

FREQUENTLY ASKED QUESTIONS

I'm happy with my plan. Do I need to re-enroll during Open Enrollment?

Yes, open enrollment is an “**Active Enrollment**”, you must make an affirmative action to complete your enrollment. If you do not require benefits you must waive coverage and sign off at the end of the process.

Am I required to be enrolled in a medical insurance plan?

Yes, with very few exceptions, all legal US residents are required to have minimum essential coverage or face a tax penalty. If you are not currently covered under a medical plan elsewhere, and you do not enroll in a Reta plan, you may choose to purchase coverage through the private marketplace.

If I already have medical coverage elsewhere, do I need to do anything?

Yes, you must go through the enrollment process. You must go online and **waive** medical coverage.

Failure to complete the online enrollment process will result in **NO coverage**. Your medical coverage will not automatically renew. After open enrollment this cannot be changed unless there is a qualifying life event.

Can I choose the Dental and Vision Plan without having the medical plan?

No since our plans are bundled you would need to chose the Medical plan in order to have dental and vision coverage.

Where do I go to see my current benefits?

To see your current benefits, log on to www.retatrust.org and click on the RetaEnroll link and then click on Coverage to see your current benefits. If you don't have a User ID or Password, or have forgotten see #4 below.

How do I obtain my forgotten or lost User ID and Password to access the Reta Benefits Center and RetaEnroll?

You may request your forgotten User ID and Password, by going to the Reta Trust home page (www.retatrust.org). Click on the help button in the upper right. For a step-by-step process, please refer to the sheet “Accessing Your Open Enrollment Online,” or call BAS Customer Service.

How do I know if I have all of the information I need to enroll?

Your location's business administrator or business manager can provide assistance.

Do I need to validate existing covered dependents during Open Enrollment?

No, you do not.

What do I need to know regarding “Dependent Validation”?

- Why is it necessary?

To ensure that only eligible dependents are enrolled on the plan. The plan is not responsible to cover claims for those individuals who do not meet eligibility guidelines.

- When will I receive the Request for Validation?

For newly added dependents, the request for validation, including instructions, will be a part of the electronic enrollment process. Coverage for newly added dependents will be pended until documentation are submitted.

- What is the deadline?

For new dependents, you will be asked at the time of enrollment to submit documentation within 60 days. The effective date of coverage will be retroactively assigned once documentation is received and validated or approved.

Who do I call if I need provider assistance?

See the attached Health Benefits Contact sheet.

Who do I contact if I need assistance, cannot access the online enrollment system, or my enrollment is rejected?

You can call RetaEnroll Customer Service at 1-877-303-7382 between 5:30 AM and 5:00 PM PST or email Service@RetaEnroll.org