TotalRewards

My Benefits

General Benefit
Frequently Asked Questions

What is Open Enrollment?
Open Enrollment takes place annually every November. If you do not elect benefit policies during the Open Enrollment period, you will not be able to elect them again until the next Open Enrollment period.

Where can I get information about the benefits that are offered by FMOLHS?
Review the benefits offered by FMOLHS in the Team Member Guide to Benefits found on the Total Rewards My Benefits page.

Refer to the online Benefit Education presentation available in Healthstream.

For additional questions or unanswered questions, email askHR@fmolhs.org.

What is an Explanation of Benefits (EOB)?
An EOB is a description your insurance carrier sends to you explaining the benefits you have received and the services for which your health care provider can request payment.

What should I do if my EOB shows that my insurance claim was denied or that there is a request for additional information?
File an Appeal due to a denied claim by following the Appeal Instructions in the Team Member Guide to Benefits.

Contact the insurance carrier that provided the EOB using the telephone number on the EOB or the number on your Plan ID card.

How do I enroll as a new hire or a newly eligible team member?
Log in to Oracle Self-Service using your network ID and the password.

Click on the Enroll in Benefits link.

Where can I find information on Leave of Absence, Short Term Disability or extended illness time?
Refer to the "Time Off" button or "Leave of Absence" button on the HR Hub homepage. For additional information, askHR by emailing @askHR@fmolhs.org.

What is a deductible?
A deductible is the amount of covered medical expenses a team member pays each calendar year before benefits are paid by the plan. For example, if the deductible is $400, then you must pay the first $400 of covered medical costs before the plan will pay. The deductible amount is in addition to any co-insurance amount owed.

What is co-insurance?
Co-insurance is generally shown as a percentage of covered expenses over and above the deductible. If the plan pays 80% of covered expenses, you would pay 20% of the covered expenses as a co-insurance amount. For example, if you have a covered expense of $1,000, the plan pays over 80% or $800 and you pay $200 if you have already met your deductible.

What is a co-pay?
A co-pay is a fee charged to a member for a covered medical expense or a covered prescription drug at the time the service or prescription is received.

What is a maximum out-of-pocket?
The maximum out-of-pocket is the amount above which the member is no longer responsible to pay co-insurance or co-pays.