



Employee Benefit Plans Frequently Asked Questions

2024 Plan Year

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Section I: General Open Enrollment Information

1. Are there any benefit changes for 2024?

There are two changes this year: The deductible for the Anchor Choice Plan with HSA is increasing, and the State is increasing the amount of its health savings account (HSA) contribution.

The Anchor Choice Plan is an HSA-qualified high-deductible health plan (HDHP), and the Internal Revenue Service (IRS) sets strict rules about certain features of the plan, like deductibles and out-of-pocket maximums. They maintain these rules because of the tax advantages that come with contributing to an HSA.

For 2024 the IRS has changed the minimum allowable annual deductible for HDHPs. For that reason, your deductibles under the plan will increase. The new deductibles are:

- \$1,600 if you elect employee-only coverage (a \$100 increase)
- \$3,200 if you elect family coverage (a \$200 increase)

Because of this change, the State is increasing the amount of its annual HSA contribution to match the new deductibles. For employees enrolled as of January 1, 2024, the full annual deductible under Anchor Choice will be covered whether you enroll in individual or family coverage. Employees enrolling after this date may receive a lower State contribution.¹

¹ Contributions are made biannually with half deposited in January and the other half deposited in July. The State’s HSA contributions are NOT pro-rated for employees who enroll after January 1 and July 1.



2. When is the deadline to enroll?

The official deadline for completing your enrollment is November 17. 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 17, 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 (11:59 p.m. ET) on Friday, November 17.

3. Is there an open enrollment grace period?

No. Open enrollment closes at the end of the day (11:59 p.m. ET) on Friday, November 17. We encourage you to enroll early.

4. When do open enrollment changes become effective?

With the exception of some life insurance coverage elections, any changes you make during the open enrollment period—for example, changing medical plans or electing a flexible spending account (FSA) or legal coverage—will take effect at the beginning of the new plan year on January 1, 2024. If your life insurance election is subject to The Hartford's evidence of insurability requirements, your new life insurance coverage will become effective only after you complete the required medical questionnaire provided to you by The Hartford and receive an approval from The Hartford. Payroll deductions for your 2024 benefits, including new elections and new premium (co-share) amounts, begin on January 19, 2024.

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 2024. 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 waivers) will carry over to the new plan year. However, if you want an FSA or a dependent care spending account (DCSA) in 2024, you must elect it during open enrollment. FSA and DCSA 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 or DCSA election for 2024, 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 a balance remaining in your 2023 health care FSA after the end of the plan year, it will carry over to 2024 at the end of the 90-day claims run-out period, subject to the carryover limit of \$610.

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



7. Why didn't I receive a copy of the *State of Rhode Island Benefits Guide*?

This year, instead of the annual *Benefits Guide*, you should have received an enrollment brochure mailed to your home address. You can find everything you need for your enrollment online at the Office of Employee Benefits website (www.employeebenefits.ri.gov) and the virtual benefits fair (www.exploreemployeebenefits.ri.gov). The enrollment brochure contains information about how to access these and other enrollment resources. A copy of that brochure is posted to the Office of Employee Benefits website.

Section II: In-Person Open Enrollment Fairs and the Virtual Benefits Fair

1. Will the State hold an in-person open enrollment fair at or near my work location?

No. This year, instead of in-person benefits fairs, the Office of Employee Benefits will offer online learning opportunities, including two Lunch and Learn webinars being held at noon on October 26 and November 7. To attend a Lunch and Learn, visit the [News page on the Office of Employee Benefits website](#) at the time of your preferred webinar and click the link to attend. The webinars begin promptly at noon, so we recommend arriving a few minutes early.

In addition, on [the virtual benefits fair](#) you will find pre-recorded presentations by the Office of Employee Benefits and our benefits vendors.

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 to November 17, you and your family can access the virtual benefits fair by visiting www.exploreemployeebenefits.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 page of the Office of Employee Benefits website](#). More information is available on the [Office of Employee Benefits](#) and [virtual benefits fair](#) websites.



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 is dedicated to giving you the experience of attending an in-person benefits fair.
- **Attend an online learning opportunity.** The Office of Employee Benefits will offer two Lunch and Learn webinars being held at noon on October 26 and November 7. To attend a Lunch and Learn, visit the [News page on the Office of Employee Benefits website](#) at the time of your preferred webinar and click the link to attend. The webinars begin promptly at noon, so we recommend arriving a few minutes early.
- **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.
- **Get help choosing a medical plan.** [Schedule a virtual one-on-one session](#) with a BCBSRI representative to review your options. Sessions are available Monday–Friday, November 1–17 from 10 a.m. to 12 p.m. and 1 p.m. to 2:30 p.m.
- **[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 that is 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 a.m. to 8 p.m. and Saturday, 8 a.m. to 12 p.m.

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](#) or see individual provider pages at the [virtual benefits fair](#).

4. 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 a.m. to 8 p.m. and Saturday, 8 a.m. to 12 p.m.

If you are adding coverage for yourself or a dependent for the first time, you will need to wait until you receive your BCBSRI ID card. Your ID card should arrive by mail to your home address toward the middle or end of December.

5. 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.

6. 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.

7. 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.

8. What if I have difficulty accessing the open enrollment information on the website or have questions that aren't answered 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**, by [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.



9. 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 or DCSA, you won't be able to use it for eligible expenses until you return to work and begin making payroll contributions.

10. 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.

11. 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 a.m. to 8 p.m. and Saturday, 8 a.m. to 12 p.m.

12. 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. 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.

13. 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.

14. 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 that person as a dependent in your Workterra account. Then, you can add the person to the desired coverage plans by checking the box next to that person's name. Remember to upload supporting documentation to Workterra, for example, a birth or marriage certificate, or that person's coverage will be canceled.

15. 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.



16. 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 2024 wellness program?

The Rewards for Wellness program enters its 17th year in 2024. 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.² All activities must be completed during the 2024 calendar year, and incentives will be delivered in 10 consecutive pay days in the first half of 2025. 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.

As in previous years, if you receive a preventive care exam in 2024, 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).³ This credit 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 2025.

2. How can I contact a benefit provider directly?

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

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 2024. 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 2024.

² 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.

³ 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.