

New Medical Benefits for State Employees



Frequently Asked Questions (FAQs)

These Frequently Asked Questions (FAQs) have been developed to assist executive directors, deputy executive directors, human resources directors, supervisors, and all state employees in the transition of medical benefits from UnitedHealthcare to Cigna as one of the State's medical insurance providers.

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General Benefit Questions

1. **When will benefits administrators begin communicating to us about open enrollment? Will there be a benefits guide?**
Your benefits administrator(s) will begin communicating in April. You can view the Employee Benefits Guide, which summarizes the available plans, [here](#).

2. **Where can I find information about the copays, deductibles and out of pocket amounts?**

This information is available in the Employee Benefits Guide, [here](#). You can also visit www.stateofcoloradobenefits.com. Please review all of the plans and choose the plan that best fits you and your family.

3. **Will we just need one proof of insurance card, or will we need multiple proofs of insurance for different services?**

There will be a single medical card for Cigna or Kaiser Permanente, and an additional card for EyeMed, the vision insurance provider.

4. **What if I want to change medical insurance carriers?**

To switch insurance carriers simply elect the carrier you want when you pick your benefits in Benefits Solver at www.benefitsolver.com or download the My Choice app.

After you make your selection, you can contact your new insurance company, and they will help you gather any necessary medical records or information. You can visit this [page](#) for a complete list of contact information for State of Colorado providers.

Medical Benefit Changes

5. **What is new this year?**

Cigna will replace UnitedHealthcare and will be offered alongside Kaiser Permanente at this year's Open Enrollment.

- Cigna provides a better value for state employees by controlling costs, providing exceptional customer service and better clinical programs, and directing members to high-quality providers.
- Cigna's network is very similar to UnitedHealthcare's network. There are a few differences in doctors and hospitals between UnitedHealthcare and Cigna, but Cigna has the same, if not better accessibility to providers. You can see if your doctor is in Cigna's network through their [directory](#). If your doctor is not in the network then you can request for your doctor to be recruited into Cigna's network by filling out the [request form](#). The State will work with our dedicated resources at Cigna to try to recruit your doctor.
- During the transition to Cigna, Cigna will also provide members the option to receive services for specified medical and behavioral conditions with providers who are not in the Cigna network at in-network coverage levels. This transition of care is for a defined period of time and you must already be under treatment for a certain, qualifying condition.

All medical plans have been restructured to offer flexible coverage options to meet your financial and care needs.

- This year, both Kaiser Permanente and Cigna will offer a copay plan, an HSA qualified high deductible plan, and a new copay plan option, giving employees more choice with six total plan options. Benefits and premiums have changed so please review and compare plans carefully by reviewing the [Employee Benefits Guide](#) or going to www.stateofcoloradobenefits.com.

Paladina will continue to be offered for employees with Cigna and will build four new locations in 2020 to serve more employees.

- New clinic locations are located in Thornton, Greeley, Southwest Littleton, and Lowry/Stapleton. Affiliate locations will be located in Buena Vista/Salida, Montrose, Alamosa, and Durango in 2021. Employees with Kaiser will not have access to Paladina.

In response to employee feedback, we're introducing enhanced vision coverage for employees through EyeMed.

- When you elect one of the State's medical plans through Cigna or Kaiser Permanente, you are automatically enrolled in EyeMed's base vision plan at no additional cost to you. You will have the option to buy-up, giving you even more coverage for you and your family's vision needs.

Welltok (CafeWell) will no longer be the wellness vendor.

- The state will transition to Cigna's wellness platform which will be offered to both Kaiser and Cigna members. You will still be able to earn credits or wellness incentives and there will be more robust resources available.

The state will begin allowing your contributions to a Health Savings Account to be pre-tax.

6. Will there still be a High Deductible Health Plan and Copay Plan?

Yes. Both Kaiser Permanente and Cigna will continue to offer a copay plan and a high deductible plan. There will also be a new copay plan option for both Cigna and Kaiser, giving employees more choice. To review these options, please visit www.stateofcoloradobenefits.com or review the [FY 2020-21 Employee Benefits Guide](#).

7. What isn't changing?

The following providers will continue:

- Kaiser Permanente for fully insured health insurance;
- Paladina Health for primary care;
- BenefitSolver for the benefits administration system;
- Optum for pharmacy;
- Optum for Health Savings Account administration;
- Grand Rounds for second-opinion services;
- Delta Dental for dental;

- Securian/Minnesota Life for life insurance,
- Unum for disability insurance; and
- Discovery Benefits for Flexible Spending Account administration

8. How are life insurance or disability insurance affected?

There will be no changes to life insurance or short-term and long-term disability. Life Insurance will still be contracted through Minnesota Life Insurance dba Securian, and disability will still be contracted through Unum. You can still make changes to life and disability during Open Enrollment; however, if you choose not to make changes, your current election in these benefits will roll over from the previous year. Note that effective July 1, 2020, you will no longer need to use all your accumulated leave before utilizing short-term disability insurance after the 30 day waiting period.

9. Why is the State changing insurance providers?

The State Procurement Code requires us to solicit new vendors every five years to ensure we are providing the best value for State employees. Following a solicitation method, called an Invitation to Negotiate (ITN), the Evaluation and Negotiation Committee determined that Cigna's self-funded proposal was the most advantageous to the State and its employees. The ITN allowed the State to review vendor proposals and then negotiate the best possible prices, services, and increase value for State employees.

Overall, Cigna provided innovative solutions, which would control costs, direct members to high-quality providers, offer a higher level of customer service, and lead members toward the best possible solution for their health needs.

The Evaluation and Negotiation Committee also determined to continue with Kaiser for its fully-insured option. This model offers value to members so they only have to go to one provider for all stages of care.

10. How often is the state going to make us switch insurance? Will this ITN be the last one or will I be at risk of having to change insurance every year?

The State will have Cigna and Kaiser Permanente for the next five years. There is a small chance insurance could change in less than five years; however, this is very unlikely. The State Procurement Code requires us to solicit new vendors every five years, however, current vendors can win the contract again.

11. What is the tobacco surcharge? How does it work?

To help encourage employees to quit nicotine the State is implementing a \$75 per month tobacco surcharge. If an employee uses nicotine products then they can avoid paying the surcharge by committing to a **no cost** tobacco-cessation program which includes 1:1 coaching and nicotine replacement products.

If the employee decides not to use the tobacco cessation program then they will be charged \$75 per month for the FY 2020-21 plan year, beginning July 1.

You can learn more about the tobacco surcharge and questions specifically addressing this issue [here](#).

12. Will there be meetings to explain these changes?

Due to COVID-19, the Open Enrollment meetings held by your Benefits Administrators at your respective agencies will be canceled or held virtually, so look for additional information from your benefits administrators. Additionally, DPA will host their own live Open Enrollment meeting on April 23, which will be recorded. Based on the quality of the recording, we will plan to distribute the recording to agencies.

13. I heard Cigna is a self-insured plan. What does that mean and why does that matter to me?

In a self-insured plan, employees and the State pay premiums which go into a fund that we use to pay for medical expenses. Think of it like we're all putting money into a big pot and when someone gets sick they get to pull money out of that pot for their treatment.

This matters to you because we're not spending Cigna's money - we're spending money from the "pot" that we all share. Using high-quality, low-cost providers helps everyone by spending the money responsibly. If we can control our costs we can help control our premiums.

14. I heard Kaiser is a fully-insured plan. What does that mean and why does that matter to me?

In a fully-insured plan, employees and the State pay premiums that go directly to the insurer, in this case it's Kaiser Permanente. If Kaiser spends more than it took in for premiums then Kaiser bears that risk and loses money. However, if Kaiser spends less than it took in then Kaiser keeps the additional money.

This matters to you because if Kaiser loses money, premiums could increase in future years. So, it's still important to utilize the benefits with Kaiser wisely to help control our premiums.

Cigna

15. Will I need to change my doctor with Cigna?

This will vary depending on who your doctor is; however, Cigna's network is nearly identical to UHC's network. The State used industry-best practices to ensure the most employees possible will have the same access to primary care physicians, pediatricians, OB/GYNs, specialty services, and hospitals. There are a few differences

in doctors and hospitals between UnitedHealthcare and Cigna, but Cigna has the same, if not better accessibility to providers. You can see if your doctor is in Cigna's network through their [directory](#). If your doctor is not in the network then you can request for your doctor to be recruited into Cigna's network by filling out the [request form](#). The State will work with our dedicated resources at Cigna to try to recruit your doctor.

If you currently use Kaiser, then you will need to change your physician(s). You may select a new doctor through Paladina's [office listings](#) or through Cigna's [directory](#).

- 16. If my current primary care physician is in Cigna's network, will I have to designate them or will that information transition over to Cigna automatically?**
The plan does not require employees to designate a primary care physician. Just provide your physician your new insurance card on your next visit.
- 17. How often does Cigna update their physicians on their website?**
Cigna updates their physicians on their website every 24 hours.
- 18. Will my premiums be higher than my premiums with UHC? If so, by how much?**
Your premiums will be lower than your premiums with UHC. For instance, if you have a UHC high deductible health plan for an individual and elect Cigna's high deductible health plan for an individual, the premium amount under Cigna's individual HDHP will be lower than your current UHC premium. The deductibles, copays, and out-of-pocket maximums have changed so it is important to review those carefully, please see the employee Benefit Guide and microsite for more information.
- 19. If I have outstanding medical bills with UnitedHealthcare at the time of open enrollment, will I still have access to my account to pay them off after I switch providers?**
Members will have access to their myuhc.com account through June 30, 2021.
- 20. I have UnitedHealthcare coverage currently and I declared a Paladina doctor as my primary care provider. Will the switch to Cigna be seamless?**
Yes. Cigna has contracted with Paladina in the same way that UnitedHealthcare did. Paladina will continue to maintain your health records. You only need to show Paladina your new health insurance card.
- 21. I have UnitedHealthcare coverage currently and I have declared a primary care physician that is also in Cigna's network. Will the switch to Cigna be seamless, or will I have to declare my PCP with Cigna?**
The switch will be seamless. There is no requirement that you have to declare a PCP, but you are free to do so.

- 22. In the past, expenses paid toward the deductible in the last three months of the plan year have rolled over to the new plan. Will that happen this year as well?**
This provision only applies to employees who currently have a copay plan with UHC and who elect a copay plan with Cigna. Any expenses paid toward the deductible in the last three months of the plan year will count toward the deductible for the following plan year. This provision does not apply to any other expenses. In other words, if an employee has already met their deductible by March 31, this provision would not apply.
- 23. How has the State expanded accessibility for employees?**
Cigna will have better telehealth and virtual visit options. Cigna is providing the State with a list of providers who are out of network as well as a plan to incentivize those providers to join Cigna's network. If your doctor is not in the network then you can request for your doctor to be recruited into Cigna's network by filling out the [request form](#). Additionally, Paladina is working to build affiliate relationships with rural providers, and will expand its offering with four additional clinics.
- 24. Is Cigna insurance accepted at the same hospitals as UnitedHealthcare?**
Not necessarily. Different insurance companies have different contracts with different hospitals. For a complete list of hospitals in Cigna's network go to <https://hcpdirectory.cigna.com/web/public/consumer/directory/search>
- Enter your zip code and search for the provider type
 - Click on "Continue as a guest"
 - When asked to select a plan click "Open Access Plus, OA plus, or Choice Fund OA Plus"
- 25. How have you made my healthcare more convenient?**
Cigna will be offering a variety of virtual care options as well as a robust network of physicians and specialists. Additionally, [myCigna.com](#) features a click to chat function with a clinician should you have a question regarding your symptoms, care, or treatment location.
- 26. What if I'm currently in treatment for a medical condition?**
It is very likely your UnitedHealthcare physician is in-network with Cigna, which will make for a smooth transition in continuing your care. In the off chance this is not the case, you do have the ability to apply for transition of care to maintain care with your current provider at in-network rates for a set period of time.
- 27. What is Transition of Care?**
With Transition of Care, you may be able to continue to receive services for current specified medical and behavioral conditions with your current health care providers who are not in the Cigna network at in-network coverage levels. This can apply to

people transitioning from Kaiser to Cigna as well; however, your Kaiser physician may choose to not continue care. 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 July 30, 2020. For more information on Transition of Care and how to apply, please see the attached [brochure and request form](#).

28. How long do I have to apply for transition of care for Cigna?

You have until July 30, 2020.

29. What conditions qualify for Transition of Care?

The following conditions qualify for Transition of Care:

- Pregnancy in the second or third trimester at the time of the plan effective date (July 1) or of the health care provider termination.
- A high risk pregnancy. Pregnancy is considered high risk if the mother's age is
 - 35 years or older, or patient has/had:
 - Early delivery (three weeks) in previous pregnancy;
 - Gestational diabetes;
 - Pregnancy induced hypertension; or
 - Multiple inpatient admissions during this pregnancy.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period, that is generally six to eight weeks.
- 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.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).
- Behavioral health conditions during active treatment.

30. If I am in the middle of a treatment procedure, will Cigna accept the drug or treatment regimen I'm on?

Cigna is not responsible for the drug treatment regimens. OptumRX will remain the pharmacy benefits manager and their formulary will not change based on the new contracts. The State and the pharmacy benefits manager always work together to

provide medications based on best practices and clinical recommendations.

31. Will CafeWell still be offered? What type of wellness programs are offered through Cigna?

CafeWell will no longer be offered; Cigna will be the new wellness provider for those enrolled in both Cigna and Kaiser. The program will be based around improving your health and giving you the resources in order to do so. This includes telephonic and online coaching, free tobacco cessation programs (including nicotine replacement therapy), and being rewarded for preventive care. You will still be able to earn credits or wellness incentives and there will be more robust resources available.

Employees who take their Health Risk Assessment will be entered into a raffle for a \$100 Visa gift card. The State is giving away 200 gift cards, (total of \$20,000) to encourage you to take the Health Risk Assessment. We will hold three raffles and raffle ⅓ of the cards per raffle. If you finish your Assessment early then you will have more chances to win. (If you don't win the first raffle then you'll still be entered to win the second raffle and if you don't win the second raffle then you'll still be entered to win the third.)

Your credits in CafeWell through June 15, 2020 will be utilized for the discount in premiums up to \$20/month beginning July 1, 2020, so be sure to continue to utilize the CafeWell program for your wellness until the transition to Cigna.

32. My child is out-of-state part of the year, can I get coverage?

Yes, Cigna has coverage in all 50 states. You can find Cigna's national network options at Cigna.com. The Cigna network throughout the country is called the Open Access Plus network. Below are the steps to lookup providers prior to an effective date of July 1, 2020.

<https://hcpdirectory.cigna.com/web/public/consumer/directory/search>

- Enter your zip code and search for the provider type
- Click on "Continue as a guest"
- When asked to select a plan click "Open Access Plus, OA plus, or Choice Fund OA Plus"

See information about Kaiser Permanente's out-of-state coverage here:

<https://healthy.kaiserpermanente.org/colorado-denver-boulder-mountain-northern/get-care/traveling>.

33. I have had trouble transferring my health data from my previous insurance providers. Will anyone help get my records transferred from one carrier to the other?

Yes.

For Cigna members, Cigna's award-winning customer service team will assist employees with any transition like this. For pre-enrollment support such as transferring health data from previous insurance providers, we recommend employees contact the OneGuide pre-enrollment line at 888-806-5042, available until July 1, 2020. After July 1, employees can contact Cigna's general customer service number at 800-244-6224.

For Kaiser members, please contact the New Member Connect team at 1-844-639-8657 with questions/transition of care inquiries. KP's doctors and care teams will gather relevant medical history after speaking/meeting with the Member. If additional records are needed, the care team works with the Member to gather and upload the specific records.

Paladina Health

34. What is Paladina Health?

Paladina Health locations offer one-stop health shops to treat 80-90% of your health needs, including chronic conditions, preventive care, urgent needs, well-child care, routine health and wellness counseling, and more. Especially important for Cigna members who don't live near in-network facilities, Paladina offers a high quality, cost-effective, and time-effective primary care solution, saving you time and money.

35. Is Paladina still an option for employees moving to Cigna?

Yes. But Paladina is not an option for employees covered under Kaiser.

36. Does Paladina have a membership fee?

There is no membership fee to use Paladina. Preventative care is always free. Employees on Cigna's copay plans will have a \$0 fee for office visits. Employees on Cigna's HDHP will have a \$40 office fee until they hit their deductible. After hitting the deductible the fee drops to \$0.

All members of Cigna will be automatically enrolled in Paladina. Although you'll be automatically enrolled, you do not have to use Paladina's services or drop your current physician.

37. Where are Paladina's offices located?

You can see where Paladina Health clinics are located by visiting their [office listings page](#).

Kaiser Permanente

38. Will Kaiser remain an option for state employees?

Yes. The State will continue to offer Kaiser Permanente as a fully-insured plan. Kaiser's fully-insured option supports the State's values in offering employees choice, and fostering Primary Care Physician relationships.

39. Is there a place on the state website to view what zip codes are covered by Kaiser for state employees?

There is not a place on the state website to view what zip codes are covered by Kaiser for state employees. However, Kaiser's [Doctor Search page](#) can help state employees determine if their area is covered by Kaiser.

40. Will Kaiser be available in new areas?

We are unaware of any expansion plans for Kaiser.

41. Will Kaiser Permanente still be available to employees living in Fremont County?

Yes, Kaiser will be available to employees living in Fremont County and there are doctors who are in network in Fremont County, visit <https://healthy.kaiserpermanente.org/southern-colorado/doctors-locations#/search-result> for a list of providers. However, Kaiser is not building any free-standing Kaiser facilities in Fremont County.

42. Is Kaiser Permanente closing any other facilities?

Not that we are aware of at this time.

43. Will Kaiser be allowed to make changes during the plan year?

Kaiser will not make changes that affect more than 2% of the State's members during the plan year except that Kaiser may change its pharmacy formulary in the following ways: remove a brand name drug if a generic becomes available, remove a drug if the FDA determines it is unsafe, or when new clinical guidelines become available that warrant drug deletions/additions.

Kaiser will contact anyone who would be impacted at least 30 days before the change would become effective. Additionally, if a contracted provider leaves Kaiser's network then Kaiser will contact any impacted member.

44. If I am impacted by a change Kaiser makes during the plan year, will I be able to transfer to Cigna or another option outside of the State's plans?

Not generally but the State may make an exception depending on the change and its impact. For example, when Kaiser closed its facilities in the mountains, employees were given the option to make changes in their benefits elections.

- 45. I hear Kaiser has had some financial difficulties. Should I be concerned as a Kaiser member?**

Kaiser's full-year 2019 financial results were released in early February 2020, and their overall performance was strong and ahead of expectations. See the [report here](#).

Dental

- 46. Are dental plans changing as well?**

Dental premiums are not changing and will continue to be offered through Delta Dental.

- 47. What is the State's dental plan?**

The State's dental plan is not changing; the vendor will still be Delta Dental.

- 48. What are the rates for the State's dental plan?**

The State's [OE site](#) has this and other useful information; specifically, the rates for dental are available [here](#).

- 49. Who is eligible for the State's dental plan?**

Any permanent State employee, their spouse and their children.

- 50. Is there more than one dental plan option?**

There are no changes to the dental plans, employees may choose either Delta Dental Basic or the Delta Dental Basic Plus.

- 51. Will we receive new Delta Dental insurance cards?**

No. You can continue to use the current card you have. If you need a new card, you can visit [Dental Dental](#) and print one off.

Vision

- 52. Are vision plans changing?**

Yes. Vision will be offered through EyeMed and will be added at no cost when you enroll in a medical plan under Kaiser or Cigna. EyeMed offers a buy-up option for employees interested in enhanced vision coverage.

- 53. Where can I find information about the new vision benefits?**

Information about the new vision plans is available [here](#).

- 54. What are the rates for the State's vision plan?**

Everyone enrolled in medical coverage, either through Cigna or Kaiser Permanente,

will have the basic vision plan at no additional cost. Employees may buy additional coverage if they desire. Please review the vision plans [here](#).

55. Is there more than one vision plan option?

There will be a basic vision plan free to employees, and a buy-up option, both of which will be with EyeMed.

Health Savings Account (HSA)

56. Will Optum still be the vendor for the State's HSA plan?

Yes.

57. Will pretax be an option for the HSA?

Yes. During Open Enrollment, employees can elect the pre-tax option when they enroll in one of the HSA qualified HDHP plans in Benefitsolver. The pre-tax option is available for accounts opened specifically through Optum Bank.

58. Will pretax impact PERA?

Pre-tax premiums can affect your highest average salary (HAS) in calculating your retirement benefits. This varies from person to person. For more individual information, please direct your employees to contact PERA at 800-759-7372 or go online at www.copera.org to learn more.

59. Will I be able to change my contribution amount coming out of my paycheck during open enrollment?

If you elect the pre-tax option through Benefitsolver you will be able to make changes to your annual contribution amount, however in order to be eligible for the pre-tax option your HSA must be through Optum Bank. Contributions will be verified with Optum Bank prior to deductions beginning. If you elect post-tax contributions you will continue to make those changes through your agency payroll officer.

60. Will the State's contribution to my HSA stay the same?

Yes. The State's monthly contribution will still be \$60.

61. Will I lose all the funds in my HSA account if I don't use it by the end of the year?

An HSA account works differently than a flexible spending account so no, you won't lose funds. Your HSA funds are yours and will be yours until you spend them. If you leave the State then Optum will transition your account to a standard account (instead of a State employee account).

62. I have already set up an HSA with Optum bank. Will I have to switch the paperwork on that at open enrollment?

As Optum Bank will continue to be the State's HSA administrator, you will not need to switch any paperwork. Effective July 1, 2020, your monthly fee will decrease to \$.75 instead of \$1.75 and there will no longer be a charge for investment accounts.

Pharmacy

63. What changes can we expect in pharmacy services?

Optum will continue to administer pharmacy services on behalf of the State for both Kaiser and Cigna members.

64. What's a formulary and will there be any changes to it?

A formulary is a list of the medications your plan covers.

There will not be any changes because of the new contracts. The State and the pharmacy benefits manager always work together to provide medications based on best practices and clinical recommendations. Kaiser Permanente is in charge of its own formulary.

Second Opinion Services

65. What is a Second Opinion Service?

A second opinion service specializes in working with patients who seek expert medical advice on their current medical condition(s). Grand Rounds works with world-leading experts in the country to provide remote second opinion services for serious medical conditions. They also provide assistance by answering any questions or concerns you may have about your medical condition(s) and can schedule appointments on your behalf.

66. How do I sign up for Grand Rounds?

All employees who enroll in Cigna will automatically have access to Grand Round's services, therefore there is no need to enroll. To begin using their service you can create an account at <https://go.grandrounds.com/stateofcolorado>. It is recommended employees create an account before the need to use the service.

67. If I have already created an account with Grand Rounds, will that roll over with the change to Cigna or will I need to create a new account?

If you have already created an account with Grand Rounds when you were enrolled in UnitedHealthcare, that information will roll over if you choose to elect Cigna. You will not need to create a new account.

68. I'm a Kaiser member, will I have access to Grand Rounds?

If you are a Kaiser member, you will not have access to Grand Rounds. Kaiser Permanente is an integrated medical model and has different physicians in the same building who can offer second opinions.

2020 Open Enrollment for State Employees



Frequently Asked Questions (FAQs)

These Frequently Asked Questions (FAQs) have been developed to assist executive directors, deputy executive directors, human resources directors, supervisors, and all state employees with the **mandatory**, active open enrollment period for benefits that will be effective on July 1, 2020.

General

1. What does a mandatory enrollment mean?

Every employee who wants benefits will have to enroll in health, dental, vision and flexible spending account benefits by May 15, 2020. If an employee does not enroll, then that employee loses coverage starting on July 1, 2020. This also applies to employees who will continue to use Kaiser.

Life insurance and disability will roll over from the previous year and these are the only benefits that do not have a mandatory enrollment. You can, however, still make changes to life and disability during the open enrollment period.

2. When is Open Enrollment?

The FY 2020-21 Open Enrollment period begins on April 14, 2020, and ends May 18, 2020, at 10:59 p.m., MST.

3. Is there anything I can do to prepare for Open Enrollment?

- Review your current plans and covered dependents to ensure you have the coverage you need.
- Go into Benefitsolver to ensure your contact, family, and beneficiary information is correct and up to date by logging on to www.benefitsolver.com.

- Utilize your [Employee Benefits Guide](#) and visit www.stateofcoloradobenefits.com for detailed plan information, rates, documents, and notices.
- Have questions? Reach out to your agency's [Benefits Administrator](#), in your HR department.

4. **Will Benefitsolver continue as the benefits administration system for FY 2020-21 Open Enrollment?**

Yes.

5. **Will the MyChoice app from Benefitsolver still be available to employees to help determine best plan options based on costs?**

Yes. The MyChoice app allows employees to elect their benefits on their phone, iPad, or Tablet (available on [Apple](#) or [Google](#)). The MyChoice mobile app will require an access code. The access code can be obtained by employees through the web browser on their phone and log onto benefitsolver.com directly (like on a computer) and either get the access code for the app or just do their elections on the browser.

6. **Are there any planned changes to Benefitsolver that benefit administrators or employees need to know about?**

Benefitsolver has updated their user experience through the NextGen feature. This feature walks employees through each question individually. The enrollment process may be longer but employees will have a better understanding of which plans they are electing.

7. **This year is a mandatory enrollment. How do I enroll?**

Once the Open Enrollment period begins on April 14, you can log on to Benefitsolver.com, click “start here” and follow instructions to enroll in your benefits. You can watch a tutorial on how to enroll [here](#) or follow the steps below.

- **Get Started**
Visit www.benefitsolver.com and log in by entering your username and password. If you forgot your username or password, you can reset them. The company key is soc.
- **Begin enrollment**
Follow the instructions to enroll in your benefits. Use the Reference Center to help you make your selections.
- **Choose your plan(s)**
Review your options as you walk through the enrollment process. Track your choices along the enrollment bar, which updates with your total cost. Use **MyChoice**, a benefits enrollment tool in www.benefitsolver.com, to help you project and calculate your healthcare expenses, and identify the benefits plans that make the most sense for you and your family. If you have any questions as

you go through enrollment call your Agency's **benefits administrator**. If you have questions about navigating the system, contact the BenefitSolver call center at 1-888-460-9627. For additional assistance, call the DHR Employee Benefits Unit at 303-866-3434.

- **Review and approve your plan(s)**
Review, edit, and verify your personal information, plan options, dependents, and total cost. Once you have reviewed your selections and they are accurate, approve your choices.
- **Confirm your choices**
Your enrollment isn't complete until you confirm your benefit elections. Print your election information and confirmation number for future reference.

Other Options for Enrolling:

- (1) If an employee is in need of a paper application, they may reach out to their [agency benefits administrator](#). Paper applications must be postmarked prior to May 18th and submitted to your benefits administrator for entry into the Benefitsolver system.
- (2) As a reminder, the benefits administration system, Benefitsolver, is available through the [mobile site](#) and through the MyChoice Mobile app (available on [Apple](#) or [Google](#)) that will allow employees to complete their open enrollment elections.
- (3) If an employee is unable to enroll online due to limited or no internet access, employees may contact Benefitsolver at 1-888-460-9627; a copy of the open enrollment confirmation will only be available online in www.benefitsolver.com.

8. What is changing for this year's Open Enrollment?

- Open Enrollment is **mandatory** this year. You must elect benefits or you will not have coverage starting July 1, 2020.
- Cigna will replace UnitedHealthcare and will be offered alongside Kaiser Permanente at this year's Open Enrollment.
 - You can see if your doctor is in Cigna's network through their [directory](#). If your doctor is not in the network then you can request for your doctor to be recruited into Cigna's network by filling out the [request form](#).
- All medical plans have been restructured to offer flexible coverage options to meet your financial and care needs.
 - Please review and compare plans carefully by reviewing the [Employee Benefits Guide](#) or going to www.stateofcoloradobenefits.com.
- Paladina will continue to be offered for employees with Cigna and will build four new locations in 2020 to serve more employees.
 - New clinic locations are located in Thornton, Greeley, Southwest Littleton, and Lowry/Stapleton. Affiliate locations will be located in

Buena Vista/Salida, Montrose, Alamosa, and Durango in 2021. Employees with Kaiser will not have access to Paladina.

- We're introducing enhanced vision coverage for employees through EyeMed.
 - You can learn more about the State's new vision plan [here](#).
- Welltok (CafeWell) will no longer be the wellness vendor.
 - The state will transition to Cigna's wellness platform which will be offered to both Kaiser and Cigna members. You will still be able to earn credits or wellness incentives and there will be more robust resources available.
- The state will begin allowing your contributions to a Health Savings Account to be pre-tax.

9. What isn't changing during this year's Open Enrollment?

The following providers will continue:

- Kaiser Permanente for fully insured health insurance;
- Paladina Health for primary care;
- BenefitSolver for the benefits administration system;
- Optum for pharmacy;
- Optum for Health Savings Account administration;
- Grand Rounds for second-opinion services;
- Delta Dental for dental;
- Securian/Minnesota Life for life insurance,
- Unum for disability insurance; and
- Discovery Benefits for Flexible Spending Account administration

Flexible Spending Accounts (FSA)

10. Are there any changes to Flexible Spending Accounts (FSA) that I should know for this year's open enrollment?

The IRS increased the contribution limits on FSAs. Medical FSA is \$2,750. Limited FSA is also \$2,750. Dependent Care FSA limit did not change from 2019 and remains \$5,000.

11. If I am currently participating in a healthcare FSA but choose not to elect a healthcare FSA the following plan year, will my FSA debit card remain active for use of any rollover funds?

Yes, your healthcare FSA debit card will remain active for any roll over funds up to \$500. You can check the status of your FSA debit card at any time by visiting www.discoverybenefits.com and clicking "Banking/Cards" under your Account/Profile dropdown menu.

12. What is the difference between the Limited Purpose and General Purpose Health Care Flexible Spending Account (FSA)?

A general purpose FSA can be spent on any eligible medical expenses. A limited-purpose FSA can only be spent on eligible vision and dental expenses. The IRS determines what expenses are eligible, for more information go to this link: https://www.irs.gov/publications/p502#en_US_2016_publink1000178885.

A health plan is not required to enroll in a Flexible Spending Account. However, employees with a high-deductible plan can only enroll in a general purpose FSA if they do not have a health-savings account. Employees with a high deductible health plan and a health-savings account can only enroll in a limited-purpose FSA.

Health Savings Account (HSA)

- 13. Are there any changes to the State’s Health Savings Account (HSA) option that I should know for this year’s open enrollment?**

Optum Bank will continue as the administrator for the State’s Health Savings Account. Effective July 1, 2020, your monthly fee will decrease to \$.75 instead of \$1.75 and there will no longer be a charge for investment accounts. For more information about the State’s HSA option including contribution limits, visit this [page](#). For a complete list of HSA rules and IRS regulations, you can refer to [IRS Publication 969](#).

- 14. Why haven’t I been receiving the monthly state contribution if I enrolled in an HDHP plan and elected the HSA option?**

When you elect the HSA option with the HDHP plan, you will need to open up an account through Optum Bank. Once you establish an associated account through Optum timely, you will receive your \$60 monthly contribution prospectively. This applies to employer contributions after July 1, 2020.

- 15. How do I sign up for an HSA account with Optum Bank?**

There are two links within the Benefitsolver system to create an Optum Bank HSA. The first link is on the homescreen under “Benefit Plans Quick Guide” - HSA. The second link is on the confirmation screen after your open enrollment transaction has been completed. Additionally the link for is also available at <https://www.colorado.gov/dhr/hsa> under “Employee Resources”.

Colorado Medical Supplement Program

- 16. What is the State of Colorado Medical Supplement Program?**

The Medical Supplement Program is a subsidy provided by the State of Colorado to assist qualified low-income state employees and their children with the cost of their medical premium.

- 17. Is the medical supplement program still offered this year?**
Yes. The supplement program is a subsidy provided by the State of Colorado to assist qualified low-income state employees and their children with the cost of their medical and dental premiums. Employees and their children must either enroll or be willing to enroll in one of the state's medical and dental insurance options during the annual open enrollment, or the special enrollment held after qualified applicants have been determined. To apply or learn more about the program, visit <https://www.colorado.gov/dhr/supplement-program>.
- 18. When does the medical supplement program end?**
The Medical Supplement application period will run from April 14 through May 26, 2020. To learn more or apply, visit <https://www.colorado.gov/pacific/dhr/supplement-program>.

Important Dates

- 19. When will my benefits go into effect?**
July 1, 2020 through June 30, 2021.
- 20. What is the last day I can enroll for benefits during the FY 2020-21 Open Enrollment period?**
The last day to enroll is Monday, May 18, 2020, before 10:59 p.m.