP doctors?
A: You must use VSP doctors to receive the higher-level In-Network benefits. A lower level of Out-of-Network benefit is available for vision services provided by non-VSP doctors, but you will pay significantly more of the cost and you will not enjoy the VSP discounts. Complete plan details, including Out-of-Network benefits, are available at https://mygenesysbenefits.com/.
Q: How do I find a VSP doctor?
A: Visit www.vsp.com and click on "Find a Doctor" to view a list of VSP doctors in your area.

Dental Coverage

Q: Are there contributions or payments we have to make to participate in the dental plan?
A: Employees will continue to make paycheck contributions toward the dental plans. The summaries of dental benefits and monthly employee premiums may be found at: https://mygenesysbenefits.com/.

Q: I have several out-of-network dental claims. What steps will I need to take to file these claims?
A: For dental claims, if the provider does not submit the claim for you, you will need to send a claim form and itemized receipts to the address on the form. A dental claim form is available on the *Resources* page of https://mygenesysbenefits.com/.

Employee Assistance Program (EAP) and Lyra Renew Benefits

Q: Is there a cost for the Employee Assistance Program?
A: EAP is provided at no cost for you and your dependents. You do not have to be enrolled in any other group benefits that Genesys provides. Any employee (including those who opt out of Genesys benefits) and his/her dependents can call the EAP for a consultation via phone, live video or in-person. You and your dependents are eligible for 12 sessions each per calendar year with a therapist or coach. You pay $0 for these visits and all services are confidential.

In addition, you and your dependents have access to Lyra Renew, an integrated alcohol and mental health recovery program that provides cost-effective, high-quality care to improve your relationship with alcohol. The program offers a full-spectrum model to effectively support moderate-to-high risk drinking behavior. This program provides a confidential, dedicated provider team to support members to stay on track and avoid relapse.

You can schedule appointments for both the EAP services and the alcohol recovery program online at genesys.lyrahealth.com or via phone at 877-335-0372.

Aflac Critical Illness, Hospital Indemnity and Accident Insurance

Aflac Critical Illness Insurance

Q: What is Aflac Critical Illness insurance?
A: The Aflac Critical Illness insurance plan provides a lump-sum benefit upon the diagnosis of a covered illness.

Q: Why would I need Critical Illness insurance?
A: A Critical Illness plan can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. With the Aflac Critical Illness plan, you receive cash benefits directly (unless otherwise assigned), giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses. Only you can decide if you need this coverage – it is a voluntary benefit offered by Genesys to employees who want this additional financial protection.

Q: What critical illnesses are covered?
A: The plan pays a lump-sum benefit if you're diagnosed with any of these covered critical illnesses:
- Heart Attack
- Stroke
- End-Stage Renal (Kidney) Failure
- Limited Major Organ Transplant
- Invasive Cancer
- Non-Invasive Cancer (Carcinoma in Situ)
- Coronary Artery Disease
- Skin Cancer

Q: I have already been diagnosed with one of these critical illnesses. Can I still purchase this coverage?
A: You can enroll in the coverage, but you will be subject to the plan's Pre-Existing Condition Limitation for Cancer diagnosis, which states:

> Benefits are payable for cancer and/or non-invasive cancer as long as the insured:
> - Is treatment-free from cancer for at least 12 months before the diagnosis date; and
> - Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological and biochemical proof of the presence of the cancer.

Q: How much is the lump-sum benefit?
A: Employee benefit amounts are available from $5,000 to $30,000.

Q: Who is eligible for this coverage?
A: Employees ages 18 and up can purchase this coverage for themselves.

Q: Can I purchase coverage for my family members?
A: Spouse or domestic partner coverage (age 18 and up) is available in benefit amounts up to $30,000. Coverage for family member is only available if you have elected employee coverage, and coverage for your spouse/domestic partner is limited to 100% of your employee coverage. When you purchase coverage for yourself through payroll deduction, dependent children under age 26 are covered at no additional cost. If your dependent child is diagnosed with a covered critical illness, the plan pays 50% of the benefit you would have been eligible to receive for the diagnosis.

Q: What happens to my coverage if I leave Genesys?
A: You can keep your coverage, with certain stipulations, by continuing to pay your premiums directly to Aflac.

Q: Where can I get more information and enroll?
A: For more information visit the Critical Illness section of the *Benefits* page on https://mygenesysbenefits.com/. You can enroll in the plan during open enrollment on the Benefits enrollment website: https://genesys.benefitsnow.com.

Q: What premium will I pay for Critical Illness insurance?
A: The list of premiums for Critical Illness can be found in the benefit summary on the *Resources* page at https://mygenesysbenefits.com/.

Aflac Hospital Indemnity Insurance

Q: What is Aflac Hospital Indemnity insurance?
A: Aflac Hospital Indemnity insurance pays benefits directly to you (unless otherwise assigned) when you're admitted to the hospital and continues to pay a benefit for each day you remain in the hospital (up to 31 days). This is supplemental to your health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Q: Why would I need Hospital Indemnity insurance?
A: Just a few days in the hospital for an illness can be costly. Aflac Hospital Indemnity insurance is there for you in case of hospitalization due to a covered accident or a covered sickness. Plan benefits can help address bills related to treatment or help with everyday expenses. Only you can decide if you need this coverage – it is a voluntary benefit offered by Genesys to its employees.

Q: What benefits does the coverage provide?
A: Benefits are payable:

- $1,000 when you or a covered family member is first admitted to the hospital for a covered accident or sickness.
- $150 a day while you remain in the hospital – up to 31 days.
- $150 a day in hospital intensive care – up to 10 days.
- $75 a day in intermediate intensive care step-down unit – up to 10 days.

Q: Does the benefit pay for both hospital confinement and intensive care?
A: Yes. If you're taken to the intensive care unit after your hospital admission, you will receive a payment of $150 per day (up to 10 days).

Q: Who is eligible for this coverage?
A: Employees ages 18 and up can purchase this coverage for themselves and family members. Coverage may be purchased as:

- Employee Only
- Employee and Spouse or Domestic Partner
- Employee and Dependent Children
- Employee and Family

Q: Is there a Pre-Existing Condition Limitation?
A: No, there is no pre-existing clause on the Hospital Indemnity coverage.

Q: What happens to my coverage if I leave Genesys?
A: You can keep your coverage, with certain stipulations, by continuing to pay your premiums directly to Aflac.

Q: Where can I get more information and enroll?
A: For more information visit the Hospital Indemnity Insurance section of the *Benefits* page on https://mygenesysbenefits.com/. You can enroll in the plan during open enrollment on the Benefits enrollment website: https://genesys.benefitsnow.com.

Q: What premium will I pay for Hospital Indemnity insurance?
A: The list of premiums for Hospital Indemnity can be found in the benefit summary on the *Resources* page at https://mygenesysbenefits.com/.

Q: Do the Aflac plans work with the Kaiser, PPO, or HDHP plans?
A: Aflac Hospital Indemnity and Critical Illness Insurance does not coordinate with your medical plans. The insurance pays regardless of what your medical plan covers.

Q: Are children up to age 26 and in college considered covered dependents?
A: Yes. Aflac follows the ACA rule. As long as children are under 26, they can be covered under the Aflac plan regardless of their student status.

Q: Since we have medical coverage, is the Aflac plan used for out-of-pocket expenses? For example, if I have an out-of-pocket maximum of $3,000 on my plan, and I have a hospital bill of $1,500, does the reimbursement from Aflac contribute to my out-of-pocket maximum?
A: You can use the lump-sum received from Aflac to cover the expenses you paid towards your deductible and out-of-pocket maximum.

Q: Aren't we already covered for hospital stays under our regular medical plan?
A: Yes, you are. The Hospital Indemnity is supplemental insurance to what you already have under your medical coverage.

Q: Do these options require a spouse or family member to be covered under your health insurance (medical plan)?
A: No. Both Critical Illness and Hospital Indemnity are separate plans from your medical coverage you have through Kaiser, the PPO, or HDHP plans.

Aflac Accident Indemnity Insurance

Q: What is Aflac Accident Indemnity insurance?
A: The Aflac Accident Indemnity insurance plan provides benefits for accidental injuries that occur off the job. Benefits are payable for the injury severity while also providing benefits for treatment received.

Q: Why would I need Accident Indemnity insurance?
A: An Accident plan can help with the treatment costs of covered critical injuries, such as fractures, ligament tear, dislocations, burns, or an accidental death. With the Aflac Accident plan, you receive cash benefits directly (unless you say otherwise), giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses. Only you can decide if you need this coverage – it is a voluntary benefit offered by Genesys to employees who want this additional financial protection.

Q: What type of accidents/injuries are covered?
A: The plan pays a menu of benefits that range based on the severity of the injury(es) such as:
- Broken finger
- Burned Hand
- Torn rotator cuff
- Multiple injuries related to a car collision
- Loss of Finger(s), toe(s), hand
- Accidental Death as a result of an accident
- Concussion
- Lacerations

Q: I already have an injury. Can I still purchase this coverage?
A: You can enroll in the coverage, but you will be subject to the plan's Pre-Existing Condition Limitation, which states:
Injury for which benefits are requested must occur after the effective date of coverage

Q: How much is the Accidental Death Benefit?
A: Employee benefit amount is $50,000, for spouse $25,000 and for child $10,000.

Q: Who is eligible for this coverage?
A: Employees ages 18+ can purchase this coverage for themselves.

Q: Can I purchase coverage for my family members?
A: Yes, you can cover self, spouse or domestic partner and dependent children under age 26 if full time student.

Q: What happens to my coverage if I leave Genesys?
A: You can keep your coverage, with certain stipulations, by continuing to pay your premiums directly to Aflac.

Q: Where can I get more information and enroll?
A: For more information visit the Accident Indemnity section of the *Benefits* page on https://mygenesysbenefits.com/. You can enroll in the plan during open enrollment on the Benefits enrollment website: https://genesys.benefitsnow.com.

Q: What premium will I pay for Accident Indemnity insurance?
A: The list of premiums for Accident Indemnity can be found in the benefit summary on the *Resources* page at https://mygenesysbenefits.com/.

MetLife Auto & Home Insurance

Q: Can the MetLife Auto & Home Insurance replace my current car and homeowner's insurance?
A: Yes. If you elect this MetLife voluntary benefit, it would be in replacement of any auto and home insurance you currently have.

Q: Why should I consider this insurance?
A: With the discounts MetLife can offer Genesys employees, this insurance **may** provide comparable coverage at a lower cost to you. And, you have the option to pay for it through convenient payroll deductions.

Q: What vehicles can I cover with this insurance?
A: In addition to car insurance, MetLife Auto & Home gives you access to other types of insurance coverage, including personal excess liability, boat, condo, renter's, motor home, recreational vehicle, and motorcycle.

Q: Who is eligible for this insurance?
A: All benefits-eligible employees, except interns, can enroll in this coverage. Interns are not eligible for voluntary benefits.

Q: What happens to my coverage if I leave Genesys?
A: You can keep your coverage, with certain stipulations, by continuing to pay your premiums directly to MetLife.

Q: What premium will I pay for Auto & Home Insurance?
A: Premiums are based on your specific situation, including the size and location of your house; the year, make, and model of your vehicle; and any other underwriting factors MetLife normally utilizes. You will need to contact MetLife for a quote based on your specific situation. Note, employees pay the full cost of this voluntary benefit.

Q: Where can I get more information on how much this insurance costs and to enroll?
A: For more information visit the Auto & Home Insurance section of the *Benefits* page on https://mygenesysbenefits.com/. You can enroll in the plan at any time by going to the MetLife website at www.metlife.com/mybenefits.

Pet Insurance

Q: What services does Pet Insurance cover?
A: Nationwide Pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. Here are a few examples of what the medical policies cover:

- Diagnostic tests
- X-rays,
- Prescriptions
- Surgeries
- Hospitalization

Q: How much does the insurance pay?
A: That depends on the level of coverage you choose; however, all plans cover up to $7,500 a year regardless of reimbursement level. For more information about your options, visit Nationwide's website at https://benefits.petinsurance.com/genesys or call 877-738-7874.

Q: How do I get payment from the insurance when I take my pet to veterinarian?
A: To use your pet insurance, you simply pay for your pet's treatment at the time of service, then fax or mail the easy-to-use claim form along with your receipts . After meeting your policy's deductible, you'll be reimbursed according to your plans' benefit schedule. Nationwide can reimburse back to your debit card, bank account, or mail a check.

Q: Who is eligible for this insurance?
A: All benefits-eligible Genesys employees can enroll in this coverage.
Q: What happens to my coverage if I leave Genesys?
A: You can keep your coverage, with certain stipulations, by continuing to pay your premiums directly to Nationwide.

Q: What premium will I pay for Pet Insurance?
A: For policy pricing, visit Nationwide's website at https://benefits.petinsurance.com/genesys or call 877-738-7874. Note: employees pay the full cost of this voluntary benefit directly to Nationwide. This is not a payroll deducted benefit.

Q: Where can I get more information on how much this insurance costs and enroll?
A: For more information or to enroll, visit Nationwide's website at https://benefits.petinsurance.com/genesys or call 877-738-7874. You can enroll in the plan at any time.

MetLife Legal

Q: What is MetLife Legal?
A: MetLife Legal is a legal and financial well-being benefit. Legal matters occur throughout life, when you're getting married, buying a home, caring for aging parents or dealing with identity theft or a tax audit. Their network of attorneys is available in person, by phone or by email to help you handle these costly issues as they arise. They also offer access to online tools to complete your estate planning documents or download self-help legal forms.

You always have a choice in what attorney to use. You can choose one from the MetLife network of pre-qualified attorneys or use an attorney outside of the MetLife network and be reimbursed some of the cost.

Q: How do I enroll?
A: You will enroll in this benefit in the Benefits enrollment system by selecting the MetLife Legal plan benefit during your annual open enrollment or at the time of your new hire benefits enrollment. Please note that this voluntary benefit cannot be added or dropped outside of open enrollment or the new hire enrollment period unless you experience a qualifying life event.

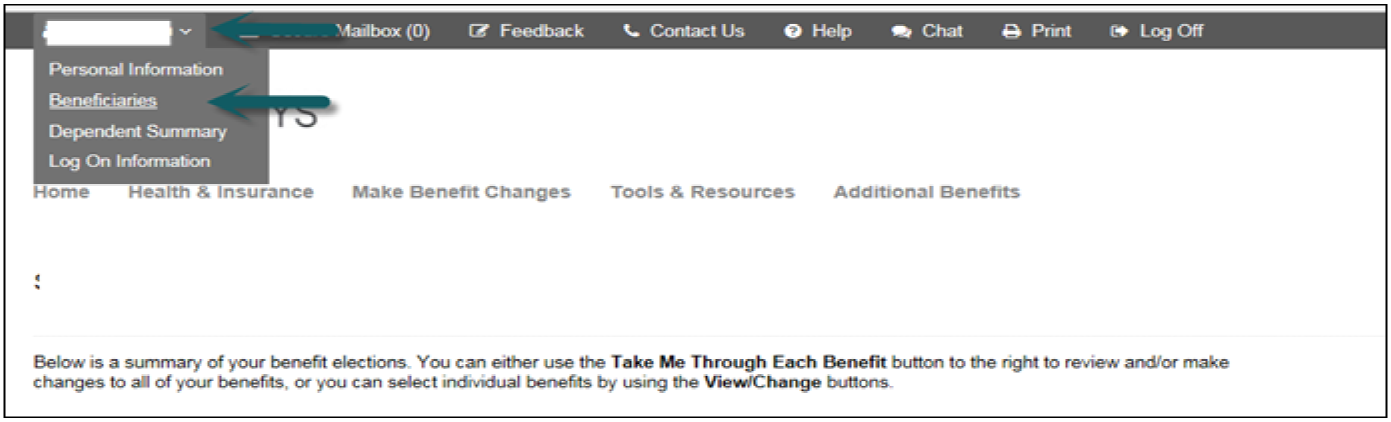
Q: How do I access my benefits?
A: Make sure you elect the benefit during your Open Enrollment. To learn more about your coverages and see the MetLife attorney network, you can create an account at legalplans.com or call 800-821-6400.

Enrollment System

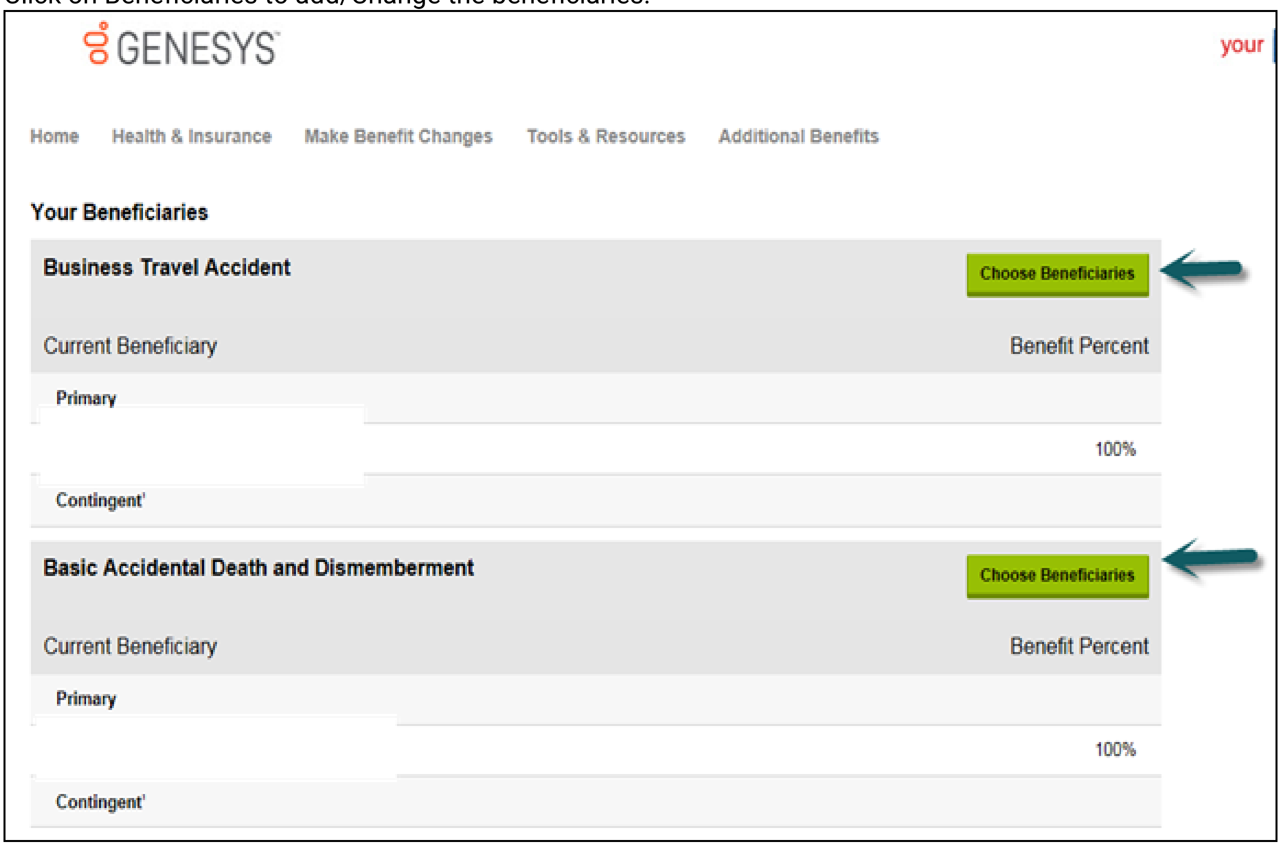
Q: How do I enroll?
A: Go to the *Enrollment* page on https://genesys.benefitsnow.com. Everything you need to know is there.

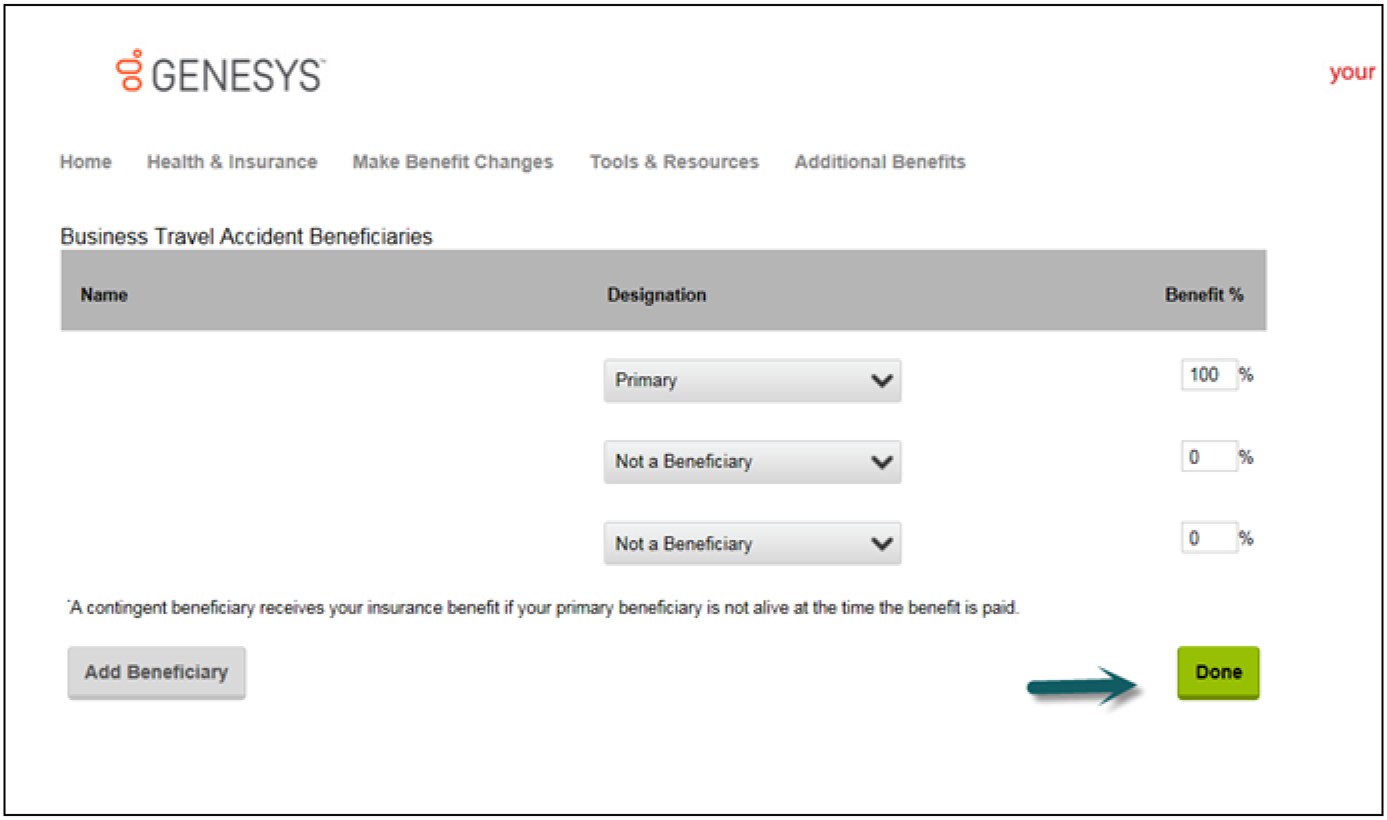
Q: Can I print a copy of my elections?
A: Yes. Once you complete all coverage elections, you will land on the Confirmation Statement. You will have the option to Print, Save, or Email a copy of your elections for your records by clicking on the icons above your Confirmation Statement.

Q: How to update beneficiaries?
A: 1.) Sign in to BenefitsNow and click on the left side corner.



1.) Click on Beneficiaries to add/Change the beneficiaries.





MyQHealth Genesys Care Coordinators through Quantum Health

Q: Who do I contact with questions before, during, and after any health event?
A: If you elect one of the HDHP Plans or the PPO plan, you will contact your MyQHealth Genesys Care Coordinators - an expert team of nurses, patient services representatives, and benefits specialists available to exclusively assisting Genesys employees.

Contact your MyQHealth Genesys Care Coordinators at:

877-498-3041
8:30 A.M. - 10:00 P.M., ET
genesyshealthplan.com

Q: Who can contact Quantum?
A: Employees enrolled in the HDHP or PPO plan may call Quantum with their benefits questions. If you are enrolled in the Kaiser plan, you will continue to utilize your Kaiser resources for any questions on your Kaiser benefits. You can reach them via phone at (800) 464-4000 or online at www.kp.org.

Q: Does Quantum have access to all of my previous claims?
A: No. Quantum has access to your 2020 claims and forward if you were covered under one of the UMR plans in 2020. They will not have access to claims prior to January 1, 2020.

Q: I'm currently experiencing a medical event – who can I contact?
A: If you are currently experiencing a medical event – such as pregnancy or cancer treatments – you may contact your MyQHealth Genesys Care Coordinators to learn more about your next steps.