

Benefits FAQ

Welcome to Sonesta! We understand that benefits transitions can be stressful, and strive to make the process as seamless as possible. Below, we have compiled Frequently Asked Questions for new plan members.

Remember, you have 30 days from your date of hire to make benefits elections in Workday.

Medical, Dental, and Vision Plans

When will I receive my new ID cards?

You will receive your medical and dental ID cards approximately 10-14 business days after you make your election in Workday. If you have a prescription to fill, contact the BCBSMA New Member Decision Support Line (see below), or download the MyBlue app (see following page), for your ID card information in the interim. VSP does not issue ID cards- simply give your provider the last 4 numbers of your Social Security number.

Will my prior medial deductible and out-of-pocket maximum apply towards my new Sonesta plans?

No, your deductible and out-of-pocket maximum will reset as of your new medical plan effective date. Sonesta's plan provisions, including deductibles & out-of-pocket maximums reset each year on May 1.

How do I search for an in-network Medical provider?

Go to <https://member.bluecrossma.com/fad> and search in the "PPO or EPO" network option.

Can I contact BCBSMA Member Services if I am not a member yet?

Yes! BCBS' **New Member Decision Support Line** has benefit specialists available to help you choose the plan that is right for you. Here are some examples of what benefit specialists can help you with:

- Provide you your new BCBS ID# to give to your providers as you wait for your ID card to arrive
- Plan-to-plan comparisons
- Benefit information
- Your out-of-pocket costs for covered medical services (for example: copay, deductible and/or co-insurance information)
- Prescription coverage and costs
- Authorization guidelines (however the authorization process can not begin until you are enrolled)
- Finding participating primary care physicians (PCPs), specialists and hospitals

Just call 1-800-358-2227 between 8AM-6PM EST and select prompt 3 to speak with a Blue Cross Member Service benefit specialist.

What if I am currently receiving care from a provider that isn't in the BCBS network?

We understand that it is difficult to leave doctors you've had long-term relationships with. To make this transition easier, and to minimize interruptions to treatment programs that are underway, you can request temporary transition of care. If approved, the treatment program will be for a specific period, to give you enough time to transition to a health care provider in the network. Important: Only certain medical and behavioral health conditions are eligible to be considered for transition of care

New members can request permission for temporary coverage of out-of-network services at the in-network level. Contact BCBSMA member services (800-358-2227) or log onto the MyBlue portal under "Tools and Resources" to request the Transition of Care Form.

Can I register for a MyBlue portal without my BCBSMA ID Card Number?

Yes! You do not need your ID number to register for the MyBlue portal. However, there can sometimes be a 3-5 day delay from the date your enrollment is sent to BCBSMA, to the date that you can register for an account.

What if I am currently taking a medication that is not covered by BCBSMA?

BCBSMA offers the Prescription Drug Transition of Care Program to assist with your coverage change. For non-covered drugs, they will typically provide one courtesy fill during your first 90 days of enrollment. Step therapy requirements are typically waived if new members refill their prescription within the first 90 days of enrollment, and will continue to be waived as long as 130 days does not elapse between fills.

How do I find out how my prescription is covered by BCBSMA?

To look up your drug tier and any pharmacy management programs (such as step therapy and prior authorization requirements), go to www.bcbsma.com, and scroll down to "Medication Lookup".

If I enrolled in vision insurance through my prior company, will my benefits reset with Sonesta?

Yes! Effective as of your date of hire, you will receive a new allotment for frames and contacts through VSP. Enroll to receive a \$200 frame allowance every other plan year and a \$165 contact allowance every plan year. Our vision plan year runs on the May 1 – April 30 cycle.

If I enrolled in Dental insurance through my prior company, will my benefits reset with Sonesta?

Yes! Effective as of your date of hire, you will receive a new \$1,500 orthodontic lifetime maximum per child (to age 19) and a new \$1,500 calendar year maximum per member. Remember this calendar year maximum allotment resets each year on January 1st. The only exception is if your dependent had Delta Dental MA through a prior insurance plan. In that instance any orthodontic benefits used on a Delta Dental MA plan would apply towards the Sonesta dental plan.

If I am in the middle of a multi-visit Dental procedure, which plan will cover the claim?

If you have had continuous coverage with another dental carrier and two or more visits have occurred prior to the effective date of your Sonesta Delta Dental MA coverage, that multi-visit procedure must be considered for payment by the previous dental carrier. If only one visit of a multi-visit procedure occurred prior to your effective date with Sonesta's Delta Dental MA plan, then the Sonesta plan will be responsible for paying the claim.

Additional Benefits

If I enrolled in Critical Illness Insurance, Accident Insurance, or Hospital Indemnity Insurance through my prior employer, can I continue that coverage?

Some employer plans allow you to convert these policies into an individual policy. Contact your prior employer if you are interested in this option.

Does the Healthcare Flexible Spending Account (FSA) maximum of \$2,750 reset when I join Sonesta?

Yes, even if you elected the Healthcare FSA at your prior company, you are still eligible to elect \$2,750 under Sonesta's Healthcare FSA for the current plan year. Your election is "use it or lose it," meaning funds that are not used on qualified expenses incurred between your hire date and July 15, 2022, and submitted by July 31, 2022, will be lost.

Does the Dependent Care (FSA) maximum of \$5,000 reset when I join Sonesta?

No, the IRS' \$5,000 maximum is across any employer plan in the 2021 calendar year. You must take your prior election into account (amount deducted from your paycheck) when making new Dependent Care FSA elections through Sonesta. Consult a tax attorney for additional clarification.



Health Savings Accounts

Can I have a Healthcare FSA and an HSA?

No. Coverage under a Healthcare FSA is not high-deductible health plan coverage, so it will disqualify you from eligibility to contribute to an HSA.

If you are covered under a Healthcare FSA (including through your prior employer or a spouse's employer), you cannot open an HSA through Sonesta until after the end of the FSA plan year or until you are no longer covered under the FSA. If the FSA has a grace period, you cannot open an HSA until the first day of the month after the grace period ends, unless you have a \$0 balance on a cash basis on the last day of the plan year. If your spouse's FSA has a carryover provision, you will not be eligible for the entire following year, even if your spouse does not elect to make new FSA contributions during that period.

The rules for HSA contributions are complex, and could result in tax penalties. Contact your prior employer or a tax attorney for additional information.

If I enrolled in a Health Savings Account (HSA) through my prior company, can I roll my balance into the HealthEquity HSA through Sonesta?

Yes, HealthEquity's rollover form is available in Workday. HSA plans often have monthly account fees that take effect when your employment ends with the associated company, so it can be beneficial to roll the funds into your HealthEquity HSA.

If I am enrolling in an HSA for the first time, can I elect the IRS' full annual contribution maximum?

There is a special rule for individuals who gain HSA eligibility during the calendar year. These individuals may choose to contribute the maximum for the calendar year rather than a pro-rated amount based on the number of months of HSA eligibility. The no-proration rule may be used for single, family, and catch-up contributions.

Two qualifying conditions apply if the full annual HSA contribution is elected: (1) the individual must be HSA eligible during the last month of the year (December) and (2) the individual must remain HSA eligible during a 13 month "testing period" (December of the current year plus the next calendar year). Similarly, there could be tax implications if you were enrolled in an HSA previously, but decide not to enroll in Sonesta's HSA plan when you are hired mid-year.

Consult with a tax attorney or view page 6 of Publication 969 for additional information and examples: www.irs.gov/pub/irs-pdf/p969.pdf

Questions?

Reference our benefits enrollment presentation recording, benefits guide, virtual benefits counselor at <http://www.myalex.com/Sonesta/2020> or benefits portal at sonesta.benefithub.com.