



Employee Benefit Plans Frequently Asked Questions

2022 Plan Year

Contents

Section I: General Open Enrollment Information	1
Section II: Virtual Benefits Fair	3
Section III: Making Your Benefit Elections	4
Section IV: Other Questions	7

Section I: General Open Enrollment Information

1. Are there any benefit changes for 2022?

No. The benefits available to you will be the same in 2022 as those offered for 2021.

2. When is the deadline to enroll?

The official deadline for completing your enrollment is November 19. However, we want to make sure that all State employees can make informed choices and complete the enrollment process without running out of time. Therefore, please don't wait until the last minute to make your elections. Note that the Office of Employee Benefits will be closing at 4 p.m. on Friday, November 19, and we will not be able to assist with any inquiries after that time. Elections can still be submitted through [Workterra](#) until the end of the day on Friday, November 19.

3. Is there an open enrollment grace period?

No. Open enrollment closes at the end of the day on Friday, November 19. We encourage you to enroll early.

4. When do open enrollment changes become effective?

Any changes you make during the open enrollment period—for example, changing medical plans or electing an FSA or life insurance coverage—will take effect at the beginning of the new plan year on January 1, 2022. Payroll deductions for your 2022 benefits, including new elections and new premium (co-share) amounts, begin on January 7, 2022.



5. Am I locked into my elections until the next open enrollment?

Yes. The elections you make during this open enrollment period will stay in effect for all of 2022. The only exception is if you have a qualified status change, for example, gaining or losing a dependent. In that case, you can make a change consistent with the status change, including adding or removing dependents and adding or canceling coverage, but you cannot change plans.

6. If I take no action during open enrollment, will all my benefits elections carry over to next year?

Yes. If you take no action during open enrollment, your current medical, dental, vision, life insurance, and legal coverage elections (including waives) will carry over to the new plan year. However, if you want an FSA in 2022, you must elect it during open enrollment. FSA elections do not carry over from year to year and must be elected each year during open enrollment.

If you wish to make an FSA election for 2022, you must use [Workterra](#), the State's online enrollment system. You must also use Workterra for medical (including waiving coverage and electing the opt-out payment), dental, vision, life, and legal coverage elections. You can find detailed Workterra guidance on the [Benefits Enrollment page](#) of the Office of Employee Benefits website.

If you have any balance remaining in your 2021 health care FSA after the end of the plan year, it will carry over to 2022 at the end of the 90-day claims run-out period, subject to federal guidance extending such a deadline. Just like from 2020 to 2021, the health care FSA carryover from 2021 to 2022 will be unlimited and not subject to the traditional \$550 limit.

Your Navia FSA debit card will be deactivated as of the end of the 2021 plan year. As referenced above, you will not be able to access your carryover amount using a debit card until after the claims run-out period has ended. After the claims run-out period ends, any carryover amount will be applied to a 2022 FSA with ASIFlex, and you will receive an ASIFlex debit card. You will be able to access your carryover amount and use your debit card or submit new claims to ASIFlex. You must make manual reimbursement claims to Navia for expenses you incurred during the claims run-out period, so please remember to keep all relevant EOBs and itemized statements. Please note that if you do not elect an FSA during open enrollment, you will see monthly \$2.25 deductions from your carryover-only FSA at ASIFlex.

Any amount left in a dependent care FSA at the end of the 90-day claims run-out period after a plan year ends is forfeited.

7. Is there a new FSA vendor?

Yes. The State has partnered with a new FSA vendor called ASIFlex. Beginning January 1, 2022, ASIFlex will administer all three types of FSAs: general purpose, limited purpose, and dependent care. You should notice no disruption to your FSA coverage. ASIFlex offers:

- Live help! You can speak with an experienced customer service representative every time you call.
- Extended servicing hours Monday through Saturday.
- Secure communications via email and text alerts; and reimbursements via direct deposit to your bank account.



- Multiple claim and reimbursement options, including mobile app, online, toll-free fax, mail, debit cards for health care FSAs, and exclusive FSA Store cardless pay service.
- Educational website at ASIFlex.com. Learn about eligible expenses and debit card information, estimate expenses and calculate tax savings, watch videos, and link to IRS publications.
- Secure employee portal through which you can view your account statement and balance; submit claims; read messages; shop FSA Store; manage your personal settings for email, text alerts, and direct deposit; and chat with an ASIFlex representative.

8. Why didn't I receive a printed copy of the *State of Rhode Island 2022 Benefits Guide* at home?

Again this year, the State of Rhode Island open enrollment is providing materials virtually. You will have your entire open enrollment experience online—from obtaining your [Benefits Guide](#) and getting benefits information to completing your enrollment.

Section II: Virtual Benefits Fair

1. Will the State hold an employee benefits fair near my work location?

No. Like last year, you can find everything you need to know on our virtual benefits fair website, www.exploremployeebenefits.ri.gov.

2. What is a virtual benefits fair?

It's an online event that replicates many of the features of a live, in-person benefits fair. When you [visit the website](#), you can:

- Access virtual booths from most of your benefit providers
- Download information to help you learn more about your benefits and make informed choices
- Find information about choosing or updating your beneficiary elections
- Link to valuable resources, including the State's Office of Employee Benefits website, benefit provider websites, and ALEX, the interactive online decision tool

3. Do I need a password to access the virtual benefits fair? Do I need to use a computer at a State office location?

No. During the open enrollment period, November 1–19, you and your family can access the virtual benefits fair by visiting www.exploremployeebenefits.ri.gov from your smartphone, tablet, or computer. You do not need any login information, like an ID or password.



4. I usually meet with representatives from our benefit providers at the benefits fair. Will I still have that opportunity?

You are always able to speak with your benefit providers throughout the year—just refer to the Contact Information page in your [Benefits Guide](#). In addition, some providers will hold virtual office hours during the open enrollment period when you can meet by phone or online. More information is available on the [virtual benefits fair website](#).

Section III: Making Your Benefit Elections

1. Are there any tools I can use to help me choose among the Anchor plan options?

Absolutely. The following tools are available to you right now.

- **Visit the virtual benefits fair.** The virtual benefits fair is a special website (www.exploreemployeebenefits.ri.gov) that's dedicated to giving you the experience of attending an in-person benefits fair.
- **Get your *State of Rhode Island 2022 Benefits Guide*.** The 2022 Guide is available for download from the Office of Employee Benefits [website](#) and from the [virtual benefits fair](#). Use your digital Guide to review the State benefits that are available to you, what you should consider before choosing your benefits, and how to enroll.
- **Talk to ALEX.** [ALEX—a personalized online decision support tool](#)—can help you understand the Plans and choose what's best for you and your family.
- **[Watch benefit videos](#)** on topics including:
 - How does a health savings account (HSA) work?
 - How do RI State Employee Anchor plans work?
 - What are dental and vision buy-up plans, and how do they compare?

2. Can I get guidance on making a medical plan decision?

Yes. You can start by [talking to ALEX, the personalized online decision support tool](#). ALEX can help you understand your options and make the best choice for you and your family. If you need additional assistance, you can set up a one-on-one consultation with a member of the BCBSRI State of Rhode Island Employee CARE Center. (See question 4 in this section.)

3. What is the BCBSRI State of Rhode Island Employee CARE Center?

BCBSRI, the State's medical provider, created the State of Rhode Island Employee CARE Center to support people covered under the RI State Employee Anchor plans. It is an all-in-one support center that connects State employees and their families with a local BCBSRI customer service and clinical team dedicated to their health needs.



You can call the BCBSRI State of Rhode Island Employee CARE Center at **401-429-2104** or **866-987-3705** with questions about your medical coverage. CARE Center hours are Monday–Friday, 8:00 a.m.–8:00 p.m. and Saturday, 8:00 a.m.–noon.

The State of Rhode Island Employee CARE Center is exclusively dedicated to questions about **medical** coverage under the Anchor medical plans. If you have questions about **prescription drug** coverage, visit [CVS Caremark online](#), or call **800-307-5432** to speak with a representative 24 hours a day, seven days a week. If you're looking to get in touch with the State's non-medical benefit providers, visit the [Office of Employee Benefits website](#), see individual provider pages at the [virtual benefits fair](#), or refer to the Contact Information page in the [Benefits Guide](#).

4. How do I set up a one-on-one consultation with the CARE Center?

During open enrollment, if you'd like to speak to a live BCBSRI representative about your Anchor Plan choices, email AccountManagementSupport@BCBSRI.org to be scheduled for a 10-minute virtual time slot with a live representative. Please provide two dates and times in your email that will work for you, and they will do their best to accommodate your preferred time. They are available Monday, November 1 through Friday, November 19 from 10 a.m.–noon and 1–3 p.m.

5. How do I change my assigned PCP (or that of a dependent)?

If you want to change your or a dependent's current PCP assignment, just call the BCBSRI State of Rhode Island Employee CARE Center at **401-429-2104** or **866-987-3705**. CARE Center hours are Monday–Friday, 8:00 a.m.–8:00 p.m. and Saturday, 8:00 a.m.–noon.

6. How much should I contribute to my HSA?

If you're electing the Anchor Choice medical plan and need help deciding how much to contribute to your HSA, [talk to ALEX](#), the State's personalized online decision support tool.

7. Can I get guidance on making an FSA election?

If you need help deciding how much to contribute to your FSA, first [talk to ALEX](#), the State's personalized online decision support tool. You should also visit the [ASIFlex tax savings calculator](#) to see how much an election could save you in taxes.

8. Can I make my elections in any other way, or do I have to use Workterra?

The State of Rhode Island open enrollment is conducted entirely online, so all employees are expected to use [Workterra](#). The Workterra interface is intuitive and user friendly, so you should find it easy to make your elections using the system. However, if you need support, please review the [Workterra User Guide](#), and/or seek navigation assistance from the BCBSRI CARE Center. You can call the CARE Center for help with things like finding a provider or resetting your Workterra password. Additionally, if there is a legitimate reason why you cannot use Workterra, for example an access issue, contact the Office of Employee Benefits for assistance.



9. What if I have difficulty accessing the open enrollment information on the website or have questions I can't answer online?

If you need help accessing information or want to ask a question, contact the Office of Employee Benefits by phone at **401-574-8530**, [email](#), or [through our website](#). Let us know if you have any questions during the open enrollment period. Because of increased call volume during the open enrollment period, **the best way to contact us** is through email at doa.oeb@doa.ri.gov or through our website's [feedback tool](#). If you prefer to call us and you have to leave a voicemail, we greatly appreciate your patience as we strive to return all calls within one business day.

10. What happens if I am on a leave without pay during open enrollment?

If you are on a leave without pay during the open enrollment period, you can still access [Workterra](#) to make your elections. However, if you elect an FSA, you won't be able to use it for eligible expenses until you return to work and begin making payroll contributions.

11. Are all benefits restricted to changes during the open enrollment period?

No. You can make HSA contribution changes and enroll in or make changes to your deferred compensation plan, short-term disability plan, and other products sold through Aflac and Colonial Life at any time during the year.

12. I'm locked out of Workterra. How do I get a password reset?

If you incorrectly enter your [Workterra](#) login information too many times, the system will automatically lock you out. If this happens, call the BCBSRI State of Rhode Island Employee CARE Center at **401-429-2104** or **866-987-3705**. CARE Center hours are Monday–Friday, 8:00 a.m.–8:00 p.m. and Saturday, 8:00 a.m.–noon.

13. Can someone help me make my elections?

Online open enrollment through [Workterra](#) is intuitive and user friendly, so you should find it easy to make elections on your own. However, if you have trouble, the BCBSRI State of Rhode Island Employee CARE Center can walk you through and help you navigate Workterra. However, they are not able to make changes to your record, so you must complete your own enrollment.

14. How do I know my enrollment was successful? How do I know my dependents have the correct benefits?

You'll see an on-screen confirmation statement at the end of your enrollment process, and it is available on your dashboard in Workterra. Just confirm that the confirmation statement reflects your choices and the correct elections for you and your dependents.

15. How do I enroll a new dependent who is not reflected on Workterra?

If your dependent is not listed in [Workterra](#), you need to first add them as a dependent in your Workterra account. Then, you can add them to the desired coverage plans by checking the box next to their names. Remember to upload supporting documentation to Workterra, for example, a birth or marriage certificate, or their coverage will be canceled.



16. What happens if I don't upload supporting documentation for a dependent?

If you have added a dependent in [Workterra](#) but don't upload supporting documentation, for example, a birth or marriage certificate, that dependent's coverage will be canceled.

17. Are there any special computer requirements for enrolling through Workterra?

No. There are no special computer requirements for completing your open enrollment in [Workterra](#). The site is designed to work with most browsers and devices, including desktop and laptop computers, tablets, and smartphones. However, pop-ups must be enabled to use the site. If pop-ups are disabled in your browser, the site will ask you to enable that functionality.

Section IV: Other Questions

1. Why are there no resources or information about the 2022 wellness program?

The Rewards for Wellness program enters its 15th year in 2022. Once again, it offers up to \$500 per employee in credits that are automatically applied to your biweekly medical plan premium (co-share) for completing certain wellness activities.¹ All activities must be completed during the 2022 calendar year, and incentives will be delivered in 10 consecutive pay days in the first half of 2023. We're pleased to announce that this year's program has the largest selection of activities for earning your \$500 in co-share credits that we've ever offered. Look for the Rewards for Wellness program brochure, which will be mailed to your home at the end of December.

What's more, as in previous years, if you receive a preventive care exam in 2022, you will earn a \$250 credit toward your medical premiums (co-shares). If you're married and your spouse also receives a preventive care exam, you will earn an additional \$250 credit toward your premiums (co-shares).² This is in addition to any wellness credits you may receive for completing wellness activities in the Rewards for Wellness program. Credits will be delivered in five consecutive pay days in the second half of 2023.

2. How can I contact a benefit provider directly?

To find contact information for your benefit providers, visit the [Office of Employee Benefits website](#), see individual provider pages at the [virtual benefits fair](#), or refer to the Contact Information page in the [Benefits Guide](#).

¹ Only active State of Rhode Island employees who are paying State medical premium payments at the time of the incentive delivery are eligible to receive premium credits.

² You and/or your spouse must obtain at least one of the following qualifying preventive exams to earn the \$250 credit(s): annual physical exam, annual gynecological exam, or prenatal obstetric exam. To receive \$250 in credits for a spouse's annual preventive exam, the spouse must have been covered as a dependent on the employee's family plan both when they received a qualifying annual preventive exam and when the incentives are paid out.



3. Do all of the State’s benefit plan providers offer mobile apps?

Visit each of your benefit providers at the virtual benefits fair to find information about mobile apps and other online services.

4. Will I get new ID cards for this year?

After your enrollment is complete, you will receive a new ID card from BCBSRI for 2022. This applies even if you are not changing plans or choosing a new Primary Care Provider (PCP). Your current CVS Caremark ID card does not expire, so you can continue to use it in 2022.