



**State Employee  
Health Plan**

**Open Enrollment  
2009**


Opening screen

A close-up photograph of a sunflower with bright yellow petals and a dark brown center, positioned on the left side of the slide.

## Agenda

- Introductions
- Benefit Changes for 2009
- Plan Options
- Resources
- Open Enrollment
- Questions?

Today we are going to look at the plan options for 2009. We will talk about what's new and what you need to think about during this open enrollment period. Once we have gone through the prepared presentation, we will open the floor to questions.




## Benefit Changes for 2009

- Implementation of new employer contribution
  - Base rates
  - \$20 discount per pay period available
- Deductible and Coinsurance changes on Plan A
- Coinsurance and Copay changes on Plan B
- Coinsurance and Out-of-Pocket Maximum changes to Plan C

Lets take a quick look at what is new for 2009:

- Beginning in 2008, the SEHP is self funding all of the medical plans instead of buying insurance. Every year the SEHP staff undertakes a review of the health plan benefits and the plan finances. Part of this review is to project the long term financing needs of the plan, and to provide employees with meaningful health plan choices. Based upon the results of this review, several plan changes have been made.
- The employer contribution has been set based on a base rate. Employees who are non tobacco users and tobacco users who agree to complete a tobacco cessation program will receive a \$20 discount per pay period on their premiums. Tobacco users and those who don't want to disclose their tobacco use, will pay the base rate.
- Deductible has been added to Plan A
- Coinsurance changes have been made on all plans
- Copay changes were made on Plan B.
- The Network/Non Network out-of-pocket maximums have been lowered on Plan C.




## Health Plan Options

	Plan A	Plan B	Plan C
Blue Cross and Blue Shield of Kansas	√	√	
Coventry Health Care	√	√	√
Preferred Health Systems	√	√	√
<b>NEW!</b> UMR A UnitedHealthcare Co.	√	√	√

The chart summarizes the plan and vendor options available. UMR is a UnitedHealthcare Company and is a new vendor option available this year. All plans are Preferred Provider Organizations (PPOs) and are available statewide. Plan C is the Qualified High Deductible Health Plan with Health Savings Account.

All Plan A policies cover the same things. All Plan B's cover the same things and all Plan C policies cover the same thing. The difference between the vendors offering the plans is the provider networks available, the ancillary services offered like their website and discount programs, and the premiums you pay.

For 2009, three companies will offer Plan C, the Qualified High Deductible Health Plan with Health Savings Account: Coventry, Preferred Health and UMR. The three companies each use a different vendor for their Health Savings Accounts.



## Primary Care Providers

- Focus on “Primary Care Providers” (PCPs)
  - General practice
  - Family practice
  - Geriatrics
  - Internal medicine
  - Physician extenders
  - Pediatrics
- Not required to designate a specific PCP
- Must be a network provider
- Referrals not required

We encourage you to seek care from a network Primary Care Provider. The following network health care providers are considered Primary Care Providers:

- General practice
- Family practice
- Internal medicine
- Pediatrics
- Geriatrics
- Physician extenders (physician assistants and advance registered nurse practitioners)

You are not required to designate a PCP and a member may use more than one type of Primary Care Provider for care. We encourage each member to have a Primary Care Provider who helps direct their care. However, since the plans are Preferred Provider Organization (PPO), referrals are not required when seeking services.

Office visits Copays for Primary Care Providers are lower, saving you money. Providers not on this list will be considered specialists and you will be responsible for a higher office visit copay.



## Preventive Care

- Physical Exams
  - Well Woman
  - Well Man
  - Well Child
  - Well Baby
- Immunizations – including allergy shots
- Vision Exam
- Hearing Exam
- Bone Density Screening
- Mammogram
- Colonoscopy

All of the health plan designs encourage prevention and wellness. The goal is to maintain or improve your health and to identify any health issues early so that treatment can be provided. When you use your network provider, the health plan pays for your services in full.




## Plan A – Network Providers

- Preventive Care Covered at 100%
- Office Visit Copays
  - \$20 for Primary Care Office Visits
  - \$40 for Specialist Office Visits
- \$50/\$100 Deductible
- 20% Coinsurance
- Coinsurance Max \$1,100/\$2,200

Plan A offers access to both network and non network providers. You will have lower out-of-pocket costs when you use network providers. Preventive Care Services are covered in full by the plan. Office visits with a Primary Care Provider will be subject to a \$20 Copay. All other providers will be considered Specialists and will be subject to a \$40 Copay.

Services other than preventive care or office visits will be subject to a \$50 per person/\$100 per family Deductible and then 20% Coinsurance. The maximum Coinsurance you will pay is \$1,100 for single and \$2,200 per family. Once the Coinsurance maximum is met, the plan pays for covered services at 100% for the remainder of the calendar year.



## Plan B – Network Providers

- No Deductible
- Preventive Care Covered at 100%
- Primary Care Office Visits
  - \$20 Copay for adults
  - \$10 Copay for children age 18 under
- Specialist Office Visits
  - \$40 Copay for adults
  - \$25 Copay for children age 18 under
- 30% Coinsurance
- Coinsurance Max \$2,200/\$4,400
- Lab card benefit

- Plan B offers access to network and non network providers.
- There is no deductible when you use a network provider.
- Preventive Care is covered at 100% when received from a network Provider.
- For dependent children age 18 under, the office visit Copay has been reduced to \$10 for Primary Care providers and \$25 for Specialists.
- The Coinsurance was reduced from 35% to 30%.
- The Coinsurance maximums remain unchanged.



## **Plans A & B - Non Network Providers**

- \$500/\$1,500 Deductible
- 50% Coinsurance
- Coinsurance Max \$3,650/\$7,300
- Preventive care not covered.

•If you choose to use a Non Network provider, you will be responsible for the first \$500 of covered services as a deductible. A maximum of three deductibles will apply for a family.

•After the Deductible has been satisfied, you will be responsible for 50% Coinsurance until you reach the Coinsurance Maximums of \$3,650 for single for \$7,300 for a family.

•You are also responsible for any excess charges since the provider has not agreed to accept the health plan's allowed charge.

•Preventive care is not covered with Non Network providers.




## Plan A & Plan B Prescription Drug Coverage

- Generic Drugs – 20% Coinsurance
- Preferred Brand Name – 35% Coinsurance
- Special Case - \$75 Copay @ 30-day supply
- Non Preferred Brand – 60% Coinsurance
- Lifestyle – Discount only
- Preferred Drug List (PDL) available on the KHPA website
  - PDL is updated quarterly
- Print out the PDL and take with you to your appointments
- Using Generics will save you money

Plans A and B share the same five-tier drug plan. The Preferred Drug List is available on the web. Members are encouraged to print it out and take it with them when they go to their medical appointments. Having the Preferred Drug List available when your provider is writing the prescription will assist you in discussing your options. The Preferred Drug List is updated quarterly and members are encouraged to check for updates on the website.


Using generic drugs is a way for you to save money. In addition to a lower Coinsurance, the cost of the medications is generally lower so you are paying a smaller amount of a smaller amount.



## Generic Launches

<b>3<sup>rd</sup> &amp; 4<sup>th</sup> Qtr. 2008</b>	<b>1<sup>st</sup> &amp; 2<sup>nd</sup> Qtr. 2009</b>
<ul style="list-style-type: none"><li>• Depakote</li><li>• Imitrex</li><li>• Lamictal</li><li>• Paxil</li><li>• Requip</li><li>• Risperdal</li><li>• Sonata</li><li>• Yasmin</li></ul>	<ul style="list-style-type: none"><li>• Adderall XR</li><li>• Ambien CR</li><li>• Cellcept</li><li>• Lotrel</li><li>• Topamax</li></ul>
	<b>3<sup>rd</sup> &amp; 4<sup>th</sup> Qtr. 2009</b>
	<ul style="list-style-type: none"><li>• Glyset</li><li>• Prevacid</li><li>• Valtrex</li><li>• Xenical</li></ul>

As we have seen in the last few years, the patents for a number of popular brand name drugs are set to expire this year and next. Here is a preview of the medications we expect to have generic launches.



## Prescription Drug Plan

- Non Sedating Antihistamines are now Lifestyle drugs
  - OTC options available
- Reduced Coinsurance for Diabetic & Asthma medications
  - Generics – 10% to a max of \$10
  - Preferred Brands – 20% to a max of \$20
- Tobacco control products covered up to \$300 per member per year
  - Generics – 10% to a max of \$10
  - Preferred Brands – 20% to a max of \$20

•This year, Zyrtec joined Claritan as an over-the-counter (OTC) (non prescription) non sedating allergy treatment. As there are now several equivalent non sedating allergy products available OTC, prescription, non sedating antihistamines will be considered lifestyle medications. For lifestyle medications, the member will be responsible for one hundred (100) percent of the discounted rate for prescriptions.

•Introduced last year, the benefit for diabetic and asthma medications has been lowered to 10% Coinsurance to a maximum of \$10 and Preferred Brand names are subject to 20% Coinsurance to a maximum of \$20.

•Tobacco control medications are covered up to a maximum plan payment of \$300 per member per year.



## Specialty & Biotech Drugs

- Specialty & Biotech medications are:
  - Mostly self-injectable drugs
  - Drugs with limited indications:
    - Cancer, MS, Hemophilia, RA
  - Require special handling
- Must use Caremark Specialty Mail Order Pharmacy
  - Drugs are for home use
  - Members using these drugs will be contacted by Caremark
- List of Specialty & Biotech drugs:  
<http://www.khpa.ks.gov/SEHBP/benlink.htm>

•Specialty and Biotech drugs are specialized medications. They are mostly self-injectable medications used for cancer, MS, hemophilia and rheumatoid arthritis. Less than 1% of the medications purchased by state employees fall into the Specialty or Biotech category.

•Beginning January 1, coverage for these pharmacy products is being moved to the Caremark Specialty Mail Order Pharmacy. If you are currently using one of these medications, Caremark will be contacting you to develop a transition plan for moving your prescription to the mail service. In addition to dispensing the specialty or biotech medication, Caremark will provide members with personalized care, education and support needed to optimize the benefits of treatment including personalized pharmacy care management services.



## Caremark Specialty Mail Service

- Convenient, prompt and discreet delivery
- Access to an on-call pharmacist 24/7
- Designated case manager
  - Provides patient support
- Disease-specific education & counseling
- Proactive refill reminder phone calls
- Coordination of patient care with doctor's office

- Convenient delivery – Caremark will deliver your prescription directly to you or your doctor's office. Caremark will be in contact with you to set up the delivery each month.

- Staff pharmacists will be available to talk to you and answer questions 24/7.

- A case manager specializing in the member's health condition will be assigned to the member to assist with ordering, using the medication, and understanding the treatment.

- Disease-specific education and counseling are part of the service.

- Coordination of care with you, your doctor and Caremark will facilitate meeting your medicine needs.



## Plan C – QHDHP w/ HSA

- QHDHP is the medical plan
- HSA is the savings account
- You are not eligible for an HSA if:
  - Enrolled in Medicare
  - Covered by another health plan that is not a QHDHP
  - Covered by a health care FSA.
  - Covered by TRICARE or TRICARE For Life
  - Eligible to receive VA medical services

This plan has two components. The Qualified High Deductible Health Plan is the insurance piece and the Health Saving Account is the bank account. You will have both. The IRS has set out guidelines on who can have a Health Savings Account.

- You may not enroll in this plan if you or anyone you cover is enrolled in Medicare.
- You may not enroll in this plan and be covered by another health plan that is not a Qualified High Deductible Health Plan.
- You may not have a traditional health care Flexible Spending Account. This includes a spouse's health care FSA account.
- You may not have received within the last 3 months, or be eligible to receive, VA medical services.



## Plan C – Network Providers

- \$1,500/\$3,000 Deductible
- 20% Coinsurance
- \$3,000/\$6,000 Out-of-Pocket Maximum
- Preventive Care Services paid at 100%




•As the name implies, the Qualified High Deductible Health Plan has a high deductible. If you select single coverage you will be responsible for paying the first \$1,500 of covered expenses before the health plan begins paying. You can use your Health Savings Account to fund these out-of-pocket costs.

•If you select family coverage, you will be responsible for the first \$3,000 of eligible expenses before the plan begins paying. Unlike Plans A and B, the entire family Deductible under Plan C must be met before claims are paid by the health plan.

•After you have met the Deductible, then claims are paid by the plan at 80%, and you pay 20% until your total out-of-pocket for the Deductible and Coinsurance reaches \$3,000 if you have single coverage or \$6,000 if you have family coverage. After that, eligible claims are paid at 100% for the remainder of the calendar year when you use network providers.

•Preventive care services are not subject to the Deductible and are paid at 100% when received from a Network Provider. The cap on preventative care services has been removed. The benefit now matches the preventative benefit on Plans A & B.



## **Plan C – Non Network Providers**

- \$2,000/\$4, 000 Deductible
- 50% Coinsurance
- \$3,650/\$7,300 Out-of-Pocket Maximum
- Preventive Care is not covered

If you use the services of a Non Network provider, you will have a Deductible of \$2,000 for single and \$4,000 for family. Once the Deductible has been satisfied you will share in the cost of services by paying 50% Coinsurance until your Coinsurance and Deductible reach the out-of-pocket maximum of \$3,650 single and \$7,300 for a family. After that, eligible claims are paid at 100% of the allowed charge for the remainder of the calendar year.

Remember, when you use Non Network providers, you are responsible for any excess charges above what the Plan allows in addition to your Deductible and Coinsurance. It is in your best interest to use Network Providers whenever possible.



## Plan C – QHDHP Drug Plan

- Drugs are subject to the Deductible then:
  - Generic \$10 Copayment
  - Preferred Brand \$30 Copayment
  - Non Preferred Brand \$55 Copayment
- Copayment is per 31-day supply
- **Mandatory Generic Substitution**
- Uses Caremark Preferred Drug List
- Not “creditable” drug coverage for Medicare

•Plan C has its own drug plan. Drugs are subject to the overall plan Deductible and then paid at the copayment levels listed above.

•This is a mandatory Generic substitution plan. That means if a drug is available as a generic and you elect to take the brand name drug instead, you will be responsible for the Copay and the difference in cost between the generic and the brand name drug.

•This plan will be used by all three medical vendors. The Preferred Drug List is the same as the one used for Plans A and B. It is available on the KHPA website.

•For our more mature members, we want you to be aware that Medicare does not consider this drug benefit to be creditable coverage. For members who will be reaching Medicare age, this means that this is not considered a qualified plan under Medicare Part D. Since you are not allowed to carry this plan once you are eligible for Medicare, this may or may not present an issue for you.



## Plan C - Health Savings Account (HSA)

- HSA is owned by you
  - Account is portable
  - Members responsible for use of funds
- Administered by bank associated with the health plan
- Open the account online
- HSA funds can be used to pay:
  - Deductible, Coinsurance, Copayments
  - Eligible medical expenses

- The Health Savings Account is a bank account owned by you to fund your out-of-pocket and non covered health care costs.
- If you enroll in the Qualified High Deductible Health Plan, you will be responsible for opening the account. This can be done online or by printing out the form and submitting it to the bank. You are responsible for documenting the use of the funds.



## Plan C – Health Savings Account


- Employer HSA contribution
  - \$37.50 per pay period for single
  - \$56.25 per pay period for family
- Member HSA contributions
  - Require contribution of \$25 per pay period
  - Can elect additional amounts
  - Pre-tax or post-tax contributions
- Account fees
  - Vary by Plan
  - Information on bank account fees available on the KHPA website

<http://www.khpa.ks.gov/SEHBP/benlink.htm>

•If you enroll in the Qualified High Deductible Health Plan, the State will contribute \$37.50 per pay period for single coverage and \$56.25 for family coverage in the HSA account. You will be required to contribute \$25 per pay period to your HSA account. You may elect to contribute more if you wish on either a pre-tax or post-tax basis.

•Each one of the three vendors offering the Qualified High Deductible Health Plan has a banking partner for the Health Savings Account. The investment opportunities and fees will vary by the bank.

•Additional information regarding the Health Savings Account is available on our website.



## Selecting a Health Plan

1. Pick a plan design (Plan A, B or C)
  - Use PlanSelect to help you decide
2. Review the Provider Networks
  - Each of the health plans uses a different provider network
3. Review the ancillary services of each health plan
4. Review the premiums

You need to consider which plan design is best for you and your family. PlanSelect, an online tool, can help you decide. Review the open enrollment book and CD for more information about plan choices. Once you pick a plan design, you need to review the provider networks of the vendors to determine which ones have the doctors and hospital that you use. Consider the ancillary services provided by each of the plans, and finally review the premiums to decide which plan provides the coverage you need and the cost of that coverage.



## Dental Coverage

- Two networks - You have access to both networks
  - Delta Dental PPO
  - Delta Dental Premier
- Two exams/cleanings a year paid in full
- Major restorative services
  - Subject to \$45 Deductible & Coinsurance
- Orthodontic benefit of \$1,000
- Annual benefit maximum
  - \$1,700 per person per year

- There are no changes to dental coverage this year. You will have access to two provider networks: Delta Dental PPO is the smaller network of dentists who offer the larger discounts and Delta Dental Premier is the larger network.
- Both Delta Dental PPO and Delta Dental Premier cover diagnostic and preventive services at 100 percent of the allowed charge, which includes oral examinations with cleanings twice per plan year.
- Coverage for other benefits such as restorative, oral surgery, endodontics, periodontics, **and** prosthodontics, depends on which network you use and are subject to the plan deductible.
- Orthodontic coverage is available and is limited to \$1,000 per person per lifetime.
- The annual maximum benefit paid per person per year is \$1,700.



## Vision Coverage

- Basic Plan – Network Providers
  - Exams subject to \$50 Copay
  - \$25 Materials Copay then:
    - 100% single-vision, standard bifocal, trifocal lenticular lenses
    - Up to \$100 allowance for frames
  - Elective Contact lens allowance \$150
    - Mail order: [SVcontacts.com](http://SVcontacts.com)

• Superior Vision has been working to enhance its network. Two network provider additions you may not be aware of are the addition of many of the Greene Vision locations in the central Kansas area and the addition of Sam's Clubs nationwide.

• There is no change to the Basic Vision Plan. This vision plan is designed to pay for eyeglasses and contact lenses. Eye exams are paid at 100% under the medical plan when you use a network provider.

• If you are interested in mail order contact lenses, Superior offers a mail service: [SVcontacts.com](http://SVcontacts.com).



## Enhanced Vision Plan

- Includes Basic Plan Coverage plus...
  - Progressive lenses up to \$165
  - High index lenses or Poly-carbonate lenses up to \$116
  - Scratch and UV coating
  - **Contact Lens Fitting Fee**
    - **Subject to \$35 Copay**
    - **Limited Coverage**
- Enhanced benefits not available from Non Network Providers

•The enhanced plan includes all of the benefits of the basic plan, plus coverage for progressive, high index or poly-carbonate lenses and scratch and UV coating.

•**There is a new benefit for contact lens fitting exam fees.** This is paid at 100% with network providers after a \$35 copayment. The plan coverage depends on the type of lenses and whether you're a new contact lens wearer or not.

•**Standard Contact Lens Fitting Exam** - This fitting is for a current wearer of disposable, daily wear or extended wear contact lenses. It includes two follow-up visits within three months. The contact lens fitting is covered in full following any applicable copays.

•**Specialty Contact Lens Fitting Exam** This fitting is for a member who has never worn contact lenses or those requiring a more complex fit for toric, gas permeable or multi-focal contact lenses. It includes two follow-up visits within three months. The contact lens fitting is covered in full up to a \$50 allowance, following any applicable copays.

• **Enhanced Plan are available only from Network Providers**



## HealthyKIDS Program

- Financial assistance toward the cost of coverage for dependent children
  - 200% of poverty level
  - State pays 90% of children’s premium
  - Same coverage
  - Must enroll every year
  - Applications available online at:

<http://www.khpa.ks.gov/SEHP/Active.htm>

Some employees may qualify for the HealthyKIDS program, which provides an additional employer contribution toward the cost of coverage for dependent children of households with incomes of up to 200 percent of the Federal Poverty Level. For covered children in the HealthyKIDS program, the State pays 90 percent of the premium cost for your dependent children’s coverage. HealthyKIDS does not effect the coverage of your health plan. HealthyKIDS is an additional contribution toward the cost of health coverage for families who would otherwise qualify for Medicaid.

There are 2 steps to enrolling your children in HealthyKIDS:

- First, during open enrollment, you will need to select health coverage through Plans A, B, or C like any other employee and enroll yourself and your children.
- Next, you need to complete the HealthyKIDS application and submit it by October 31 to the SEHP. If you are currently participating in HealthyKIDS, you must reapply for the benefit to continue.

Applications for the HealthyKIDS program are available online at <http://www.khpa.ks.gov/OpenEnrollment07/HealthyKIDS.htm>. See your enrollment booklet for more information.



## Flexible Spending Is....

- Two programs of Flexible Spending:
  - Health Care Flexible Spending Account (FSA)
  - Dependent Care Flexible Spending Account (FSA)
- Pre-tax contributions
  - Up to \$5,000 per account per year
  - Extended grace period for Health Care FSA
- Use PlanSelect Benefit Calculator
- Participation is voluntary
- Annual enrollment is required
- ASI administers the FSA programs

[www.asiflex.com](http://www.asiflex.com)

Flexible Spending Accounts are a way to set aside up to \$5,000 to pay for health care and dependent care. Contributions to these accounts are made on a pre-tax basis, which means no taxes are withheld on the money you put into the accounts.

The Health Care Flexible Spending Account funds may be used to pay for you, your spouse, or your dependent children's expenses regardless of whether or not they are insured by the State Employee Health Plan.

Money you set aside must be spent for covered services. You do have a grace period after the end of the plan year to spend your Health Care FSA funds, but it is limited to the following March 15.

For example, money you put into the Health Care FSA for 2009 must be spent on eligible expenses that you incur no later than March 15, 2010. You have until April 30, 2010, to submit those expenses for reimbursement.

A Dependent Care FSA is used to set aside pre-tax funds to pay for child care expenses that enable you and your spouse to work. To qualify, you must be the custodial parent with over 50% custody. There is NO grace period for Dependent Care FSAs.



## Eligible Expenses

- Health Care Expense
  - Deductibles, Copays & Coinsurance
  - Eyeglasses, contact lenses & hearing aids
  - Over-the-counter medications used for a specific medical purpose
  - Orthodontic treatment
- Eligible Day Care Expenses
  - Day care services
  - General purpose day camp
  - Babysitters
  - Pre-school
- Details on eligible expenses available at:  
[www.asiflex.com](http://www.asiflex.com)

Some common eligible items under a medical flexible spending account include: deductibles, copays, and coinsurance. For dependent care it includes expenses for day care, baby sitters and preschool for your dependent children under age 13. For additional information and specifics about eligible expenses, visit the ASI website at: [www.asiflex.com](http://www.asiflex.com).



## **Filing a Claim**

- Fill out a claim form, attach receipts, and mail or fax to ASI.
- Fill out form electronically, attach electronic copies of receipts, and email to: [claims@asiflex.com](mailto:claims@asiflex.com)
- Reimbursements by check or direct deposit available

[www.asiflex.com](http://www.asiflex.com)

Filing a claim for reimbursement is easy. ASI gives you options for submitting your paperwork by mail, fax, or even electronically. You can select your reimbursement method: either direct deposit or a check.



## HealthQuest

- Health Coaching 1-888-275-1205
- Tobacco Cessation Programs
- Statewide Health Screenings
- Personal Health Assessment (PHA)
- Online Wellness Newsletter
- HealthQuest Website and Blog
- Wellness Presentations
- Who is Eligible?

[www.khpa.ks.gov/healthquest](http://www.khpa.ks.gov/healthquest)

### HealthQuest Summary of Programs

- Health Coaching – 24/7 free, confidential support from trained health professionals for any health related questions/concerns
- iCan Programs for tobacco cessation, weight management and stress management – work with your own personal coach to achieve your goals; drug benefits available
- Statewide Health Screenings – beginning in April 2009, screenings provide readings for cholesterol (HDL & LDL), triglycerides, glucose, blood pressure, BMI (height & weight)
- Personal Health Assessment (PHA) – beginning in April 2009, use results from your health screening to take the online PHA and get a \$50 gift card for completing both steps! Plus you'll receive a personalized health action plan.
- Online Wellness Newsletter
- HealthQuest Website
- HealthQuest Blog – follow our 30-day series new each month
- Wellness presentations including diet, exercise, stress management, self-care, healthy aging

### Who is Eligible for new programs:

- Benefits eligible State and Non State employees who are enrolled in the state employee health plan or who have waived coverage in the plan
- Retirees, spouses and dependents 18 years or older who are enrolled in the state employee health plan



## HealthQuest

- LIFELINE Employee Assistance Program 1-800-284-7575
  - 24/7 support
  - Confidential, personal counseling & referrals
    - Family/relationship issues
    - Stress, depression
    - Grief, loss, major life changes
    - Substance Abuse
    - Dependent & geriatric care
    - Legal advice & discounts
    - Money management advice

[www.khpa.ks.gov/healthquest](http://www.khpa.ks.gov/healthquest)

### **LIFELINE Employee Assistance Program (EAP)**

- Toll free call 1-800-284-7575
- 24/7 support
- Confidential Personal Counseling & referrals

The HealthQuest LIFELINE program provides short-term counseling to you, your spouse, and your dependents for a wide variety of personal and family concerns. Counseling is provided in your area by licensed and experienced professionals. You will find the counselors at the HealthQuest LIFELINE program to be knowledgeable about real life problems, very caring, and readily available. A few of the most common reasons employees use the HealthQuest LIFELINE Personal Counseling service include:

- Family and Parenting Concerns
- Marital and Relationship Issues
- Improving Communications and Self-Esteem
- Stress, Anxiety, and Depression
- Work-Related Concerns
- Alcohol and Substance Abuse Problems
- Grief & Loss
- Major Life Event Changes
- Experienced childcare and geriatric specialists offer direct, hands-on assistance that can help take the pressure off care giving.
- confidential legal consultation with an attorney who specializes in the area of your concern at no charge to you. If you need legal representation, a 25% reduction in the customary legal fee is available to you.
- Access to financial specialists with a broad range of experience in personal financial services. Call anytime for a consultation

### **Who is eligible to use LIFELINE?**

- All active, benefits-eligible employees of the State of Kansas, their family members living in the same household or dependent children
- Non-state Employer Group Participants
- Retirees and COBRA participants are not eligible to participate



## Non Tobacco Users Discount

- \$20 discount per pay period
- You must complete a tobacco certification to get the discount
  - Either online or on paper form
- Tobacco users can qualify for the discount.
  - Must Enroll in the HealthQuest tobacco cessation program
  - Must complete the course
- No Discount
  - I do not want to disclose Tobacco status
  - Tobacco users not enrolled in tobacco cessation
- Misrepresentation of tobacco status may result in loss of employer contribution toward cost of coverage.

•The Governor has identified tobacco control as one of the goals for the State of Kansas. To encourage employees to stop using tobacco products, HealthQuest is providing members with health coaches and tobacco control programs. In conjunction with the benefits of HealthQuest, coverage was added in 2008 for prescription tobacco control products up to \$300.

•The State had previously offered a non tobacco user discount to members who reported that they did not use tobacco products. For Plan Year 2009, we are offering this discount to non tobacco users. Non tobacco users would receive a discount of \$20 per pay period off their health insurance premiums.

•Tobacco users who enroll and complete the HealthQuest I Can Quit program will also be eligible for the \$20 discount.

•If you do nothing you will default to I do not want to disclose and you will not get the discount. Tobacco users who are not enrolled in Ican Quit also will not get the discount.

•You will be able to complete the Tobacco Use Certification form on the web site during open enrollment or by submitting the paper certification form.

•If it is determined that you have misrepresented your tobacco use to obtain the discount, you will lose the employer contribution toward the cost of your health insurance for the remainder of the plan year.



## Resources

- Enrollment booklet
  - Review health plan options
- Interactive CD-ROM
  - Review benefit and enrollment details
  - Explore health and wellness information
- Visit the KHPA Website
  - Plan documents available
  - Caremark PDL
  - Provider listings

**<http://www.khpa.ks.gov/SEHP/Active.htm>**

•The health plan options have changed and you should take some time to review your options and determine what is best for you and your family. You have a number of resources available.

•As usual, you have an enrollment booklet that gives you an overview of your options, including a comparisons chart and the cost for coverage as well as information about enrolling.

•Another cool resource is the *Kansas* enrollment CD. This CD includes details about your benefits and enrollment as well as general health and wellness information. It even includes links to helpful tools and resources.



## PlanSelect

- Use the PlanSelect Benefit Calculator
  - Suite of tools
    - Plan comparison
    - Savings Account Estimator
  - Available at:
    - [www.accesskansas.org/employee](http://www.accesskansas.org/employee)
    - [www.khpa.ks.gov](http://www.khpa.ks.gov)
  - Look for the PlanSelect Logo



•In addition to the open enrollment booklet and CD, the State is providing you with a special web site called PlanSelect. PlanSelect features a suite of tools to help you select the health plan that best meets your personal and financial needs.

•PlanSelect can help you compare the health plan options, estimate how much you'll spend on health care in the coming year, see which health plan option is the best fit for your personal and financial circumstances, and estimate how much you should contribute to your Flexible Spending Account or Health Savings Account.

•You can access PlanSelect at the accesskansas and KHPA websites.



## Annual Open Enrollment

- October 1 – October 31, 2008
- Enroll online:
  - Make changes
  - Add/drop dependents
  - Enroll in Flexible Spending Accounts
- Coverage effective January 1, 2009

Now that we've discussed your options and who can enroll, let's talk about what you need to do. Open enrollment takes place from October 1 through October 31, 2008. During this period, you can add or drop dependents, make a change in health plan, and enroll in a Flexible Spending Account.


Remember, after October 31, unless you experience a qualifying event, you cannot change your coverage level until the next open enrollment period. The choices you make now will be effective starting January 1, 2009.



## Required Paperwork to Enroll

- Documentation for any covered dependents
  - Birth certificates and marriage licenses required
- HealthyKIDS application
- New Employees do paper enrollment

- Enrollment will again occur online. However, some paperwork is required if you are adding dependents.
- If you want to participate in the HealthyKIDS program, a paper application must be received by the State Employee Health Plan by October 31, 2008.
- New employees who were hired after September 12 or those returning from leave without pay will need to complete a paper enrollment form. Contact your human resources office for the form.



## Identification Cards

- BCBS, Caremark, Coventry, Quest, Preferred Health Systems, and UMR will be sending new id cards to all enrolled members.
- Delta Dental and Superior Vision will only be sending new cards to new members.
  - You can print out a new Delta id card on the web.
  - You do not need the vision card to access services

- You will be receiving new id cards for all plans except Delta Dental and Superior Vision.

- If you need a dental card, you can print one from the Delta website.

- You do not need the vision card to access the Superior program. If you forgot your card, simply tell the provider you have Superior. With the vision plan, the provider has to verify coverage with Superior before providing services anyway.

- If you have recently moved and not notified your agency of your new address, now is the time to do so. Cards are sent to the address on file with the State of Kansas in the SHaRP system.

- If you lose your id card contact the vendors directly at the numbers on the inside cover of the open enrollment book to request a new card.



We've presented a lot of important information today, and I'm sure many of you have questions. I'll be happy to answer any questions you may have now.