



## STATE EMPLOYEE HEALTH PLAN

### STATE EMPLOYEE NEWS OCTOBER 2009 3RD QUARTER EDITION



### OPEN ENROLLMENT REMINDER—ONLY 1 WEEK LEFT!!!

The Open Enrollment period for Active State Employees is from October 1 through October 31, 2009. You will be able to enroll in or make changes in your SEHP coverage, Flexible Spending Accounts (FSA), HealthyKIDS, and declare your tobacco user status for Plan Year 2010 (PY2010). This information applies for this Open Enrollment period.

#### OPEN ENROLLMENT ON THE INTERNET

The primary way for State Employees to enroll in SEHP coverage is through the Internet, using the Employee Self Service Center. **Please access your Employee Self Service Center account now to verify whether your password is active so you can complete your SEHP enrollment on line.**

Instructions for enrolling can be found [HERE](#).

The Employee Self Service Center Open Enrollment web portal is found at:

<http://www.accesskansas.org/employee/>

You must go to this site to:

- Review your current enrollment elections
- Make coverage changes including adding or dropping your own coverage, adding or dropping dependents which results in a coverage level change, electing voluntary vision coverage, or changing pretax payment status.
- Declare your tobacco user status for PY2010
- Participate or renew participation in a Flexible Spending Account for PY2010
- Apply for HealthyKIDS program **ENROLL ON-LINE THIS YEAR**

**Please remember to save your changes and print your elections before you sign off from the enrollment portal.** Confirmation statements will be available to view online by Mid-December, 2009.

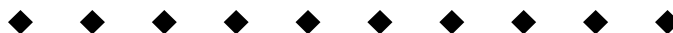
**NOTE:** If you will retire between October 1 and December 31, 2009, please do not use the Self Service Center portal to enroll in SEHP coverage. If you're in this situation and you use the Self Service Center portal, you will not be enrolled in the SEHP. The SEHP will receive a report that will identify these retirees, who will be sent a separate SEHP enrollment notification.

#### ENROLLMENT FORMS (EXCEPTION ONLY BASIS)

You must enroll on the web. These are the only situations where you may complete a paper Enrollment form:

- Employees on leave without pay and whose active employee SEHP coverage has been canceled.
- Newly hired or rehired employees that were entered in SHARP after September 10, 2009.
- Employees who became newly benefits eligible and the eligibility change was entered in SHARP after September 10, 2009.
- Employees who wish to cover newborn twins/triplets who do not yet have Social Security Numbers.

**Open Enrollment coverage elections will become effective on 1/1/10.**



## TOBACCO STATUS DECLARATION AND NON TOBACCO USER DISCOUNT FOR ACTIVE STATE EMPLOYEES

Again in 2010, the SEHP will offer the Non Tobacco User discount. In order to be able to qualify for the Non Tobacco User discount, you must go to the Open Enrollment website to declare your tobacco user status as you enroll in your 2010 coverage. Click [HERE](#) for more information.

**If you do not declare your tobacco use status on the Open Enrollment website, you will be defaulted to the base rate and will not qualify for the Non Tobacco User discount in 2010.**

**You have 4 options to choose from in declaring their tobacco use status:**

**Declare that you are a tobacco user and enroll in a tobacco cessation program.** You must complete all of the requirements of the program within the required timeframes prior to the end of the 2010 plan year. If the program requirements are not completed within the time-lines, you will lose the premium discount for the remainder of PY 2010.

**Declare that you are a tobacco user and elect to not to enroll in or complete a tobacco cessation program through KHPA.** By making this election, you declare that you are a tobacco user and choose not to participate in the non tobacco user discount for the 2010 plan year.

**Declare that you are not a Tobacco User.** By making this election you declare that during the 2010 plan year, you will not use tobacco in any form. You also understand that even a single instance of tobacco use may constitute a fraudulent misrepresentation on your part and may subject you to penalties which may include, but may not be limited to, elimination of employer contribution to your health insurance premium.

**Declare that you choose not to disclose your tobacco use status.** By making this election, you choose not to disclose your status as it relates to tobacco use. You understand that by not making a choice, you will not participate in the non tobacco user discount for the 2010 plan year. No negative inferences are made based on your choice to not to disclose your status.



### HEALTH PLAN OPTIONS

**MEDICAL PLANS— ALL PLANS ARE SELF-INSURED AND AVAILABLE NATIONWIDE.**

**ACTIVE EMPLOYEES - CLICK [HERE](#) FOR CARRIER INFORMATION—INCLUDING THE PLANS THEY OFFER AND PROVIDER DIRECTORIES**

**ALL RETIREES—MEDICARE ELIGIBLE AND NON MEDICARE ELIGIBLE - CLICK [HERE](#) FOR CARRIER INFORMATION—INCLUDING THE PLANS THEY OFFER AND PROVIDER DIRECTORIES**

#### **PRESCRIPTION DRUG COVERAGE –**

**CAREMARK** will continue to be the prescription drug provider for State Employees and Non Medicare Eligible Retirees. For additional information click [HERE](#)

**SILVERSCRIPT** will continue to be the prescription drug provider for Medicare Eligible Retirees. For additional information click [HERE](#).

#### **DENTAL –**

Delta Dental of Kansas, Inc. will continue as the Third Party Administrator for the self-insured dental plan. Changes in the plan will include an incentive to get regular exams and cleanings. For additional information click [HERE](#).

#### **VISION –**

Superior Vision will continue as the provider for the optional vision plan. Participants can choose from either the Basic or Enhanced plan options. For additional information click [HERE](#).

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**SPECIAL NOTES:**

**Dependent medical and prescription drug coverage** are available for you and your spouse, employee and child(ren) or employee and full family. Prescription drug coverage level **MUST** match the medical coverage level.

**Dependent dental coverage** is only available for dependents enrolled in medical coverage through the SEHP. In addition, if dependent dental coverage is selected, the dental coverage level **MUST** match the dependent medical coverage level.

**Vision coverage** is available for any benefits eligible employee and any eligible dependents, regardless of medical or dental enrollment coverage or level. However, if you are enrolled in employee and child (ren) or employee and full family coverage for medical, the dependent child(ren) under the vision plan must match the dependent child(ren) covered under the medical plan. Vision coverage cannot be changed during the plan year unless a dependent becomes newly eligible or ineligible for coverage. Even if an employee enrolls on an after tax basis, vision coverage cannot be dropped during the plan year. Employees cannot change from Basic to Enhanced coverage or vice versa during the Plan Year.



**HEALTH SAVINGS ACCOUNT (HSA)**

If you enroll in any of the Qualified High Deductible Health Plans (QHDHPs), you are required to enroll in a Health Savings Account (HSA) with payroll deductions on a pretax basis for PY2010. Each QHDHP medical carrier will establish a HSA with their own related bank. The open enrollment process on the web will require you to also enroll in the HSA affiliated with the carrier's bank. You will need to go to the carrier link to the affiliated bank's website to obtain and complete the HSA enrollment form. Failure to do so will prevent your contributions from being deposited into your HSA. If you enroll in a QHDHP with HSA, you're not eligible to enroll in the Health Care Flexible Spending Account (FSA) for 2010.

**PLEASE NOTE:** If you elect a QHDHP for PY2010, you're currently enrolled in the FSA in PY2009, and you have zeroed out your FSA as of the last day of the plan year (12/31/2009), you can begin contributions to an HSA as of January 1, 2010 even though you technically have coverage in the FSA during the grace period. If you have any money left in your FSA account on 1/1/2010, you must wait until 3/16/2010 to make HSA contributions or have those contributions made on their behalf.

Again for PY2010, there will be an employer contribution to the Health Savings Account.

The HSA **employer** contribution will continue to be based on full-time or part-time status and Plan C QHDP single or dependent enrollment.

For more information on both employer and employee contributions, click [HERE](#)



**EMPLOYEE PREMIUM RATES**

Detailed medical/prescription drug rate charts showing semi-monthly employee contributions (24 payroll deductions per year) are located on the Rates and Plans foldout in the Plan Year 2010 Open Enrollment booklet or click [HERE](#).

Dental and Vision rates also are displayed on the Rates and Plans foldout. There are no salary range differences in these rates.

You'll need to add all rates together to determine your total health plan contribution costs.

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## EMPLOYEE MEETINGS

A final list of Open Enrollment meetings facilitated by the SEHP staff and individual health plan vendor representatives can be found **HERE**. The meetings are noted as either Open or Closed. Closed are for only the agency listed. You may attend any meeting listed as Open.



### DEPENDENT VERIFICATION

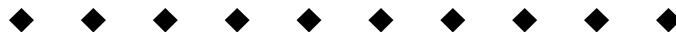
Copies of supporting documentation are required when adding dependents. Please make sure you provide the appropriate documentation to your Human Resource Officer not later than November 1, 2009.

### RELATIONSHIPS AND REQUIRED DOCUMENTATION ARE AS FOLLOWS:

- Spouse – copy of marriage certificate or copies of most recent year's Federal filed tax returns. The pages needed from the Federal tax returns depending on which form is filed are:
  - Form 1040--pages 1 & 2 showing the employee's name, spouse's name and both the employees and their spouse's signatures **for proof of spouse documentation only**.
  - Form 1040A--pages 1 & 2 showing the employee's name, spouse's name and both the employee's and their spouse's signatures **for proof of spouse documentation only**.
- Child – copy of birth certificate
- Newborn – copy of birth certificate or hospital birth announcement listing the parents
- Legal custody child - legal custody agreement filed with the court
- Court ordered dependent - court order filed with the court
- Grandchild - Birth certificate and dependent affidavit (if a dependent of a covered dependent) or legal custody agreement or adoption decree.

### SPECIAL NOTES:

- Enrollment for the above dependents will not be processed until Membership Services receives the appropriate documentation.
- Documentation for dependents must be received by Membership Services no later than November 1, 2009 otherwise the dependents will not be enrolled for coverage in PY 2010.
- Natural or adopted children of an employee are not considered legal custody children or court ordered dependents even though court orders and legal custody/divorce custody documents may exist.
- Social Security Numbers (SSNs) are requested for all covered dependents over the age of 60 days.
- When the SSN is known for any dependent, please submit the SSN to your Human Resources staff on an SEHP Change form indicating "Add SSN only".



### OTHER CHANGES

Tax Equity and Fiscal Responsibility Act (TEFRA) forms are required and must be completed for newly covered employees and/or spouses age 65 and over.

If you or a covered dependent have End Stage Renal Disease (ESRD) and Medicare, your agency should contact Membership Services at (785) 296-3226 for assistance in completing Open Enrollment.

If you or your spouse are expecting a baby or are planning to be married during November or December, you should complete Open Enrollment during October's Open Enrollment period based on your current coverage level and the desired plan(s) for the new plan year. Following the birth or marriage, a paper Enrollment Form (and a current SEHP Change Form, if necessary) should be completed within 31 days of the event making only the appropriate coverage level change.

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## FLEXIBLE SPENDING ACCOUNT

### RE-ENROLLMENT IS REQUIRED EVERY YEAR

The Third Party Flexible Spending account claims administrator is ASI Flex in Columbia, Missouri. Health care and dependent care claims are reimbursed daily. For additional information click [HERE](#)

The Flexible Spending Account forms and instructions are available online through the [ASI WEBSITE](#):

You must complete the Open Enrollment process in order to enroll or re-enroll in a Health Care and/or Dependent Care Flexible Spending Account. **A new election is required even if you are currently enrolled in one or both flexible spending accounts.**

You enroll by specifying a semi-monthly amount. Semi-monthly deductions for Plan Year 2010 flexible spending accounts will begin on the paycheck dated January 8, 2010 for the coverage period effective 01/01/2010. Effective dates of coverage for new enrollments and changes will be on the first day of a month.

### HEALTH PLAN AND FLEXIBLE SPENDING ACCOUNT DEDUCTIONS

Plan Year 2010 semi-monthly deductions will begin on the paycheck dated January 8, 2010 for the coverage period effective 01/01/2010.

**For the annual maximums for both Health Care and Dependent Care click [HERE](#)**

### HEALTH CARE FLEXIBLE SPENDING ACCOUNT GRACE PERIOD

The IRS and the U.S. Treasury Department allow employers to offer a “grace period” immediately following each plan year. During the grace period, unused benefits remaining in a Health Care Flexible Spending Account may be used to pay for qualified expenses incurred during the grace period. This ruling relaxes the “use-it-or-lose-it” rule at the end of the year but still requires forfeiture of remaining funds after the grace period. The Health Care Flexible Spending Account (FSA) includes a “grace period” through March 15, 2011. Therefore, for the Health Care FSA only, Plan Year 2010 expenses eligible for reimbursement are those incurred from January 1, 2010 through March 15, 2011. **Please note that there is no grace period for the Dependent Care FSA.** Claims for the Health Care Flexible Spending Account in Plan Year 2010 (including the grace period) must be submitted by April 30, 2011.

Grace period claims for the Health Care FSA will be set up to pay claims from any unused health account balance from the previous plan year first and then from the account balance of the current plan year. If an employee does not want a claim incurred during January through March 15, 2011 paid from the 2010 unused funds, they should clearly indicate this on their claims form to ASI.

Employees with funds remaining in their Plan Year 2010 Health Care Flexible Spending Account will be sent a letter to their home address advising them of a balance.

### NEW FOR PY 2010—FLEXIBLE SPENDING ACCOUNT DEBIT CARD

New for PY2010, FSA participants will have the option of having a FSA Debit Card. There is a \$12 annual fee for use of this card that will be deducted from your first paycheck in 2010. The annual fee is not refundable if you elect to quit using the card. The FSA Debit Card will be issued through ASI Flex and can be used anywhere that has an IAS (Information Inventory Approval System) in place or accepts credit cards and have a proper health care merchant category code. Such places include pharmacies (Walgreens, CVS, etc.), healthcare provider offices, some hospitals and major chain/grocery stores like Wal-Mart, Target, Dillon's, Hy-Vee, etc.

## HEALTHYKIDS PROGRAM

Benefits eligible State employees who would otherwise be eligible for HealthWave 21 coverage for their dependent children may be approved for a higher employer contribution rate to cover their children on the SEHP. This program is called the HealthyKIDS program. If you qualify, the State will contribute 90% of the total premium for your eligible SEHP dependent children for PY2010.

If you're currently enrolled or are not enrolled in HealthyKIDS, **you must complete your enrollment on line each year** so that an eligibility determination can be made for the program. Newly eligible or newly hired employees in PY2010 will also be able to apply through KHPA for the lower rates in the HealthyKIDS program.

If you applied for HealthyKIDS and were denied, you have until **December 15, 2009** to contact your Human Resource office if you want to drop the dependent coverage. You will be allowed to complete a Change Form changing coverage level only. Please indicate "Denied HealthyKids" on the Change Form.



## COBRA OPEN ENROLLMENT

COBRA Open Enrollment dates are November 1 through November 30, 2009. COBRA participants will receive their open enrollment information from the State of Kansas' new COBRA administrator, COBRAGuard. COBRA participants will have the access to the same health plan choices as Active participants.



## DIRECT BILL/RETIREE OPEN ENROLLMENT

**PY 2010 DIRECT BILL OPEN ENROLLMENT DATES ARE NOVEMBER 15 - DECEMBER 15, 2009.**

**Direct Bill Open Enrollment meetings** will be held November 2-13, 2009. Click **HERE** for meeting dates, times and locations.

**Direct Bill members enrolled in Plans A and B are eligible for the Non Tobacco User discount.** Even if no changes will be made to their medical, prescription drug, dental or vision coverage, the member will need to complete a Direct Bill Enrollment Form to declare their Tobacco Status for PY2010.

**If a Direct Bill member wants to make a change** such as changing a medical and/or prescription drug plan, adding or dropping medical or vision coverage, adding or dropping a spouse and/or dependents from coverage, they are required to complete a new Enrollment Form for Plan Year 2010.

**PLEASE NOTE:** Direct Bill members enrolled in a Medicare Specialty product are **not** eligible for the Non Tobacco User discount.

## DIRECT BILL CALL CENTER

Hours of operation will be from 8:30 am to 4:30 pm starting November 9, 2009 and ending on January 8, 2010. SEHP staff and several of our state retirees will be providing assistance to members.

Retirees that have questions regarding their Open Enrollment elections may call the Direct Bill Call Center toll-free at 1-866-541-7100 or (785) 296-1715 (in Topeka).

The new Direct Bill Enrollment Form will be included in the 2010 Direct Bill Open Enrollment Book or can be obtained by calling the Direct Bill Call Center, toll-free at 1-866-541-7100 or (785) 296-1715 (in Topeka).

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## NEWS FROM HEALTHQUEST

### Deadline to Order Gift Cards is October 31

The 2009 Health Screening and Personal Health Assessment (PHA) programs have now ended. Health plan members who completed the PHA to earn a \$50 gift card have until October 31, 2009 to select any gift card from the available options. If you completed the PHA but did not receive your award notice with instructions to order your gift card, please contact the fulfillment center at Hallmark by calling toll free 1-888-275-1205 (select option 4) or emailing [customer\\_service@hallmarkinsights.com](mailto:customer_service@hallmarkinsights.com) to have it resent via email or postal mail. After October 31, if you have not selected a gift card, you will automatically be eligible to receive the default card to Target. For more information on gift cards, please visit [http://www.khpa.ks.gov/healthquest/gift\\_card.html](http://www.khpa.ks.gov/healthquest/gift_card.html).

### Nurseline Free to Health Plan Members

Did you know you have access to a free nurse line 24 hours a day/7 days a week? Call the nurse line toll free at 1-888-275-1205 and select option one from the menu to be connected to a health coach for any medical related question you may have about yourself or a family member. Health coaches are specially trained professionals such as registered nurses, dietitians and respiratory therapists who are ready to assist you. They even provide ongoing support for chronic medical conditions such as diabetes and asthma. The coaching service is voluntary, private and available to health plan members at no charge.

For more information on health coaching, click [HERE](#).



### SEHP FLU SHOT COVERAGE

It's Fall again and along with Fall comes the flu season. This flu season has an additional concern because of the H1N1 virus, also known as the swine flu virus.

The SEHP wants you to know that flu shots including shots for the H1N1 flu are covered by Plans A, B and C. Flu shots are part of your preventive care benefit so the cost of your flu shot is paid in full if you get it from a network provider. Each of the health plans has a different provider network so before you seek care, you need to be sure you use a network provider.

If you receive a flu shot at your physician's office and the physician bills for an office visit in addition to the flu shot, there will likely be a copay for the office visit. However, if your physician's office has a flu shot clinic where a patient may go in at certain times to see a nurse and receive a flu shot, the flu shot and administration is covered at 100% and there would not be an office visit copay. Ask the provider's office how the service will be billed before services are provided.

You can review the network provider directories for each of the plans from links to the carriers [HERE](#) or you can contact the customer service department of your health plan at the phone number listed on the back of your identification card.

### Remember that hand washing is the single most important action to stop spreading infection and disease.

- Use soap and warm, running water.
- Rub your hands vigorously for 20 seconds
- Wash all hand surfaces.
- Dry your hands or use a paper towel.

Continued on the next page....

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**SEHP FLU SHOT COVERAGE CONTINUED****You should always wash your hands after:**

- Going to the toilet (or changing diapers)
- Coughing/sneezing or using a tissue
- Handling raw meat and poultry (before AND after!)
- Touching lacerations/cuts, sores or infected areas on the skin
- Handling or playing with pets
- Touching dirty kitchen equipment, utensils, dishes or work surfaces
- Smoking, eating or drinking and before handling foods
- When hands become visibly soiled

**You should always wash your hands before:**

- Touching or handling ready-to-eat foods, such as breads, deli meats, cheese, fruits and vegetables, etc.
- You eat

For more information on SEHP flu shot coverage, please click [HERE](#)

**PROSTATE CANCER AWARENESS****Know the Basic Facts About Prostate Cancer** From the Prostate Cancer Foundation***Who can get prostate cancer?***

- The prostate, which produces semen, is found only in men. Women cannot get prostate cancer.
- Prostate cancer is the most common non-skin cancer in the United States.
- 1 in 6 American men will be diagnosed with prostate cancer.
- Men with a first-degree relative – a father, brother, or son – with prostate cancer are at higher risk of developing prostate cancer.
- African-American men are at higher risk of developing prostate cancer than Caucasian men.
- One new case occurs every 2.7 minutes and a man dies from prostate cancer every 19 minutes.

***What are the symptoms of prostate cancer?***

- If the cancer is caught at its earliest stages, most men will not experience any symptoms.
- Symptoms that might indicate the presence of prostate cancer include: a need to urinate frequently, especially at night; difficult, painful, burning or bloody urination; painful ejaculation; and/or frequent pain or stiffness in the lower back, hips or upper thighs.

***What does it mean to be screened for prostate cancer?***

- Screening for cancer entails testing for cancer in someone who has no signs or symptoms of the disease but who may be at risk for developing the disease. Screening tests cannot diagnose cancer, but abnormal results indicate a need for further tests.
- Screening for prostate cancer can be done in a doctor's office using two different tests:
  - PSA (prostate-specific antigen) is a protein secreted by the prostate that is typically elevated in men with prostate cancer. A blood test measures the level of PSA in the blood.
  - During a DRE (digital rectal exam), the physician inserts a lubricated, gloved finger into the rectum and examines the prostate for irregularities in size, shape and texture.
- If the PSA and/or the DRE show abnormal results and prostate cancer is suspected, a biopsy will be performed. During the biopsy, cells from the prostate will be removed and examined to determine



## BREAST CANCER AWARENESS MONTH



October is the 25<sup>th</sup> anniversary of National Breast Cancer Awareness Month. This program is dedicated to increasing public knowledge about the importance of early detection of breast cancer. Since the program began in 1985, mammography rates have more than doubled for women age 50 and older and breast cancer deaths have declined.

This is exciting progress, but there are still women who do not take advantage of early detection at all and others who do not get screening mammograms and clinical breast exams at regular intervals. The key to mammography screening is that it be done routinely – once is not enough.

For more information, please visit [www.nbcam.org](http://www.nbcam.org).

