



2022 Open Enrollment Frequently Asked Questions (FAQs)

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Enrollment and Eligibility

Q: When is Open Enrollment this year?

A: The 2022 Open Enrollment period will take place Friday, October 15 – Friday, October 29, 2021. This is your only opportunity to elect or make changes to your 2022 benefits coverage, unless you experience a Qualified Life Event (QLE), such as marriage/divorce or the birth/adoption of a child. If you do have a QLE, you must “Declare an Event” in ADP My Pay and Benefits within 30 days of the event, add/remove dependents and/or coverage, then upload verification/documentation of the event (marriage and/or birth certificate, court documents, etc.) into ADP.

Q: How do I enroll in benefits?

A: While connected to the network and on the Home page of **LPL@Work**, under “**My Apps / Systems**,” select the SSO (single sign-on) link for “**ADP My Pay and Benefits**.” From there, you can review your current elections and make any necessary changes. *IMPORTANT: The SSO link does NOT work in Internet Explorer (IE). Please use Chrome, Edge, Firefox or Safari to enroll and/or make any election changes.*

Note: if you are accessing ADP from the SSO link on the Home page of LPL@Work, you will be automatically signed in. If you are accessing the enrollment site from outside of the LPL network, you will need to use your ADP login credentials to sign in (ADP username example: JSmith@lpl). First time users should follow the self-registration process on the sign-in page, using registration code: lpl-lpl. If you’ve forgotten your login credentials, use the *Forgot Your User ID?* and/or *Forgot Your Password?* links during the login experience.

If you have any technical difficulties during your enrollment, contact LPL’s ADP Benefits Service Center at **1.855.894.7752** or LPLFinancialServiceCenter@adp.com.

Q: If I like the benefits I have today, do I need to do anything during Open Enrollment?

A: Even if you are not making any changes, you should still log on to ADP My Pay and Benefits to confirm the accuracy of your current elections, including your life insurance beneficiary designation and covered dependent information (you will need to provide the date of birth and Social Security Number for any beneficiaries or dependents).

Please note that you *must* re-enroll in the Health Savings Account (HSA) and Health Care, Limited Purpose, Dependent Care and/or Commuter FSAs each year to participate in these plans; **HSA and FSA elections do not roll over into the new plan year.**

Q: Can I change my benefit elections throughout the year?

A: No. You cannot make changes to your benefits outside the Open Enrollment period, *unless* you experience a Qualified Life Event (QLE). The benefits you elect during Open Enrollment will be in effect from January 1 – December 31, 2022.

Q: What is a Qualified Life Event (QLE)?

A: A Qualified Life Event (QLE) is a change in status, defined by the IRS that allows midyear election changes. Qualifying life events include:

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Loss or addition of other group coverage
- Change in your spouse’s work status (part-time to full-time or vice versa; taking or returning from an unpaid leave of absence)
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- You or your covered dependent becomes eligible for Medicare

Q: What do I do if I experience a Qualified Life Event (QLE)?

If you experience a QLE and wish to make changes to your benefit elections, visit the ADP My Pay and Benefits website to “Declare an Event” or call ADP at **855.894.7752**. Changes must be made within 30 days of your qualifying life event, and you will be required to upload verification/documentation of the event (marriage and/or birth certificate, court documents, etc.) into ADP.

For more information on what qualifies as a QLE, contact the LPL Benefits Service Center at **1.855.894.7752** or LPLFinancialServiceCenter@adp.com.

Q: Who is eligible for benefits?

A: All full-time employees scheduled to work at least 30 hours per week are eligible to participate in the LPL benefits program. You may also enroll your eligible dependents, subject to limitations as noted within each plan description. Eligible dependents include your:

- Spouse or domestic partner (same or other gender)
- Your child(ren) and the children of your covered spouse or domestic partner, up to age 26
- Unmarried children of any age if they depend on you for support due to a physical or mental disability which commenced before the limiting age

Refer to myLPLbenefits.com for more details on eligibility.

Medical and Prescription Drugs

Q: Is preventive care covered under all of the medical plans?

A: Yes, all ACA-mandated preventive care is covered at 100% under all of the medical plan options offered by LPL. For a list of covered preventive care services, visit the official [ACA Preventive Health Services page](#).

Q: What is a Primary Care Physician and why do I need one?

A: A Primary Care Physician (PCP) is the doctor you visit for routine screenings and wellness visits, as well as to consult about any health questions and/or concerns you experience throughout the year. If you elect the Aetna (Select) EPO or Kaiser HMO (CA only), you and your enrolled dependents are required to designate a PCP to manage your health care needs. Your EPO/HMO PCP must obtain referrals from Aetna/Kaiser before you see a specialist (with the exception of an OB/GYN).

Q: What if my doctor isn't in the covered network?

A: Some of our plan options provide you with out-of-network coverage, but keep in mind that you will pay more for out-of-network coverage than if you were to use an in-network provider, and some services may not be covered out-of-network.

Q: How do I find an in-network provider?

A: For Aetna, go to aetna.com/docfind and follow the steps below. You may also call Aetna at **866.987.0327** or Alight Health Pro at **800.513.1667 (ext. 984)** for assistance.

If you're already enrolled in an Aetna plan:

1. Log in to your Aetna account, then click "Find Care and Pricing."
2. Type in the provider's name or zip code, and click the Search button.
3. Then, select your medical plan from the drop-down menu.
 - For the Aetna EPO: under "Aetna Standard Plans," select "Aetna Select (Open Access)"
 - For the Aetna PPO and High Deductible Plans: scroll down to "Aetna Open Access Plans" and select "Aetna Choice POS II (Open Access)"
4. If your provider shows up in the search results, they are in the network.

If you're not currently enrolled in an Aetna plan:

1. Under "Continue as a guest," enter your home location (zip, city, county or state) and choose correct location.
2. Click the Search button.
3. Enter your medical plan in the search field, select the plan, and then click on the Continue button.
 - For the Aetna EPO: under "Aetna Standard Plans," select "Aetna Select (Open Access)"
 - For the Aetna PPO and High Deductible Plans: under "Aetna Open Access Plans," enter "Aetna Choice POS II" and select the "Aetna Choice POS II (Open Access)" plan
4. Search by provider name or category.

A: For Kaiser, visit kp.org/searchdoctors to browse doctor profiles and select a doctor who matches your needs or call Kaiser at **800.464.4000**. Members may also login via my.kp.org/lpl for search options.

Q: What is telehealth/telemedicine, and how might I use these services?

A: Telehealth (or telemedicine) is a form of virtual care that allows you 24/7 access to board-certified physicians, dermatologists and behavioral health specialists. When you enroll in a medical plan through LPL, you are automatically eligible to receive virtual services available to you through Teladoc (if you are enrolled in an Aetna plan) or through Virtual Care if you are enrolled in Kaiser (for CA residents only). You can use virtual services for minor, non-emergency care (like a fever or sore throat); dermatology, or mental health support. Generally, you will be connected with a doctor in under an hour. For additional information, visit myLPLbenefits.com, teladoc.com/aetna or my.kp.org/lpl.

Q: What expenses count toward my deductible and out-of-pocket maximum?

A: **Deductible:** The amount you are responsible for paying before the plan pays benefits for certain services (e.g., services that are not covered by a copay and are subject to the deductible – such as inpatient or outpatient surgery – or, in the case of the Aetna Health Fund (HSA) PPO, all services with the exception of preventive care). Note, the amount you must pay in order to meet your deductible depends on the plan in which you enroll.

Copay: A copay is a set dollar amount you will pay for a covered service, such as an office visit, urgent care or prescription, either before or after your deductible has been met, depending on the expense type and plan option you elect.

Coinsurance: The percentage of costs for a covered health care service you pay (20%, for example) after you've met your annual deductible.

Out-of-Pocket Maximum: The limit on how much you will pay toward covered medical expenses in a single plan year (January 1 – December 31). Once you reach the out-of-pocket maximum, the medical plan will cover 100% of eligible expenses for the remainder of the plan year. Copayments, deductibles, and coinsurance paid for covered medical/Rx expenses all count toward your annual out-of-pocket maximum.

Q: If I take a maintenance medication, what are my options to fill and receive my prescription?

A: Aetna members will save time and money by obtaining a 90-day supply of maintenance medications, either through a retail fill or through mail order.

- With a retail fill, Aetna members may fill prescriptions through the CVS Exclusive Smart90 program at a participating CVS network pharmacy.
- With mail order, you can receive your prescriptions right at your doorstep with free standard shipping. The 90-day supply of your medication will be shipped directly to your home address on file for the price of a 60-day retail supply.

Both options cost the same, so you can choose what works best for your needs. To learn more about these options, Aetna members may visit [express-scripts.com/90day](https://www.express-scripts.com/90day) or call Express Scripts at **877.834.4441**, and Kaiser members may visit my.kp.org/lpl/ or contact Member Services at **800.464.4000**.

Q: Are preventive medications covered at 100%? If so, where can I find a list of them?

A: Yes, preventive medications are covered at 100%. You can find a full list of covered medications through your prescription drug provider's website.

Dental

Q: If I or one of my dependents will need braces, which dental plan is best for me?

A: Only the Enhanced PPO Dental Plan provides orthodontia coverage. The Enhanced Dental plan pays 50% for covered orthodontia services, and the lifetime maximum benefit for orthodontia is \$2,000. The Traditional PPO Dental Plan does not cover orthodontia.

Q: How do I find a network dentist?

A: Go to deltadentalins.com and select “Find a Dentist” or call **800.765.6003**.

Vision

Q: How do I find a network provider?

A: Go to vsp.com and click “Find a Doctor” or call **800.877.7195**.

Q: How often can I get a vision exam?

A: Both the Traditional and Enhanced Vision plans cover one vision exam each year (every 365 days) with a \$20 copay. (The out-of-network allowance for a vision exam is \$45. Any amount over \$45 will be your responsibility if you use an out-of-network provider.)

Q: What is the allowance for frames and lenses under the vision plans?

A: The table below outlines the frames/lenses benefits under each of the vision plans.

	Traditional Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Every 24 months		Every 12 months	
Lenses - Single Vision - Bifocals - Trifocals - Lenticular	Paid in full	Up to \$30 Up to \$50 Up to \$65 Up to \$50	Paid in full	Up to \$30 Up to \$50 Up to \$65 Up to \$50
Frames	\$150 allowance	Up to \$70	\$200 allowance	Up to \$70
Costco/Walmart Frames	\$70 allowance	Not covered	\$110 allowance	Not covered

Q: What is the allowance for contact lenses under the vision plans?

A: There is a \$150 allowance in-network and up to \$105 out-of-network toward contact lenses under the Traditional PPO plan once every 24 months. Under the Enhanced PPO plan, the allowance is \$200 in-network and up to \$105 out-of-network once every 12 months.

Health Savings Account (HSA)

Q: What is a Health Savings Account (HSA)?

A: A Health Savings Account is a special bank account owned by you. It allows you to use pre-tax dollars for current and future health care expenses for you and your eligible dependents. The HSA can be paired with the Health Fund (HSA) PPO plan option for those eligible for an HSA, which when used together give you more control over your health care expenses. LPL automatically contributes to your HSA, and you also have the option to make your own contributions: up to \$3,150 if you elect employee only coverage and up to \$6,300 if you elect employee + dependent(s) coverage. If you will be age 55 or older by December 1, 2022, you are permitted to make catch-up contributions of up to an additional \$1,000 a year.

Q: How do I know if I'm eligible to contribute to an HSA?

A: To be eligible to contribute to a Payflex HSA through LPL, you must meet all of the following requirements:

- Enrolled in the Aetna Health Fund (HSA) PPO
- No other health coverage (through your spouse's employer, Medicare/Medicaid, TriCare, a Health Care FSA under your spouse's plan, etc.)
- You cannot be claimed as a dependent on someone else's 2022 tax return.

See [IRS Publication 969](#) for full eligibility details.

Q: How much will LPL contribute to my HSA?

A: LPL will contribute \$500 annually (\$19.23 per paycheck) for employee only coverage and \$1,000 annually (\$38.46 per paycheck) for employee + dependent(s) coverage to your Health Savings Account in 2022.

Q: Can I contribute to the HSA?

A: Yes, you can contribute up to \$3,150 if you elect employee only coverage and up to \$6,300 if you elect family coverage. If you will be age 55 or older by December 1, 2022, you are permitted to make catch-up contributions of an additional \$1,000 a year.

Q: If there are funds left in my HSA at the end of the year, do the funds roll over to the next year?

A: Yes, HSA funds do not have a "use-it-or-lose-it" rule like FSA funds – any remaining funds left in your HSA at the end of 2022 will roll over for use in 2023 or beyond. Also, if you retire from or leave LPL, the account is yours to take with you.

Q: If I contribute to an HSA in 2021, will my contributions continue in 2022?

A: No, you must re-enroll in the HSA plan each year during Open Enrollment in order to continue making contributions.

Flexible Spending Accounts (FSA)

Q: How much can I contribute to my FSA?

A: See the table below for FSA annual contributions limits for 2021.

Account Type	Contribution Limit
Health Care FSA	\$2,750
Dependent Care FSA	Single or married filing jointly: \$5,000 Married and filing separately: \$2,500
Limited Purpose FSA	\$2,750
Commuter Spending Account	\$270 (per month)

Q: If I have an FSA in 2021, will I automatically have an FSA in 2022?

A: No, you must re-enroll in the FSA plan each year during Open Enrollment in order to continue making contributions into an FSA and/or to use roll-over funds in the Healthcare or Limited Purpose FSA.

Q: If I have unused funds left in my FSA at the end of 2021, do those funds roll over to the following year?

A: Unused funds in your FSA accounts do not *always* roll over year to year, so carefully consider your anticipated expenses for 2022. At the end of 2021, you will be allowed to roll over all unused Healthcare (HC), Limited Purpose (LP), and/or Dependent Care (DC) FSA funds into your 2022 FSA(s). At the end of 2022, roll over allowances are expected to return to pre-pandemic levels – \$550 maximum roll over, and for HC and LP FSAs only. (Unused 2022 DC FSA funds are not expected to be eligible for roll over into the 2023 plan year.) **Remember, you must actively re-enroll in the FSA each year during Open Enrollment in order to continue making contributions or use roll-over funds.**

Life and Accidental Death & Dismemberment (AD&D) Insurance

Q: How much Life and AD&D coverage does LPL provide?

A: LPL provides Life Insurance and AD&D coverage in the amount of 1.5x your salary as of October 1, 2021 (including commissions, but not overtime or bonuses), up to a maximum benefit amount of \$500,000.

Q: What is the maximum amount of Voluntary Life and AD&D I can elect?

A: During Open Enrollment, you will have a special one-time opportunity to purchase or increase your voluntary supplemental life insurance amount. You can increase your coverage up to \$200,000 for yourself and up to \$50,000 for your spouse or domestic partner without providing Evidence of Insurability (EOI), as long as you have not been previously denied coverage by Lincoln Financial Group. If coverage was previously denied or if you would like to purchase more than these amounts (up to \$650,000 for yourself and up to \$250,000 for your Spouse), **EOI is required**.

Q: What is AD&D?

A: AD&D, or Accidental Death and Dismemberment Insurance, provides benefits for covered loss of life, limb, hearing, or sight as a result of an accident. Dependents may also be insured for AD&D. For covered losses, the plan may pay the full coverage amount or a percentage of the coverage amount depending on the type and severity of loss.

Q: What is Evidence of Insurability (EOI)?

A: If you are increasing your life insurance coverage over the Guaranteed Issue amount or coverage was previously denied, information on the current condition of your health (or your dependent's health, for dependent coverage) will be required through the completion of Evidence of Insurability (EOI). The EOI process is outlined in the **Evidence of Insurability - Instructions for online submission** document available on mylplbenefits.com.

During this year's Open Enrollment, you will have a special one-time opportunity to purchase or increase your voluntary supplemental life insurance amount. You can increase your coverage up to \$200,000 for yourself and up to \$50,000 for your spouse or domestic partner without providing Evidence of Insurability (EOI), as long as you have not been previously denied coverage by Lincoln Financial Group. If coverage was previously denied or if you would like to purchase more than these amounts, **EOI is required**.

Additional Information

Q: How can LPL benefits support my family and me during the coronavirus (COVID-19) pandemic?

A: In these times of uncertainty, we recognize more than ever the important role our benefits play in helping you care for yourself and your family. Visit myLPLbenefits.com to learn more about the available benefits, programs and resources – like the Employee Assistance Program (EAP) and telemedicine visits – that can help you navigate personal and professional challenges. Additional wellbeing resources are available on Workplace in the [LPLLiveWell Now group](#).

Q: Where can I go to learn more about my LPL benefits?

A: Visit myLPLbenefits.com for all your benefits information. From there, you can learn about the 2022 changes, see all of your benefits options and plan information, find important vendor contacts and flyers, link to vendor websites, and get helpful tips.

Q: Are there resources to assist me with work/life balance?

A: Yes – take advantage of the below resources to help maintain your total wellbeing:

- **Employee Assistance Program (EAP):** LPL provides an EAP through Lincoln Financial that you can access 24/7 at no cost to you. The EAP provides confidential assessment, assistance, and referrals to additional services for you, your spouse/domestic partner, dependent children, and all household members. Get support for a wide range of emotions, family and work issues such as alcohol and drug abuse, depression, legal or financial issues, and work or family stress/anxiety. Visit guidanceresources.com and login using user name: **LFGsupport** and password: **LFGsupport1**, or call **888.628.4824** for assistance.
- **LPLLiveWell Now** is available to support you with various wellbeing resources for working from home, managing your finances in the current environment, and maintaining general health and wellbeing for you and your family. [Join the conversation on Workplace](#) to learn more about total wellbeing.

Q: What resources or tools are available to help me understand my benefits and manage my health care?

A: When you enroll in an LPL medical plan, you have access to the following services:

- **Alight Health Pro:** Alight Health Pro is available to provide straight answers and smart advice. Contact Alight Health Pro for help understanding your benefits, comparing service costs, scheduling appointments and even reviewing your bills and charges to ensure that everything is accurate. Visit member.alight.com or call **800.513.1667 (ext. 984)** for assistance.
- **Teladoc Medical Experts:** If you or a family member receives a significant diagnosis, Teladoc Medical Experts is available to ensure you are getting the best care possible so you can focus on your health, by providing the following services at no cost to you:
 - Review diagnosis and treatment plan
 - Find the best specialist in your area
 - Understand treatment options
 - Reduce medical expenses
 - Receive a second opinion from medical experts

Visit teladoc.com/MedicalExperts or call **866.904.0910** for assistance.

In addition, our two medical carriers, Aetna and Kaiser (CA only) also offer health support resources, member discounts and more! To learn more, register/login to Aetna's website at aetna.com or Kaiser's website at my.kp.org/lpl.