



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 [HR | Open Enrollment | Human Resources | University of Denver \(du.edu\)](https://hr.u Denver.edu) under Additional Resources.

2. Is there a



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

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4. Is there a separated document comparing the Cigna plan to each other, and then the KP plan to each other?
 - a. Yes there is. This is located in the Benefit Guide which is posted out on the benefits page at [HRIOpenEnrollment| HumanResources\\$ Universityof Denver\(du.edu\)](http://HRIOpenEnrollment|HumanResources$UniversityofDenver(du.edu))
5. Who should I contact if I have a question? WTI9|gBMc #5FI9|gBTd ()3 0-006 Tc 026e022 m 0 Tc On. (



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](https://www.cigna.com/healthcare/prescription-coverage)

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 Local Plus 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. Freestanding 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?



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 OneGuide 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 plan or provider networks available to you.

ii. You will have access to [www.illinois.gov/health](#) ()Tj5 Tw 0.22 0 Tw 1.75 05o(s)JTJ 9r0 Td ()Tj1Tj 0-m.87



6. Track



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.

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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 Permanent 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 help center for assistance. [New Member Connect help center](#)

