

Benefits Enrollment FAQ

Open Enrollment – General Questions

- 1. When will the Open Enrollment recordings and transcripts be available?**
 - a. All Open Enrollment recordings and transcripts will be available approximately 24-48 hours after the enrollment meeting has ended. Once these have been uploaded, these will be available on the Open Enrollment page at [HRIC Open Enrollment | Human Resources | University of Denver \(du.edu\)](#) under **Additional Resources**.

- 2. Is there a highlight/summary document of any/all changes to the benefit offerings for this Open Enrollment?**
 - a. Yes, this information is located in the University's benefit guide. Please see the benefits page at [HRIC Open Enrollment | Human Resources | University of Denver \(du.edu\)](#) for reference.

- 3. What are the best resources for asking questions about the plans?**
 - a. Questions about a Cigna plan?
 - i. If you are interested in learning more about the Cigna plan offerings, finding the right doctor, lab, pharmacy or convenience care centers, Cigna has live support available through their Pre-Enrollment line by calling 888-806-5042.
 - b. Questions about a Kaiser plan?
 - i. If you are interested in learning more about the Kaiser plan offerings or questions around transitioning your care from Cigna to Kaiser, you have access to live support through Kaiser's New Member Support Connect team by calling 844-639-8657 from Monday through Friday from 8:00 a.m. to 5:00 p.m. You can also email UniversityofDenver@kp.org with your questions.
 - c. Questions on how to enroll?
 - i. During open enrollment, benefit specialists with the University are available to meet in person to answer your questions. You may drop by the Mary Reed Building, Room 403 from 9:00 a.m. to 4:00 p.m., Monday through Friday from May 1st through May 15th. No appointment needed.
 - ii. You can also email benefits@du.edu or call 303-871-7420.
 - d. After open enrollment?
 - i. You may reach out to the University Benefits team at benefits@du.edu or call 303-871-7420
 - ii. You may also reach out to the Benefit Advocate Center which can help you find an in-network provider, provide the differences between the benefit offerings, and claim assistance. You can call 833-355-8939 or

email bac-duadvocates@ajg.com Monday through Friday from 7:00 a.m. to 5:00 p.m.

4. Is there a separate document comparing the Cigna plans to each other, and then the KP plans to each other?

- a. Yes there is. This is located in the Benefit Guide which is posted out on the benefits page at [HRIC Open Enrollment | Human Resources | University of Denver \(du.edu\)](#).

5. Who should I contact if I have questions around continuation of care with Cigna?

- a. If you are currently on a non-Cigna medical plan and are looking to move to the University's plan with Cigna, you may be able to access Transition or Continuity of Care. These programs allow you to receive care with healthcare providers that are not in Cigna's network at the in-network coverage levels (deductibles, copays, coinsurance, etc.).

For Transition of Care, you must apply for this program with Cigna no later than 30 days after the effective date of your coverage.

For Continuity of Care, you must apply for this program with Cigna no later than 30 days of your current healthcare provider's termination date (this is the date you are leaving your plan's network).

For more information, please visit Cigna website at [transition-of-care-individual-and-family-plans.pdf \(cigna.com\)](#) or calling 800-244-6224.

6. Who should I contact if I have questions around continuation of care for Kaiser?

- a. If you are on a non-Kaiser medical plan and are looking to move to the University's Kaiser plan offerings, you have access to reach out to Kaiser's New Member Connect team as well as the Kaiser PLUS benefits available through both the DHMO and HDHP plan offerings.

For more information on Kaiser's New Member Connect team and Kaiser's PLUS benefits on the Kaiser medical plans, please see the [Kaiser General Questions](#) section this document.

7. Who should I contact if I have questions about accessing services with Kaiser immediately after July 1st (pharmacy, urgent care, etc.)?

Once you are signed up for coverage through Kaiser, Kaiser's New Member Connect team will reach out to you directly to discuss your transition of care, set up your provider appointments, and help you with refilling your prescriptions at a local Kaiser pharmacy.

You can also reach out to Kaiser by calling 303-338-3800 or by visiting www.kp.org.

8. How do I access the formularies for all of the plan offerings (Cigna and Kaiser)?

a. Cigna

- i. Cigna houses their formulary lists on their website at [Prescription Medications Covered by Your Health Plan | Cigna Healthcare](#)

Select "Drug Lists for Employer Plans"

Select "Cigna Standard Prescriptions Drug List" → 4 Tier (all specialty medications covered on Tier 4).

b. Kaiser

- i. The Kaiser formulary list is housed on www.kp.org. Generally, this is updated on a yearly basis but can change periodically due to government mandates, etc.

Benefits Plan Year Change – General Questions

1. What do you mean when you say "benefits plan year change"?

The University of Denver currently runs their benefits plan year from July 1st to December 31st however our medical deductibles, medical out-of-pocket maximums, and dental benefit maximums accumulate on a calendar year basis (January 1st to December 31st). To better align with our deductible and out-of-pocket maximum accumulators, we are moving our benefits plan year effective January 1, 2025.

2. Will I need to enroll in benefits again? If so, when will I have the opportunity to do so?

Yes, you will have the opportunity to enroll in benefits again in October 2024. This open enrollment will be a passive enrollment meaning your current benefit elections will rollover to the new plan year that begins on January 1, 2025, and continues until December 31, 2025.

3. What is going to happen to my deductibles, out-of-pocket maximums, and other benefits (FSA, HSA, etc.)?

Your deductibles and out-of-pocket maximums will continue to accumulate on a calendar year basis.

The FSA and HSA accounts will also continue on a calendar year basis. Note: you must always re-elect these amounts during open enrollment EVERY year.

Cigna: General Questions

- 1. Do I have to designate a PCP with my 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.

- 2. 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.

- 3. 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 Safeway, CVS, Costco, Walmart, Walgreens, etc.
 - j. Express Scripts Home Delivery Pharmacy

- 4. What can I do before my Cigna plan goes into effect?**

- a. Find a Primary Care Physician - 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 current network provider and request a copy of your prescription from your doctor so you're ready to go on 7/1/2024.
- 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 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.

5. How soon do I need to see my 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!

6. 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. UCHealth
- b. Mountain (Eagle Routt & Summit Counties):
 - i. Centura
 - ii. St. Anthony Summit Medical Center
 - iii. UCHealth 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

7. 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 is available now on the benefits webpage.

8. What resources are available with Cigna before I enroll in benefits and after?

a. Prior to July 1st, 2024:

- i. Cigna will provide you access to their One Guide pre-enrollment line at 888-806-5042; 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 www.myCigna.com where you can find in-network providers and confirm who is accepting new patients.

b. After July 1st, 2024:

- i. Cigna's One Guide service at 888-CIGNA24 (888-244-6224) 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 www.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.

9. Will Cigna exclude services based on pre-existing conditions?

- a. No, Cigna will not exclude services based on pre-existing conditions.

10. Will we have an HSA compliant plan to elect?

- a. Yes, you will be able to enroll in an HSA qualified plan. NOTE: The deductible and out-of-pocket maximum amounts on this plan have increased to \$1,600 for individual and \$3,200 for family coverage due to IRS regulations.

11. How will I get my ID Card?

- a. ID Cards will be mailed to your home. Also, you will be able to access electronic ID Cards via the MyCigna.com app.

12. Does Cigna's plan include coverage of annual Preventive Exams at no cost?

- a. 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.

13. 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.

14. 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, CommonSpirit (formerly known as Centura), UCHealth, 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.

15. Will procedures like MRIs and mammograms based off genetic screenings be covered by Cigna?

- a. Yes, these will be covered based on medical necessity.

16. 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.

17. 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.

18. 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.

19. 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 at www.cigna.com.

20. 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.

21. Do I have to get a referral to see a specialist?

- a. Cigna's plans do not require a referral to see a specialist.

22. 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.

23. Does Cigna offer contraceptives at no cost?

- a. Yes, Cigna covers contraceptive devices and drugs listed on the formulary at 100%.

24. 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.

25. 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.

26. 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. You must be enrolled in a Cigna medical plan to take advantage of this benefit.

27. 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 to Kaiser Transition: General Questions

1. If I've already received care in 2024 with Cigna, will my deductibles and out-of-pocket maximums be transferred from Cigna to Kaiser?

- a. Yes, Kaiser will be crediting the deductibles and out-of-pocket maximum amounts that you have already met from January 1, 2024 to June 30, 2024 to your new plan with Kaiser.

Please Note: Deductible and Out-of-pocket Maximum credits are only available if you are moving from the University's Cigna medical plans to the University's Kaiser medical plans. If you are currently enrolled in a non-DU medical plan (i.e., spouses' or parents' plan), your deductible and out-of-pocket maximum amounts will begin to accumulate on July 1, 2024.

2. Will my deductibles and out-of-pocket maximums that have been transferred from Cigna to Kaiser show up automatically in the system on July 1, 2024?

- a. No, they will not show up in Kaiser's system automatically on July 1, 2024. Due to claims processing, it usually takes approximately 1-2 months before Kaiser will receive those amounts to credit to your profile.

3. What if I notice that the wrong deductible and out-of-pocket maximums have been applied to my new Kaiser plan?

- a. If you notice an error with your deductible and out-of-pocket maximum amounts after they have been applied to your Kaiser account, please reach out to universityofdenver@kp.org.

Kaiser: General Questions

1. Are the medical plans offer to me outside of Colorado?

- a. The University has made the decision to offer the Kaiser plan to individuals that live and work within the state of Colorado. As we continue to make care accessible to all DU members, we will continue to discuss and re-evaluate during the next renewal period.

2. What if I need care while I'm away from home, or outside of Colorado? Will I have options available?

- a. Yes. We know that the last thing anyone wants to worry about while traveling for work or on vacation is how to get good health care if they need it during their trip.

To take the hassle out of finding care while traveling outside of Colorado if you, Kaiser offers Away From Home care. Kaiser partners with Cigna PPO Network Providers, MinuteClinics (including pharmacies), and Concentra clinics to offer urgent or emergency care anywhere around the globe.

If you need helping finding care or learning what's covered while you're away, contact Kaiser's Away From Home Travel Line at 951-268-390 or visit kp.org/travel.

3. I have a child in college out of state. Can they get care with Kaiser Permanente?

- a. Yes, members are covered for urgent and emergency care anywhere. And the Out-of-Area Benefit covers eligible dependents up to age 26 for certain routine and follow-up care outside of a Kaiser Permanente state, including up to:
- i. 5 office visits
 - ii. 5 diagnostic X-rays
 - iii. 5 prescription drug fills
 - iv. 5 physical, occupational, or speech therapy visits (combined total)

4. Are there urgent care facilities available? How is that handled with coverage at hospitals outside Kaiser Permanente?

- a. Kaiser Permanente has many urgent care options. Please refer to the map and locations section available on kp.org/locations. If you have an urgent care need, call Kaiser at 303-338-4545 or 800-218-1059 (TTY 711) for medical advice at any time. Kaiser can help you determine what type of care is most appropriate or help you schedule an appointment. Most locations have extended hours, and Kaiser offers 24/7 phone and video visits.

Additionally, Kaiser covers urgent care at home through DispatchHealth, seven days a week. This service is available for members who live in the Denver/Boulder area, or Longmont.

5. What are the Kaiser PLUS Benefits?

- a. With the addition of Kaiser as a dual-carrier option, the HDHP and DHMO plans include a PLUS member benefit. This allows DU members to see any licensed

provider, anytime up to a set number of visits of covered outpatient medical services each year. Also, included is the coverage when filling prescriptions at non-Kaiser Permanente pharmacies.

- b. The benefits include:
 - i. Up to 20 PLUS service visits and 10 Prescription fills.
- c. There are different costs associated with each plan if you decide to use a non-Kaiser provider or pharmacy:
 - i. DHMO Plan:
 - 1. Primary Care Copay: \$40 Copay
 - 2. Specialty Care: \$60 Copay
 - 3. Coinsurance for other services: 30% after deductible
 - ii. HDHP Plan:
 - 1. All services covered at 20% coinsurance after deductible.

6. How Long Do I have Access to Kaiser PLUS Benefits?

- a. Employees who join the Kaiser plans will have access to the Kaiser PLUS benefits from July 1, 2024 through December 31, 2024. These benefits will then reset on January 1, 2025, where Kaiser members will get an additional 20 PLUS services and 10 prescription fills from January 1, 2025 through December 31, 2025.

7. What should I do before/after enrolling in a Kaiser plan?

- a. Before you enroll in a Kaiser plan, it is recommended that you reach out to Kaiser's New Member Connect team by emailing UniversityofDenver@kp.org. They can help answer personalized questions about care options and your transition.
- b. After you enroll, you can reach out to the New Member Connect team to help you choose a Kaiser doctor, transition your current prescriptions, set up your kp.org account, download the mobile app, and much more. You can reach them at 844-639-8657 any time Monday through Friday, 8 a.m. to 5 p.m.

8. How do I get my current prescriptions?

- a. Employees that are interested in enrolling in the new Kaiser plans can reach out to Kaiser's New Member Contact team at 1-844-639-8657 (TTY 711). They'll help you schedule a pharmacy transition appointment as soon as possible.

It is also recommended that you get prescription filled one last time by your current provider. That way, you'll have your medication as you transition to Kaiser.

9. **What will happen to my own or my family member's medical record?**
 - a. Your Kaiser Permanente doctor will review your medical records to decide what information should be transferred to you or your family member's KP medical record.
10. **Where is the closest Kaiser Permanente medical office?**
 - a. Visit kp.org/locations to search for the closest Kaiser Permanente location to you.
11. **How can I get help with my transition?**
 - a. Kaiser's New Member Connect Team will call you after you've received your medical record number. This is usually 2-3 weeks before your coverage start date. If they are unable to reach you, they will leave a message.

Kaiser: Questions for returning members.

1. **Can I still access my kp.org account? And will my medical history be there?**
 - a. If you are a returning member, you will still have access to your kp.org account and online medical history. Your medical record will be the same, so you don't need to wait for your new ID card to sign in. And if you have trouble getting started online or changing your password, the New Member Connect team will be there to help.
2. **Can I see the same Kaiser Permanente clinician?**
 - a. If you'd like to get care from the same clinician you had in the past, visit kp.org/locations. You can search for your previous care team members and check their availability. You can also call the New Member Connect team to get help connecting with your previous clinicians.