WELCOME TO OPEN ENROLLMENT

Plan Year: July 1, 2020 – June 30, 2021

BEST HEALTH PLAN
Boards of Education Self-Funded Trust

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

This Open Enrollment Guide is designed to help you get the most out of your comprehensive and valuable benefits package.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline the different benefits available to you, so you can identify which offerings are best for you and your family. Elections you make during open enrollment will become effective on July 1, 2020.

What do you need to do during open enrollment?

- If you don't want to make any changes to your current benefit elections, you don't need to take any action. All current benefit elections will automatically carry over and remain effective for the new Plan Year beginning July 1, 2020.
- If you want to change any of your current benefit elections, you will need to complete a BEST Enrollment/Change Form and turn in to your District Benefits Department no later than June 15, 2020.

  NOTE: After open enrollment, you **cannot** make changes to your coverage during the year unless you experience a change in family status, such as:

  - Loss or gain of coverage through your spouse
  - Loss of eligibility of a covered dependent
  - Death of your covered spouse or child
  - Birth or adoption of a child
  - Marriage, divorce or legal separation
  - Switch from part-time employment to full-time employment

  *You have **31** days from a change in family status to make changes to your current coverage.*

WHAT IS OPEN ENROLLMENT?

Between **May 15th** and **June 15th**, you have the opportunity to ***drop*** medical coverage for yourself and/or your dependents with no questions asked. You can also ***enroll*** yourself and/or your dependents for the first time. ***The benefits you elect during open enrollment will be effective from July 1, 2020 through June 30, 2021.***

HOW TO ENROLL

The first step is to review your current benefit elections. Did you move recently or get married? Verify all your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully. ***Remember: once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.***

WHEN TO ENROLL

Open enrollment begins on **May 15, 2020** and runs through **June 15, 2020**. The benefits you choose during open enrollment will be effective on **July 1, 2020**.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

Effective Date of Coverage for a Newborn Child: ***Newborns are now automatically covered for the first 30 days under the mom if she is currently an enrolled Member in the Plan*****.** A newborn child will be covered ***after*** the first 30 days ***only*** if the Member or Eligible Employee completes and submits the necessary enrollment forms/process and authorizes required payroll deductions to enroll the newborn in the Plan within 31 days of birth.

Dropping Dependents: For ***MEDICAL COVERAGE ONLY*** (***this does not include Life and AD&D, Dental or Vision, if applicable***), and for ***dependent*** **coverage only** (***this does not include employee coverage – employee coverage elected during open enrollment will remain in effect until the next open enrollment period***), if other medical coverage is in place and as long as proof of that other coverage is provided PRIOR to the drop date, the employee will be able to drop dependent medical coverage (at the end of the month) at a time other than open enrollment.

WHAT'S NEW?

HEALTH INSURANCE

BEST Health Plan is excited to announce that effective July 1, 2020, UCHealth Plan Administrators will become the new plan administrator.

Along with that change, you'll notice several changes to medical benefits for the upcoming plan year as shown in the chart below and described more specifically in the Summary of Benefits and Coverage.

The following chart compares your current health benefits to the new benefits that will take effect July 1, 2020.

	COST SHARING / HDHP	PPO
SERVICES	**CURRENT**	**AS OF JULY 1, 2020**
Cost Sharing: Out-of-Pocket Maximum HDHP: Out of Pocket Maximum	 $5,500 Individual $11,000 Family $5,500 Individual $11,000 Family	 In Network: $4,500 Individual/$8,000 Family Out-of-Network: $9,000 Individual/$16,000 Family In Network: $4,500 Individual/$8,000 Family Out-of-Network: $9,000 Individual/$16,000 Family
TeleHealth	On-call Healthcare Concierge 24/7 Telemedicine	Teledoc Health - $0 copay 24/7 access by web, phone or mobile app

PLAN CHANGES EFFECTIVE 7/1/2020

BEST MEASURES PRE-AUTHORIZATION PROGRAM

HOW IT WORKS TODAY…

All health plans require prior approval, or a "prior authorization," from the plan before they will provide coverage. This is required to make sure the care you are about to get meets national patient safety guidelines and will be covered by your health plan. The expectation has fallen entirely on you, the member, to ensure that authorization was in place before the services were performed.

WHAT IS CHANGING?

The out-of-pocket maximum for your plan has been reduced by $1,000 for individual and $2,000 for family. This enhancement is the result of successful efforts by BEST Health Plan to reduce unnecessary costs and direct members to providers with exceptional cost and quality measures.

Going forward, the prior authorization requirement will be shared between you and our contracted providers. It is still important that you call to make sure an authorization is in place but going to an in-network provider will increase the likelihood that they will handle this process on your behalf.

STEP 1 - You or your provider will notify us by phone of your upcoming procedure
Let us know what health condition you need treatment for, the name of the procedure you are getting, the date of your procedure, and the provider's name and telephone number.

STEP 2 - We check your coverage and provide cost and quality information
Once you notify us of your upcoming procedure, we will:
- Determine if your procedure is a covered benefit under your plan.
- Provide you options for where you can get your procedure done based on cost and quality.

STEP 3 - Complete your BEST Measures Pre-Authorization
After you hear back from us, you will need to:
- Confirm where you plan to get the procedure done
- If you choose to go to a provider other than one that is recommended, confirm you understand there will be an additional out-of-pocket cost for your procedure

We can also answer questions you may have about your benefits or treatment plan.

WHAT IF I DON'T DO IT?

You will have to pay $1,000 more if you do not notify us 15-days in advance AND complete a BEST Measures Pre-Authorization prior to getting the procedure.

Avoid a $1,000 penalty and healthcare headaches by getting a BEST Measures Pre-Authorization now powered by UCHealth Plan Administrators.

OTHER CHANGES

CLAIMS BEFORE AND AFTER 7/1/2020

All claims prior to 7/1/2020 will be handled by Apostrophe. Please call them (855-999-2107) with any questions regarding those claims or amounts you might owe for services during that time period. UCHealth Plan Administrators will handle claims for services on or after 7/1/2020.

NETWORK PROTECTION

Utilizing a provider network protects you and your family. BEST Health Plan now includes three networks working in unison to provide access to the best providers in Colorado. Your plan will utilize the UCHealth Plan Administrators network and the Cofinity network in Colorado and First Health network outside Colorado. Staying within these networks guarantees you will never be billed more than what BEST Health Plan allows for each service.

DIRECT PAYMENT

Instead of making payments to your health plan via Apostrophe, you will resume paying your doctors and hospitals directly. If you have questions about how much you owe for services on or after July 1, 2020, please contact UCHealth Plan Administrators and they will assist.

ID CARD

You will receive a new ID card. You will now have a single ID card for Medical and Prescription and will need to present this new card anytime you seek services on or after July 1, 2020. Please discard your old ID cards as they will no longer be valid as of 7/1/2020.

MEMBER PORTAL

When you receive your new ID card, you can visit **tpa.uchealth.org** to register for the member portal where you will be able to access your benefits and claims after 7/1/2020. You will need the member ID number on your ID card to register. You can also download the UCHealth Plan Administrators app on both the Google Play Store and the Apple App Store to access you plan information.

DENTAL INSURANCE

(IF OFFERED BY YOUR DISTRICT)

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there are no benefit or cost changes to your dental benefits.

VISION INSURANCE

(IF OFFERED BY YOUR DISTRICT)

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The District vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams, and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

We're happy to say that there are no benefit or cost changes to your vision benefits.

BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something where to happen to you. Your Employer provides full-time employees with $20,000 in group life and accidental death and dismemberment (AD&D) insurance.

Your District pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact your District Benefits Department if you would like to update your beneficiary information.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact your District Benefits Department.

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WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

PLEASE BE ADVISED

If you have had or are going to have a mastectomy, you may be entitled to certain benefits, under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy including lymphedema.

These benefits will be provided subject to the same terms and conditions applicable to other medical and surgical benefits provided under this Plan.

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uchealth

Plan Administrators

UCHealth Plan Administrators is proud to partner with BEST Health Plan to provider your health benefits.

We are a third-party administrative claims division of UCHealth and based right here in Colorado with a mission to improve the lives of those we serve. Our combination of strong provider relationships and an integrated service model ensure you have access to the best care in Colorado.

Personal service
UCHealth Plan Administrators will help you navigate your plan from understanding your benefits to finding a doctor, from obtaining authorization for services to understanding your bills. If you are working through a complicated issue with one of our member service representatives, you are empowered to call back and ask for the same representative!

Integrated service
Each member service representative is also a claims examiner to ensure you are always speaking with an expert on your plan and the claims process.

Service technology
In addition to our phone representatives our online member portal allows easy access to your benefits information, a provider search tool and real time details on all your claims. Not wanting to go online? Use our mobile app available for both Android and iOS phones!

Network protection
Utilizing a provider network protects you and your family. We offer our own network in addition to partnering with premier networks to provide you access to doctors and hospitals you need. Your plan will utilize the Cofinity network in Colorado and First Health outside Colorado. Staying within these networks guarantees you will never be billed more than what BEST Health Plan allows for each service.

Best of Colorado
University Hospital is the #1 ranked hospital in Colorado by US News and World Report. Each of our facilities are ranked among the best in Colorado for quality of care. In addition, we partner with Children's Hospital to ensure your pediatric needs are met with the same high quality of care.

By the numbers.

UCHealth Plan Administrators fast facts.

3 Colorado Locations.

- **Northern Colorado –** 1107 S. Lemay Ave., Ste. 400, Fort Collins, CO 80524.
- **Metro Denver –** 10375 Park Meadows Dr., Ste. 200, Lone Tree, CO 80124.
- **Colorado Springs –** 2420 Pikes Peak Ave., Ste. 1044, Colorado Springs, CO 80909.

512 combined years of applied employee health care experience.

- **Executive experience –** 33 total years.
- **Operational experience –** 164 total years.
- **Sales/Marketing experience –** 69 total years.
- **Claims/Customer Service experience –** 246 total years.

Online Prescription Drug Benefit Information

OptumRx – A secure, convenient, easy-to-use, private internet website that offers many beneficial tools to help you with your prescription needs. The website allows you to:

- Find a nearby pharmacy
- Refill mail order prescriptions
- View your claims
- Print a temporary ID card
- Research medications
- And much more!

GET STARTED
1. Go to www.OptumRx.com 2. Click on **New Registration** 3. Read the Consumer Terms & Conditions and click **Accept** 4. Using the information that's on your ID card, fill out the necessary fields to complete your registration. You must also create a User ID and Password that you will use when logging into the Portal. 5. Or, call OptumRx Member Services at **1-800-880-1188**.

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WHO DO I CONTACT?

Medical • Preauthorization • Claim status • Eligibility questions • Benefit verification • Provider inquiry • Member portal	**UCHealth Plan Administrators** 1-800-207-1018 tpa@uchealth.org tpa.uchealth.org
Network • Provider search	**Cofinity & First Health** **https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType**
24 / 7 Telemedicine	**Teladoc** 1-800-835-2362 www.Teladoc.com
Prescription Drug • Coverage & Claims information	**OptumRx** 1-800-880-1188 www.OptumRx.com
Dental • Claims, Benefits & Member Services	**Delta Dental of Colorado** 1-800-610-0201 www.deltadentalco.com
Vision • Claims, Benefits & Member Services	**Vision Service Plan (VSP)** 1-800-877-7195 www.vsp.com

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QUESTIONS & ANSWERS

WHAT CHANGES ARE EFFECTIVE JULY 1, 2020?

- Enrollment or termination of individual and/or dependent coverage
- Enrollment or termination of dental, if applicable
- Enrollment or termination of vision, if applicable

IF I WANT TO MAKE CHANGES, WHAT FORMS MUST BE COMPLETED?

- You must complete the BEST Health Plan ENROLLMENT / CHANGE FORM to change medical plans or individual/dependent coverage levels in the medical/dental/vision plans.

WHERE DO I FIND THESE FORMS?

- Contact your District Benefits Department.

WHEN ARE THE FORMS DUE AND WHERE DO I RETURN THEM?

- All forms are due by June 15, 2020 and must be returned to your District Benefits Department.

OTHER INFORMATION:

If you do not make changes to your current medical, dental and vision elections, those elections will remain the same for the plan year July 1, 2020 through June 30, 2021.

MEDICAL Q&A

I have questions related to my medical benefits or healthcare. Who do I contact?

- Contact UCHealth Plan Administrators by phone (800-207-1018) or email (tpacustomerservice@uchealth.org)

I have a newborn baby. How can I make sure that he/she is covered?

- ***Newborns are now automatically covered for the first 30 days under the mom if she is currently an enrolled Member in the Plan.*** A newborn child will be covered ***after*** the first 30 days ***only*** if the Member or Eligible Employee completes and submits the necessary enrollment forms/process and authorizes required payroll deductions to enroll the newborn in the Plan within 31 days of birth.

How much does this Plan cost?

- Costs for your plan benefits can be obtained from your District Benefits Department or Bookkeeper.

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Rx Q&A

How do I fill a prescription at a retail pharmacy?

- There are over 65,000 participating retail pharmacies in the OptumRx network. To find a participating pharmacy near you, please visit www.OptumRx.com or contact Customer Care at (1-800-880-1188).

How do I use mail order?

- Have your physician write a new prescription for up to a 90-day supply with refills if your doctor deems this as appropriate for your drug therapy.
- Fill out an Enrollment/Order Form which includes the Confidential Patient Profile. Provide information for you and any dependent(s) ordering medication. Write the participant ID number and patient's name on the back of each prescription.
- Mail the form, prescription(s) and applicable co-payment(s) to
  OptumRx Home Delivery
  P.O. Box 407096
  Fort Lauderdale, FL 33340-7096
- Your medications will be mailed to the address on the order form.

Can my physician call or fax my prescription to OptumRx Home Delivery?

- Yes, have your physician call OptumRx toll-free at 1-800-880-1188. Please have your physician indicate the following: medication name, participants ID number and prescription information. Please note, in order for a fax transmission to be legally valid, the fax must originate from the physician. All state laws apply.

Rx Q&A, cont.

Can I speak to a pharmacist?

- Yes, please call 1-800-880-1188. Pharmacists are available to answer any questions or concerns that you may have regarding your medications.

What is a specialty pharmacy?

- Specialty Pharmacy is a term that refers to the delivery and management of complex medications often injected into the skin or muscle and used to treat chronic conditions. Many new oral drugs used to treat cancer are also considered specialty medications. Our specialty pharmacy uses evidence-based care plans and medication management outreach programs to help patients use these complex medications properly.

Do I have specialty pharmacy benefits?

- Yes, your specialty medications will be filled by OptumRx specialty pharmacy "BriovaRx".

Do I need to register with the specialty pharmacy?

- If your physician prescribes a specialty medication, please visit www.BriovaRx.com or call (1-800-850-9122). Care Coordinators will register you in the program and call you monthly to check on your health status, answer questions and schedule delivery of your next refill.

I have a question about my prescription benefit program. Who can I contact for more information?

- Log-in to the member services website at www.OptumRx.com or contact Customer Care at (1-800-880-1188).