

A photograph of a man with a beard and a woman, both smiling and looking down, likely at a document or device together.

2022 Benefits Open Enrollment FAQs

I do not plan to change any of my benefit elections for 2022. Do I still need to enroll?

Yes. You must enroll in your benefits through Benefitsolver November 3–17 to have the coverage you want for 2022. Your current benefit elections **will not** transfer automatically to Benefitsolver, except for life insurance and AD&D insurance.

What happens if I don't enroll by November 17, 2021?

If you don't enroll:

- You'll be enrolled automatically in
 - **Employee-only** coverage in the Cigna HSA medical plan
 - **Employee-only** coverage in the Delta Dental 1.0 plan
 - **Employee-only** coverage in the VSP 1.0 vision plan
 - Pretax long-term disability option
 - Your current elections for life and AD&D insurance (no change)
- You will have no NortonLifeLock or personal contributions to your Health Savings Account (HSA). You must enter a minimum annual contribution election amount of \$0 to qualify for the employer contribution.
- You will not be able to contribute to a Health Care or Dependent Care Flexible Spending Account (FSA) in 2022. To participate, you must re-enroll every year.

Who is eligible to enroll in benefits?

All U.S. employees scheduled to work at least 20 hours per week and their dependents, including spouse or domestic partner, children up to age 26, and children of any age who are disabled, provided the child was covered under the company's benefits before he or she reached age 25.

Will my current Collective Health (Anthem) provider be part of the Cigna network?

Some providers in the Anthem network are not in the Cigna network. You can check to see if your doctor is in the Cigna network or find a new one at [cigna.com](https://www.cigna.com).

How do I know if my current prescription is covered?

Review the formularies located on the [What's New for 2022](#) page or contact Cigna One Guide at 1-888-806-5042.

What if my current treatment or prescription drugs aren't covered in-network under Cigna?

For specific medical and behavioral conditions, you may be able to continue to receive services at in-network coverage levels through health care providers who aren't in the Cigna network. 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, and no later than 30 days after the effective date of your coverage (i.e., by January 31, 2022, for coverage starting January 1, 2022).

Many of the programs and services enabled with Express Scripts will be transitioning to our new Cigna pharmacy benefit, including prior authorizations, open refills, and mail order prescriptions currently in place. Your prescription information will be available on mycigna.com on January 1, 2022.

Can I transfer my HealthEquity Health Savings Account (HSA) balance to MyChoice Accounts (bulk transfer)?

Yes, you can transfer the funds in your HealthEquity HSA to your new MyChoice Accounts HSA during Open Enrollment. If you want to transfer your current HSA balance to MyChoice Accounts, you must provide your online consent.

When you transfer your funds:

- Continue to use your HealthEquity HSA debit card until January 19, 2022.
- Watch for your new MyChoice Accounts HSA debit card, activate it, and start using it January 14, 2022. Your HSA balance will be transferred to MyChoice Accounts by February 3, 2022. There will be a blackout period from January 20 to February 3, 2022, when your HealthEquity HSA balance will not be available.

What happens if I don't transfer my HealthEquity HSA balance to MyChoice Accounts?

If you choose to keep your current HSA balance with HealthEquity:

- You'll have two HSA debit cards—one for HealthEquity and one for MyChoice Accounts.
- HealthEquity will charge you a \$3.95 monthly service fee to maintain the account.

I've invested part of my HealthEquity HSA balance. What happens to those investment holdings?

- The investment holdings cannot be transferred to MyChoice Accounts. If the investment holdings are not fully liquidated, neither the cash nor investment balance can be transferred as part of the **bulk transfer**.
- You can keep your investment holdings at HealthEquity and consent to have your cash balance transferred to MyChoice Accounts; however, this would have to be done as an **individual transfer** working directly with HealthEquity as opposed to the scheduled bulk transfer.
- If you liquidate your investments at HealthEquity by January 12, 2022, then your entire balance can be transferred to MyChoice Accounts. Also, **in California or New Jersey, you will owe state tax** on any investment earnings upon liquidation.
- If you invest through the "Advisor Auto Pilot" service, you will need to cancel your subscription.

Do I need to enroll in Flexible Spending Accounts (FSAs) during Open Enrollment?

You must enroll during Open Enrollment if you want to participate in a MyChoice Accounts Health Care FSA, Limited Purpose FSA, or Dependent Care FSA in 2022. You will receive a new debit card to pay for eligible expenses.

Who do I file my 2021 and 2022 Flexible Spending Account (FSA) claims with?

For all eligible 2021 expenses:

- Use your HealthEquity FSA debit card to pay for expenses through December 31, 2021.
- Submit your 2021 FSA reimbursement claims after December 31, 2021, to HealthEquity by March 31, 2022.

For eligible expenses incurred starting in 2022:

- Use your new MyChoice Accounts debit card to pay for eligible expenses starting on January 1, 2022.
- Submit any 2022 FSA reimbursement claims to MyChoice Accounts by March 31, 2023.

What happens if I am newly hired or experience a life event (e.g., have a baby or get married) between now and December 31, 2021?

If you have just been hired or have had a status change, you must submit your elections for both plan years in a two-step process. The first enrollment will cover your benefits for 2021; Open Enrollment is for 2022 benefits.

1. Enroll in 2021 Benefits

- Complete your 2021 enrollment at myplansconnect.com (or through MyPlansConnect on MyApps).
- If you do not wish to be enrolled in NLOK's health plans, you will need to waive coverage. **If you do not elect to waive**, you will be enrolled automatically in 2021 coverage:
 - Medical: employee-only coverage in the Anthem Health Savings Account (HSA) plan
 - Dental: employee-only coverage in the Delta Dental 1.0 plan
 - Vision: employee-only coverage in the VSP 1.0 plan
 - Long-term disability: pretax option
 - Basic life insurance: 2 times your salary or on-target earnings
 - Accidental death and dismemberment insurance: 2 times your salary or on target earnings
 - 401(k) retirement plan: pretax contribution at 7% of pay

2. Enroll in 2022 Benefits

- Complete your 2022 benefits enrollment at benefitsolver.com (or through Benefitsolver on MyApps).
- If you do not wish to be enrolled in NLOK's health plans, you will need to waive coverage. **If you do not elect to waive**, you will be enrolled automatically in 2022 coverage.

If You Enroll in Your 2021 Benefits and Do Not Enroll Separately in 2022 Benefits:

- You will be enrolled automatically in 2022 coverage:
 - Medical: **employee-only** coverage in the Cigna Health Savings Account (HSA) plan
 - Dental: **employee-only** coverage in the Delta Dental 1.0 plan
 - Vision: **employee-only** coverage in the VSP 1.0 plan.
- You'll be enrolled automatically in the pretax long-term disability option and your current 2021 elections for life and AD&D insurance.
- Your Health Savings Account (HSA) contributions will stop on December 31, 2021.
- You will not be able to contribute to a Health Care or Dependent Care Flexible Spending Account in 2022.

What happens if I am on a leave of absence (LOA) during Open Enrollment?

The Benefits department will mail information to your home, outlining what benefit changes you need to make (including medical, dental, vision, and Health Care FSA).

You are not eligible to change critical illness insurance, Dependent Care FSAs, or life and AD&D insurance while on LOA. Employees on an approved long-term disability LOA cannot make changes to their LTD coverage during Open Enrollment.

What is the working spouse surcharge?

If your spouse/domestic partner has coverage available to them through their employer, but you still choose to enroll them in your medical plan, you will be subject to a \$50 per month additional cost in your medical premiums through your paycheck deductions. You should consider your options for coverage and costs to determine whether it makes sense to enroll your spouse or domestic partner in your plan.

Where can I get help with enrollment questions?

Visit benefitsolver.com (or through Benefitsolver on MyApps).

When can I access myCigna?

Starting January 1, 2022, you can register your account through mycigna.com.

Can dependent customers register on myCigna?

Yes, after January 1, 2022, dependents 13+ years have access to their personal health information on myCigna.com.

Can subscribers view the health information for dependents that are 18+ years on myCigna?

A subscriber does not have access to any other family member's health assessment, health dashboard, online coaching, or Motivate Me Incentives program information on myCigna. Unless, a dependent has a HIPPA privacy request filed with Cigna, subscribers can see dependents claim information. The exception is pharmacy claim information. Though a subscriber can view another family member's pharmacy claims, due to Cigna confidentiality policies and state and federal legal privacy considerations, subscribers cannot see the name of that prescription, the prescription number or dose for other family members 16+ years.

For delegates on the plan (i.e. a person the subscriber elects to share their access with), they will not have access to a dependent's information (18+ years) unless that dependent has allowed that person to see their data. The same rules apply to delegates related to pharmacy claims.

If a member has a previous Cigna plan account will they need to re-register for myCigna.com?

No, the member will not need to re-register. When a member changes employer and enrolls in a Cigna plan at the current employer, their new plan information should appear under their same login. There will be a short delay while systems integrate.

Do terminated subscribers have access to myCigna.com?

Yes, terminated subscribers can log in and access select data for as long as 24 months post termination. This includes claims, benefits, and some account information.

How do I access claims through Collective Health after January 1, 2022?

Claims can be accessed until December 31, 2022 via the Collective Health member portal (same credentials) or by phone. Before March 31, 2022 call 1-833-834-1157, starting April 1, 2022 call 1-844-803-0210.