

Open Enrollment FAQ

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 1 to December 31 however our medical deductibles, medical out-of-pocket maximums, and dental benefit maximums accumulate on a calendar year basis (January 1 to December 31). 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 accounts will also continue on a calendar year basis. Note: you **must** always re-elect these amounts during open enrollment EVERY year.

The HSA accounts can be changed at any time.

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. If I’ve already received care in 2024 with Cigna, will my deductibles and out-of-pocket maximums be transferred when reenrolling in Cigna?

- a. Yes, Cigna will credit 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 Cigna

3. 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.

4. 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

5. 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 July 1, 2024.
- d. Know what pharmacies are in the Cigna network (you can find these on www.Cigna.com prior to July 1 and at www.myCigna.com starting July 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.

6. 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!

7. 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

8. 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 premiums are available now on the [Open Enrollment](#) webpage.

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

- a. **Prior to July 1, 2024:**
 - 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 www.myCigna.com where you can find in-network providers and confirm who is accepting new patients

b. After July 1, 2024:

- 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 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

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. 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.

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 www.myCigna.com or call your One Guide specialist for additional details on the preventive services you are eligible for.
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- 10. 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.
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- 11. 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, 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.
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- 12. Will procedures like MRIs and mammograms based off genetic screenings be covered by Cigna?**

 - a. Yes, these will be covered based on medical necessity.
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- 13. 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.
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- 14. 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.

15. 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.

16. 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 www.myCigna.com after July 1. Prior to July 1, you can view Cigna Care Designations via www.Cigna.com.

17. 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.

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

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

19. 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.

20. Does Cigna offer contraceptives at no cost?

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

21. 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.

22. 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.

23. 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.

24. 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.
- 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. Please send an e-mail to UniversityofDenver@kp.org.

Kaiser: General Questions

- 1. Are the medical plans offered 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 help 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. 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. **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.
- 7. 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 prescriptions filled one last time by your current provider. That way, you'll have your medication as you transition to Kaiser.
- 8. 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.
- 9. Where is the closest Kaiser Permanente medical office?**
 - a. Visit kp.org/locations to search for the closest Kaiser Permanente location to you.
- 10. 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.