Office of Human Resources
University of Minnesota

UPlan

UPlan Members' Frequently Asked Questions

New Employee

Q1. As a new employee, how do I know when to enroll for benefits?

Employee Benefits will send an email to you when the online enrollment through MyU is ready. You need your Internet ID and password to log in. You have 30 days from your first day of employment or benefits-eligible position to complete enrollment.

Q2. What happens if I do not enroll during my first 30 days of employment?

If you do not enroll during the 30-day window you will not have coverage. There is no default plan.

However, you may add medical and dental coverage during the year if you have an eligible family status change; for example, marriage or termination of spouse's employment.

After 30 days, short-term disability and optional life insurance can be applied for during the year subject to evidence of good health.

Medical

Q3. Can I change my medical or dental plan at any time?

No. However, there are some times when you can change to a different plan:

- Within your first 30 days of employment or when your position is newly benefits-eligible
- After 30 days, if you move outside of the plan's service area during the year
- During the annual Open Enrollment

Q4. What is a base medical plan?

The base plan offers lower rates and copayments compared to the others. The state is divided into geographical zones and the each zone has a base plan. You may choose a plan based on where you live or work.

- Medica Elect/Essential is the base plan for the Twin Cities and Duluth areas
- Medica Choice Regional is the base plan for Greater Minnesota

Q5. Why isn't Medica Choice Regional available to me if I live and work in the Twin Cities?

You have access to several plan options in the Twin Cities. However, provider access is limited in Greater Minnesota. Employees living and working outside of the Twin Cities and Duluth areas need a base plan with a statewide network. Medica Choice Regional has that network and is the base plan option for them.

Q6. How does the health savings account (HSA) work?

Medica HSA is a health savings account with a high deductible medical plan that allows you to make the decisions about how you spend your health care dollars. In Medica HSA, the University contributes a set amount of benefit dollars to your the Health Savings Account (HSA) each pay day to offset the deductible. You can also make your own pre-tax contributions to the HSA and decide how to invest them in options from Optum Bank. You own the HSA contributions and can decide whether to use them for current medical expenses or save the money for future expenses when you retire.

Q7. Is vision coverage separate?

No, vision coverage is provided in all of the University's medical plans. Routine eye exams performed by an in-network provider are considered preventive care and covered at 100%. Your costs for purchasing eyeglasses and contact lenses can be reimbursed with funds in the Health Care Flexible Spending Account.

Clinics

Q8. Do I need a referral from my primary care clinic to see a specialist?

Whether you need a referral depends on your plan and the care system. Medica Elect/Essential may require a referral depending on your care system choice. Medica ACO requires a referral to an out-of-network provider. The other medical plans do not require that you get a referral. If you are unsure whether or not a referral is necessary, contact Medica.

Q9. What are primary care clinic (PCC) numbers and where do I find them?

Medica Elect/Essential is the only plan that requires that you choose a primary care clinic when you enroll. When you choose a clinic, the PCC number is listed with the clinic information. You can find the PCC list with the Medica Elect/Essential plan description.

Dependents

Q10. When can I add or drop my dependents?

You can add your dependents when you are first eligible, and you can add or drop dependents during the annual Open Enrollment. Otherwise, you must have a change in family or work status to make a change.

Status changes include:

- Change in legal marital status, including marriage, divorce, or annulment
- Death of your spouse or last eligible dependent child
- Birth or adoption of your eligible dependent child
- Last dependent child is no longer eligible because he/she has reached age 26
- Commencement or termination of employment for you, spouse, or dependent
- Change in your or your spouse's employment status from part-time to full-time or from full-time to part-time

- Change in place of residence or worksite for you, spouse, or dependent to a location outside of the current plan's service area and the current plan is not available

You must make your request for a coverage change that is consistent with the status change within 30 days of the date of change. Contact Employee Benefits at 4-UOHR (612-624-8647 or 800-756-2363) and select option 1 for enrollment information.

Q11. Can I cover my stepchild?

Yes, provided that your stepchild is the child of your spouse by a previous marriage or relationship.

Pharmacy

Q12. What is the role of Prime Therapeutics as a pharmacy benefit manager?

As a pharmacy benefit manager, Prime Therapeutics is the claims administrator for the prescription drug program and is responsible for processing and paying prescription drug claims. Prime Therapeutics works with the UPlan to develop and maintain the formulary. Prime Therapeutics contracts with pharmacies, negotiates discounts and rebates with drug manufacturers, and conducts drug utilization review, outcomes management, and disease management. In addition, Fairview Specialty Pharmacy is the exclusive provider for most specialty medications.

Fit Choices

Q13. What is the *Fit Choices* program?

The UPlan *Fit Choices* program provides up to a $20 per month reimbursement or credit toward health club membership dues when you visit a participating fitness center at least eight times each month. The monthly $20 credit is available for up to two individual fitness center memberships and also for a family membership. See the Wellness Program for more information about earning wellness points.

Open Enrollment

Q14. What and when is Open Enrollment?

During Open Enrollment each year in November, you can choose different medical and dental plans for the next calendar year. You can add or cancel dependents on your coverage. If you don't have medical or dental coverage, you can add it. Or if you no longer need it, you can cancel coverage.

You must re-enroll each year during Open Enrollment to have the Health Care and Dependent Daycare Flexible Spending Accounts for the next year.