

Cigna/New York Life FAQ Document

Cigna: General Questions

1. Why are we moving from Kaiser to Cigna?
 - a. The move to Cigna offers improved choice, flexibility, convenience and enhanced service for you and your family
 - i. With Cigna, you will have access to more doctors, hospitals and other health care providers and facilities, both here in the Denver area and nationally.
 - ii. With Cigna, you will have access to in-network health care when you travel outside Colorado. You will also have out-of-state coverage for your dependents.
 - iii. With Cigna, you will be able to see a specialist without a referral from your primary care doctor.
 - iv. With Cigna you will have access to the most comprehensive behavioral health services available which include MERU Health, TalkSpace and Happify.
 - v. With Cigna, you will have access to virtual visits for both medical and behavioral issues, so you can get the quality care you need anytime – day, night, and weekends.
 - vi. With Cigna, you will have access to a 24/7 customer service line that provides “white glove” assistance all day, every day.
 - vii. Cigna's “Personal Health Team” is staffed by professionals who are trained in Denver University’s’ culture, unique employee population and benefits strategy. This solution combines digital technology with personalized customer service and clinical support to help you take control of your health and help you make health care decisions
2. How will the transition impact my physician relationship?
 - a. With Cigna, you will have access to a larger network of physicians and will be able to select the one that offers the most convenient care for you and your family. This network does not include Kaiser’s doctors so you will need to locate a new physicians on Cigna’s LocalPlus plan. Cigna’s tools, resources and customer service representatives will provide helpful information throughout the process such as patient reviews, cost and quality rating and years in practice to make selecting the best Primary Care Physician or Specialist.
3. How will the COVID-19 pandemic impact my ability to get care with Cigna?
 - a. We are finding that over the past year, people are accessing care less than before the pandemic or choosing virtual options which actually makes the process of accessing a provider easier than before the pandemic. You should not have any problem getting an appointment with your new Cigna providers. Also, there are several different options for care, you can see your provider in-person, use our Virtual Care options with MDLive, or call our 24/7 nurse line at any time.
4. How do I go about finding a new provider in the Cigna network?
 - a. Before 7/1, you can go to Cigna.com to look for a provider in the LocalPlus network, or you can call one of our advocates at the pre-enrollment line 24/7, and they are happy to assist with your search.
5. Do I have to designate a PCP with my new Cigna plan?

- a. While we always recommend that you have a PCP to act as the “quarterback” of your care, it is not required under your new Cigna plan. You can now see a specialist prior to meeting with a PCP.
6. Do I have to get a referral to see a specialist?
 - a. No- you do not need a referral to see a specialist in the Cigna LocalPlus network. Go to myCigna.com or call the number on the back of your ID card for help finding an in-network provider.
7. I’ve heard that Cigna offers more network access than Kaiser but exactly what type of providers can I see?
 - a. Primary Care Provider (PCP)
 - b. Specialists
 - c. Cigna Virtual Care (medical, behavioral and wellness visits)
 - d. Convenience Care Clinics
 - e. Urgent Care
 - f. Emergency facilities (in the case of a true emergency)
 - g. National lab networks such as Quest and LabCorp
 - h. Free-standing facilities for services such as radiology and outpatient surgery
 - i. National retail pharmacies such as King Soopers, Safeway, CVS, Costco, Walmart, Walgreens, etc.
 - j. Express Scripts Home Delivery Pharmacy
8. What can I do before the new Cigna plan goes into effect?
 - a. Find a new PCP- again, this **is not** required but we always recommend it!
 - b. Find any specialists you may need for your ongoing care.
 - c. Get a 60-90 day fill for your daily/maintenance medications from your Kaiser network provider, and request a copy of your prescription from your doctor so you’re ready to go on 7/1/2021.
 - d. Know what pharmacies are in the Cigna network (you can find these on Cigna.com prior to 7/1 and at myCigna.com starting 7/1).
 - e. Call Kaiser or go online to request your medical records, so you can share those with your new PCP.
 - f. If needed, apply for Transition of Care for ongoing acute treatment before July 30th. (see the section on Transition of Care below)
 - g. Call the Cigna Pre-Enrollment Line 24/7 for questions about your plan options and coverage, or for help finding an in-network provider or pharmacy.
9. How soon do I need to see my new Cigna provider?
 - a. That is up to you and your personal health situation. If you have prescriptions expiring soon or are under treatment for a condition, you will want to make an appointment soon after the start of the plan year. If you just need to make an appointment for an annual physical, you can go at any time!
10. I’ve already received care in 2021, will my deductibles and OOP maximums be transferred to Cigna?
 - a. Yes, Cigna will be crediting the portion of your deductibles and OOP maximums you have already met for 2021.

11. What hospital systems in Colorado are included in LocalPlus?
 - a. Front Range:
 - i. Boulder Community Health
 - ii. Centura Health
 - iii. Children's Hospital Colorado
 - iv. Craig Hospital,
 - v. Denver Health Medical Center
 - vi. HealthONE,
 - vii. National Jewish Health
 - viii. SCL Health System
 - ix. UHealth
 - b. Mountain (Eagle Routt & Summit Counties):
 - i. Centura
 - ii. St. Anthony Summit Medical Center
 - iii. UHealth Yampa Valley Medical Center
 - iv. Vail Valley Medical Center
 - c. West (La Plata, Mesa & Montezuma Counties):
 - i. Animas Surgical Hospital
 - ii. Centura Mercy Regional Medical Center
 - iii. Southwest Memorial Hospital
 - iv. St. Mary's Medical Center
12. When will we have access to information showing the details of our new benefits and the premium we will be paying?
 - a. Details about your plan design as well as your monthly premium will be available at Cigna's enrollment meetings which begin in May.
13. Cigna's network is so much bigger than Kaiser's, what resources will I have to help navigate it?
 - a. Prior to July 1st:
 - i. Cigna will provide you access to their One Guide pre-enrollment line, this resource will help you with the following:
 1. Easily understand the basics of health coverage
 2. Identify the types of health plans available to you
 3. Find in-network doctors that you can utilize
 4. Get answers to other questions you may have about the plans or provider networks available to you
 - ii. You will have access to Cigna.com where you can find in-network providers and confirm who is accepting new patients
 - iii. Cigna will host enrollment meetings where detailed information about your transition process will be provided
 - b. After July 1st:
 - i. Cigna's One Guide service will be there to guide you through the health care system.
 1. Cigna One Guide service provides personalized assistance to help you:
 - a. Resolve health care issues
 - b. Save time and money

- c. Get the most out of your plan
 - d. Find hospitals and health care providers in your plan's network
 - e. Get cost estimates and avoid surprise expenses
 - f. Understand your bills
 - ii. You will have access to a personalized MyCigna.com page that will provide a complete view of your healthcare plan and services. These include the ability to:
 - 1. Manage and track claims
 - 2. View ID card information
 - 3. Find doctors and compare cost and quality ratings
 - 4. Access medical and behavioral health Virtual Care providers
 - 5. Review your coverage
 - 6. Track your account balances and deductibles
 - 7. Compare prescription drug prices at thousands of pharmacies in our network
 - c. Will Cigna exclude services based on pre-existing conditions?
 - i. No, Cigna will not exclude services based on pre-existing conditions
 - d. Will we have an HSA compliant plan to elect?
 - i. Yes, you will be able to enroll in an HSA qualified plan
 - e. How will I get my ID Card?
 - i. ID Cards will be mailed to your home. Also, you will be able to access electronic ID Cards via the MyCigna.com app.
 - f. Does Cigna's plan include coverage of annual Preventive Exams at no cost?
 - i. Yes, Cigna's plan includes no cost preventive visits. Please visit MyCigna.com or call your One Guide specialist for additional details on the preventive services you are eligible for.
14. I need to verify if my current prescription is covered, where can I view Cigna's current formulary?
- a. Cigna's list of current medications is posted on the University of Denver's employee portal. If your medication is not showing on the formulary list please call their pre-enrollment line to verify whether it is covered.
15. I am looking for a provider that can offer multiple services at one location, is this available on the Cigna plan.
- a. Cigna partners with large medical providers such as HCA, Centura, UCHHealth, etc. Many of these organizations offer multiple services in one location to streamline your experience. When making an appointment with a Primary Care Physician, you can verify what procedures they can handle onsite.
16. Will procedures like MRIs and mammograms based off genetic screenings be covered by Cigna?
- a. Yes, these will be covered based on medical necessity.
17. If I need to utilize an Out-of-Network facility in an emergency situation will my claims be covered?
- a. Yes, .Emergency Services are covered at the In-Network cost-sharing level if services are received from a non-participating (Out-of-Network) provider.
18. Does Cigna offer coverage if I am traveling outside of the United States?

- a. When traveling outside of the country, Cigna provides coverage for emergency care. Since you will not be utilizing Cigna contracted providers, services will be paid for at the time of service. To receive reimbursement, you just need to submit proof of payment and description of what occurred with the itemized statement from the treating provider/facility.
19. Will we need to provide our new physicians our medical records?
- a. Yes, once you decide on a physician to partner with you should provide them with your medical records. These can be obtained from Kaiser.
20. If I have an urgent situation that is not an emergency, can I see a provider the same day?
- a. Cigna provides access to a robust network of Urgent Care Centers which can be utilized for urgent (but not emergency) same day care. For less severe situations, you can also access contracted Minute Clinics, Virtual Care Providers or Cigna's click-to-chat nurse feature. Also, many Cigna contracted physicians offer same day virtual or in-person appointments for urgent situations.
21. What is the best way to confirm which providers offer the best care?
- a. Cigna distinguishes their highest-quality physicians with the following
 - i. Cigna Care Designation recognition
 - ii. Cost Efficiency Ratings
 - iii. Positive member reviews
 - b. All of these can be found on MyCigna.com after July 1st. Prior to July 1st, you can view Cigna Care Designations via Cigna.com
22. What are the steps to get a Covid-19 test?
- a. Testing can be ordered by your PCP or via an MDlive telehealth visit, Cigna's network providers will send you to a network laboratory that is performing this testing. You can also order a test kit from Labcorp via a direct link on mycigna.com. Testing is offered if a member has been exposed to someone with Covid-19 or is showing symptoms of the disease.
23. Will we have to use a mail order service, such as Express Scripts, for our prescriptions?
- a. Outside of Specialty Medications, you will not have to use mail order services for your prescriptions if this is not preferred. You will have the option to use the Express Scripts mail order service or you can order a 90 day supply from one of Cigna's 90-day network retail pharmacies. Mycigna.com will provide a listing of 90-day pharmacies near you or you can call Cigna's One Guide service line.
24. Do I have to get a referral to see a specialist?
- a. Cigna's plans do not require a referral to see a specialist.
25. Are home IV services covered under Cigna's plan?
- a. Yes, home IV services are covered under Cigna's plan, your doctor will work with Cigna to obtain authorization.
26. Does Cigna offer contraceptives at no cost?
- a. Yes, Cigna covers contraceptive devices and drugs listed on the formulary at 100%.
27. If I have identified a LocalPlus physician that I want to utilize moving forward, can I begin the process of transferring over my medical records now?
- a. Once you have selected a network provider you would like to use, the switch of your medical records can be handled at any time with their staff.

28. In what ways will Cigna's Behavioral Health Programs help me and my family?
 - a. If you or a loved one has been diagnosed with a behavioral health condition, Cigna's Behavioral health programs can help you manage your health issues before they become more serious. You will have access to a personalized experience based on your needs or the needs of your family. Cigna's behavioral services will work to engage you to assist and motivate you to achieve your goals, and make informed decisions about the issues affecting your life. Additionally, Cigna's behavioral resources can help you find in-network providers, connect you with coaching services and provide educational or other available resources as it relates to your behavioral health condition.
29. Does Cigna offer EAP services?
 - a. With the Emotional Well-Being Program included in Cigna's behavioral health platform, you will have access to three free sessions per issue per year with an EAP counselor in addition to your standard outpatient benefits.
30. Are Cigna's virtual partnerships (Talkspace, Meru Health, etc) and other behavioral health apps covered under Cigna plans or available for additional fees?
 - a. Those enrolled in Cigna's plan will have access to digital vendors Happify and iPrevail at no extra cost. Cigna's virtual provider relationships (Talkspace, Meru Health, Ginger, etc.) are now included in Cigna's provider network. As a Cigna member, you will not be responsible for the subscription costs associated with these platforms. You will only be responsible for the costs associated with the therapeutic services using your outpatient behavioral health benefits.

Cigna: Transferring Your Prescriptions

1. I am on a maintenance medication- how do I get that transferred to Cigna?
 - a. Just call the number on the back of your Cigna ID card and we are happy to help switch your prescription over to our Express Scripts Home Delivery Pharmacy and send you a 90-day supply of your maintenance medication.
2. What do I do if my prescription is expiring soon?
 - a. Make sure you get one last fill (90 days if possible) with Kaiser before starting your new plan with Cigna.
 - b. You will also need to contact your new PCP- it's likely you will need to make an appointment. Let your PCP's office know that you have a prescription expiring when making the appointment so they can get you in as soon as possible.
3. How can I confirm what medications will be covered under my new plan?
 - a. Members will be provided a link that shows what medications are included on Cigna's plan and how they are covered.

Cigna: Transition of Care

1. With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with your current Kaiser provider at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network provider or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your medical plan. You must apply no later than 30 days after the effective date of your coverage.
 2. Transition of Care applies to treatments currently being utilized that must finish their course of care with the current physician. These include:
 - a) Pregnancy in the second or third trimester at the time of the plan **effective date** or of the health care provider termination.
 - b) Pregnancy is considered *high risk* if mother's age is 35 years or older, or patient has/had:
 - Early delivery (three weeks) in previous pregnancy.
 - Gestational diabetes.
 - Pregnancy induced hypertension.
 - Multiple inpatient admissions during this pregnancy.
 - c) Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
 - d) Trauma.
 - e) Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
 - f) Recent major surgeries still in the follow-up period, that is generally six to eight weeks.
 - g) Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
 - “**Active treatment**” is defined as a provider visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care provider's termination date.
 - h) Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).
 - i) Behavioral health conditions during active treatment.
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1. Cigna makes the process of transitioning care easy, just complete the non-clinical portion of our transition of care form and have your Kaiser doctor fill out the rest. You or your physician can then send the document to Cigna for approval
 - a. Cigna will provide the Transition of Care form during your Open Enrollment meetings, through their website and via their pre-enrollment line.

New York Life: Health Advocacy & Integration

Which of Health Advocate's programs does New York Life offer?

We offer two (2) programs included in our offering - **Core Advocacy™** (Health Advocate's flag ship) and (the usually optional) **Medical Bill Saver™**.

Core Advocacy services assist members in three primary areas:

- Benefit/Administrative – what is covered, sorting out claim issues/grievances
- Clinical – finding information, identifying providers/specialists/centers of excellence
- Financial – cost estimating, fee negotiation, reviewing medical bills

Medical Bill Saver assists a customer anytime they have a medical bill over \$400 not covered by their insurance in the following ways:

- Bill investigation for plan coverage, coding and that the charges are correct
- A negotiation team will work with all providers to get a discount
- Expedites rapid payments to providers, helping generate larger discounts
- Educates the customer about covered and non-covered services
- Encourages smart decisions about healthcare

DU has an EAP inforce today with CuraLinc/SupportLinc. Can NYL refer employees into those services?

Yes – New York Life is able to refer individuals to additional work/life support resources w/in DU's EAP offering as needed. Referrals to EAP and/or Cigna Health Coaching services standardly take place during the Short Term Disability claim intake process. Disability Claim Managers and Nurse Case Managers may also point employees to additional resources to support an employee's full return to health and productivity as required.

Gallagher Responses to Remaining FAQs

1. Currently there is a benefit for employees in which DU pays for part of Kaiser Medicare Advantage when employees retire. Will this continue with Cigna or do we lose that benefit?
 - a. It is the University's intent to continue to support our retirees. The Medicare Advantage plans renew each year in January while our Active Employee plans renew in July. Kaiser will continue to administer the Senior Advantage plan going forward, and we are actively working to determine if we will be able to offer a similar plan through Cigna as well.
2. What is the University of Denver's benefit plan year?
 - a. The University Benefit Plan year runs from July 1st through June 30 each year. The Open Enrollment for benefits is regularly held during the month of May.
3. Will I need to sign up or enroll in the new benefit programs? (Medical, Dental, Life Vision, etc.)
 - a. Yes. This year's open enrollment is an ACTIVE Enrollment which means that you must enroll or waive each line of coverage offered whether it be medical, dental, life, AD&D, Critical Illness or Accident, or other offerings. Failure to elect coverage will result in no coverage
4. Who will be our EAP program in the upcoming benefit plan year?
 - a. SupportLinc is your current EAP program and it will continue to be in the new upcoming benefit plan year.
5. What happens if during this year's open enrollment process we decide to waive our current medical coverage or other lines of coverage?
 - a. If you decide to waive coverage during open enrollment, you will not be able to elect coverage until the following open enrollment period (in May of the following year) unless you experience a Qualifying Life Event as defined by the IRS. This year is the only opportunity you will have to increase your Life Insurance coverage up to without having to submit Evidence of Insurability. If you do not elect this year you will need to go through medical underwriting for future elections.
6. What will be the last day we can obtain services through Kaiser (Office Visits, Rx prescriptions etc.)?
 - a. June 30th 2021 will be the last date for services other than those specific services that a request and approval of Transition of Care has been granted.
 - b.
7. How many years is our committed relationship with Cigna?
 - a. There are no committed period of time. The relationship is on a year to year renewal basis just as the previous relationship with Kaiser, although we do have a two year pricing commitment from Cigna.
8. What are the Flexible Benefit Saving (FSA) Plan options?

- a. The FSA programs are offered through the current administrator, Rocky Mountain Reserve (RMR). If you are enrolled in a High Deductible Health Plan and are using a Health Savings Account (HSA) then you are only eligible for a “limited FSA” as these are qualified pre-tax programs and you can only cover medical expenses under one account or the other (HSA or FSA). However all other eligible benefits may be covered under the limited FSA” when in a High Deductible HSA such as eligible dental and vision expenses. Dependent Day Care expense programs are available to all eligible participants regardless of the medical plan chosen.
9. What do I need to do if I want to add my spouse to the plan and will the premium for that additional dependent be withdrawn through payroll deductions?
- a. If you choose to add a spouse or a dependent for the 7/1/2021 plan year you will be able to add them to your open enrollment during the May open enrollment period. The premiums for the new deductions will be withdrawn through regular payroll deductions.