

## Check Your Health Records Online

The Internet has made our lives easier in many ways. Not only does it offer news and information at our fingertips, it has also made everyday tasks more convenient through the variety of things that can be accomplished easily and conveniently online, including shopping, banking, and paying bills.

To this list you can now add managing your health records. If you're like many people, you know that you can research illnesses or look for doctors online. Yet when it comes to your health records, you keep your test results, prescriptions, and claims in a beat-up old folder, or in a file cabinet, or in the "to do" pile in the kitchen. Which is fine when you're at home and you can open up that folder or dig into that pile of paper. But what about when you're calling your child's doctor from work to make an appointment and the receptionist wants to know about the last doctor your child saw? Or what happens when you're out of town and you see a doctor who wants to know what prescription drugs you were taking six months ago?

The ability to access the health records for you and your family means you don't have to be at home to find your family's health information. You don't have to remember every prescription or the date of every visit or the amounts you paid. It's online, so anywhere you can access the Internet you can get to the information you need.

For events such as **BIRTH** or **MARRIAGE** or when a spouse **GAINS** or **LOSES** benefits with their job, any change to your State benefits must be completed **within 31 days** of the event. Day One is the date of the event itself. If you miss this 31-day window, you'll have to wait until the next Open Enrollment to make your change.

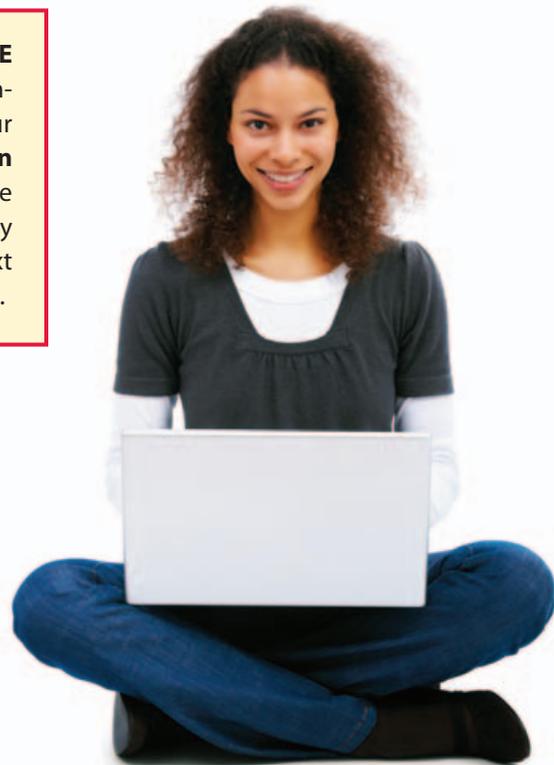
The medical insurance options offered by the State all offer the ability to access your family's health records online. All use secure Web sites that require a username and a password to access.

Review the online health record features offered for each state option below and see if there are useful items for you. If you're not insured with a state plan, it's worth asking your insurance company if they offer similar online services. All of the member sites can be accessed by visiting the Employee Benefits Web site—[www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits). Find your medical insurance option to find the link to their Web site.



### Self-Funded Plan (OA Options) Administered by Great-West Healthcare, now a part of CIGNA ([mygreatwest.com](http://mygreatwest.com) / 1.888.788.6326)

- Review claims—shows service date, claim type, claim number, provider, billed amount, paid amount, status, date processed and claim details such as deductible information and any notes for the claim.
- Give permission for other family members to view claims information (such as a spouse)
- Order prescriptions, review prescription history and sign up for mail order prescriptions and home delivery
- Change your primary care physician (PCP)
- Create a customized provider directory (for example only doctors of a certain specialty, or only doctors within 10 miles of your home)



(see **Online** on page 2)

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- Find information on and register for various programs such as the Great Beginnings prenatal program, the cancer management program, pain management program or chronic conditions program.
- Register for the Great-West Health and Wellness program, including taking a Health Risk Assessment (HRA)

**Kaiser HMO ([kaiserpermanente.org](http://kaiserpermanente.org) / 303.338.3800 / 1.800.632.9700 / in Colorado Springs service area call 1.888.681.7878)**

- View medical information, including immunizations, lab results and past visits
- Order prescriptions refills, check the status of prescription refills
- Schedule, cancel or view appointments
- Download forms
- Select your personal physician
- Exchange secure e-mails with your doctor and doctor's office

**San Luis Valley HMO through Choice Connect a personalized, secure Web site ([slvhmo.com](http://slvhmo.com) / 719.589.3696 / 1.800.475.8466)**

- View your medical history, prescriptions and diagnoses
- Review claims
- Check the status of a referral to a specialist or an authorization for inpatient care
- View appointments
- Summaries of your medical visits
- Collaborate with your Primary Care Physician (PCP) to develop "My Plan for Health," your personal record of health concerns and your plan to manage them.
- Change your PCP
- Request a new ID card

**Self-Funded Dental Plan, administered by Delta Dental ([deltadental.com](http://deltadental.com) / 1.800.489.7168)**

- Review claims—shows service date, claim number, patient name, claim status, amount billed, amount paid, date paid and procedure code

## Updates & Reminders

- Remember, the Employee Benefits Web site ([www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits)) is your resource for researching your employee benefits. Find information on each specific benefit, costs, comparisons and links to additional resources. The site is continually being improved to make navigation easier, so check back regularly.
- Do you know who your agency (department or institution) human resources personnel are? You can find a complete list of HR personnel, including benefits administrators, and their contact information, on the Employee Benefits Website—[www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits), click on "Who is my human resources contact?"

# Orthodontic Expenses and FSAs

Orthodontic expenses are costly and are a common reason employees enroll in health care Flexible Spending Accounts (FSAs). If you're enrolled in a health care FSA and are planning on submitting orthodontic expenses for reimbursement, there are some things you should be aware of regarding the submission and reimbursement processes with ASI, the State's contracted FSA administrator.

If you are paying your orthodontist according to a payment plan, in order to receive reimbursement you must submit to ASI **a copy of the original contract with your orthodontist showing the following items.**

- Amount of any down payment
- Remaining total dollar amount for which you are responsible (after the down payment)
- Estimated length of time the treatment will last
- Proof of down payment (cancelled check, credit card receipt, paid receipt, etc.)
- In addition, to be reimbursed for each monthly payment, proof of payment must be submitted to ASI.

*Per IRS regulations, ASI is required to see that the down payment and monthly payment(s) have been paid in order to issue reimbursements.*

The initial down payment amount for orthodontics can be reimbursed, but then the remaining charges are broken down according to the monthly fee assessed and reimbursement is according to the prorated monthly fee. For example, if the total participant responsibility for orthodontic work is \$4000, and the initial down payment is \$1000 and the expected treatment time is 15 months, ASI can reimburse the \$1000 initial down payment and then \$200 per month thereafter (\$3000 divided by 15 months = \$200).

If you pay the orthodontist the entire amount up front, you may submit a claim request for the entire plan year (the plan year for the State ends on June 30) and be reimbursed the prorated amount each month. In order to set up this auto-reimbursement the following items must be submitted.

- Claim form requesting reimbursement for the month the braces were put on through the end of the current plan year



- Expected monthly reimbursement amount (total cost, less what is covered by insurance, divided by the expected months of treatment)
- Copy of the contract with your orthodontist
- Proof of payment (cancelled check, credit card receipt, paid receipt, etc.)
- Short letter from you detailing your reimbursement request and how you arrived at the dollar amount; include a daytime phone number so that an ASI benefits counselor can contact you with any questions.

Understand that even when you pay for the entire amount of orthodontics up front, the expenses can only be reimbursed on a monthly basis.

If all is complete and in order, payment will be issued on the first business day of each month. If the duration of the treatment spans more than one plan year, **you must re-enroll in a health care FSA for the new plan year** and then submit a new request with the same information for every year of the treatment.

If you have further questions about the FSA reimbursement process, contact ASI's benefit counselors Monday through Friday, 6 a.m. to 6 p.m. Mountain Time at **1.800.659.3035**, or visit their Web site via the Employee Benefits FSA Web page—**[www.colorado.gov/dpa/dhr/benefits/fsa-hsa/fsa.htm](http://www.colorado.gov/dpa/dhr/benefits/fsa-hsa/fsa.htm)**, click on **"ASI—Your FSA Administrator."**

## No Time or Desire to Invest? Look into Profile Portfolios

The State's 457 Supplemental Retirement Plan (like a 401(k), but for government employees) offers a variety of investment options for many kinds of investors. Profile Portfolios offer an investment option for those looking for a mixture of diverse investments that suit their needs, but who do not have the time, desire or knowledge to select and manage their own portfolios.

There are three different Profile Portfolio investment options to reflect your risk comfort level. They all provide a pre-packaged mix of investment options offered in the 457 Plan, but the emphasis of each is based on the desired investment style (aggressive, moderate or conservative).

- The Aggressive Portfolio is best suited to someone comfortable with a *relatively* high level of risk, willing to weather market fluctuations in exchange for potentially higher long-term returns. The investor has a long investment horizon with at least 10 years until retirement. The Portfolio's emphasis is on equity investments.
- The Moderate Portfolio is most appropriate for someone looking for moderate levels of risk, willing to balance the risk of



principal fluctuation with the potential for greater capital growth over time. The emphasis of this Portfolio is on equity and bond investments.

- The Conservative Portfolio is best suited to someone looking for *relatively* low levels of risk, whose highest priority is principal security and is willing to accept lower potential return. The investor may be approaching retirement, with a short-time horizon, or may simply prefer to take less risk. This Portfolio emphasizes stable value funds and bond investments.

For more information about the State's 457 Plan, go to the **457 Plan page** on the Employee Benefits Web site ([www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits)), or contact a 457 Plan representative at **1-800-838-0457, option #2**.

## Hiking in Colorado State Parks

The pools are dry, the baseball fields are silent and the tennis courts are empty. You want to stay active, but even though it's still August, it seems everything is winding down. But just because the kids are back in school doesn't mean that summer is over. Summer ends on September 21, but as anyone in Colorado knows, there is still plenty of warm weather to enjoy before and after that date.

And with the warm weather still to be had, that means that a lot of outdoor activities are still possible. One of the easiest, yet enjoyable ways to be active is hiking. And in Colorado, our 43 Colorado State Parks offer a variety of beautiful hiking locations with over 500 miles of trails statewide, ranging from easy to strenuous. Most trails are open to hiking (or biking), but you should



check with each park for specifics on trail use. Colorado State Parks are open every day of the year, weather permitting.

Visit [www.parks.state.co.us](http://www.parks.state.co.us) for more information on all of the State Parks, including locations, directions, trail use, recreational activities, campsites, shelters and each park's local phone number. Or you can call State Parks Headquarters at **303.866.3437**, the Rocky Mountain Region of State Parks at **970.434.6862**, or the Southeast Region of State Parks at **719.227.5250**.

Hiking is a great way to stay active. It can also be a fun family activity, and with so many State Parks, there is bound to be one nearby that meets your needs.

# Key Health Insurance Terminology



As the new FY09 Plan Year just started on July 1, it's a good time to review key insurance terms that are often misunderstood.

**Deductible**—The amount an individual must pay for covered health care expenses before insurance begins to cover costs. Deductibles apply only to services covered by the plan. The Open Access 750, Open Access 1500, Open Access 3000, and Open Access-H options have individual, in-network deductibles of \$750, \$1500, \$3000 and \$1500, respectively. All have varying in-network family deductibles, as well as out-of-network deductibles for individuals and families. Deductibles in health insurance work the same as deductibles in auto or home owner's insurance, with lower deductible options having higher premiums, and higher deductible options having lower premiums. **Remember that this year, the OA options cover allowable preventive care at 90%, with a 10% co-insurance (see below,) even if the deductible has not been met.**

**Co-Insurance**—A percentage that the individual is required to pay after a deductible is met. For example, a plan might require 20% co-insurance, meaning the insurance plan pays 80%, while the individual pays 20%. For example, if you have a deductible of \$1500, with 80–20 co-insurance, and you received covered services in the amount of \$5000, you would pay the first \$1500 plus 20% of the remaining \$3500, or \$700, and the insurance plan would pay \$2800.

**Co-Pay**—A flat fee that is paid for health care services, typically at the time service is provided. Co-payments are specific amounts, which is convenient for planning purposes and usually means less money out of your pocket *when you visit the doctor or hospital*, but you may often *pay a higher monthly premium* in exchange for this convenience.

**Maximum out-of-pocket expenses**—The maximum amount of money a person will pay for covered health claims, which is in addition to premium payments. These maximums are usually the sum of deductibles and co-insurance payments or the sum of all co-payments. For example, the OA-1500 plan has an individual, in-network deductible of \$1500 and a \$6000 individual, in-network out-of-pocket maximum. After the deductible is met, the plan pays 80% of costs, while the individual pays 20%. The \$1500 deductible plus the claims for which a person pays 20% of the cost both count towards out-of-pocket expenses. When \$6000 is reached, the plan then pays 100% of costs of covered services. Note that the plan does not pay for non-covered services.

**Third-Party Administrator (TPA)**—An organization that is responsible for claims administration services of a self-insured group's benefits programs. In addition to claims administration, other services may include eligibility management, provider network management, medical management, claims review and claims processing. Unlike an insurance company, a TPA does not assume any risk associated with the programs. The third-party administrator for the State's Self-Funded Medical Insurance Plan (the OA options) is Great-West Healthcare, now a part of CIGNA. The third-party administrator for the State's Self-Funded Dental Insurance Plan is Delta Dental.

To see more insurance terminology, visit the Benefits Web site ([www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits)) and click on "Glossary of Insurance Terms."

