Division of Human Resources

HealthLine

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FY10 Open Enrollment FACTS

- Open Enrollment is **May 14–28, 2009** and is completed ONLY through the State's online Benefits Administration System (BAS), accessed at **www.colorado.gov/dpa/dhr/benefits**, where you can also research your benefit options, view premiums, review online system instructions, and download the Medical History Statement (for optional life and long-term disability).
- Enrollment is for the FY10 plan year—July 1, 2009 to June 30, 2010.
- Open Enrollment is the ONLY TIME to make changes to your benefits, except in very limited, life altering circumstances. Forgetting to enroll, not confirming online choices, suffering a financial hardship, or just a change of mind are the kinds of reasons that will not be accepted to make changes beyond Open Enrollment.
- Social security numbers for spouses and dependent children will be required fields in the online BAS. This allows the State to meet a federal mandate from the Centers for Medicare and Medicaid Services (CMS). See this **Alert from the CMS** for more information.
- Complete your enrollment early to avoid last-minute problems.
- If you do not participate in Open Enrollment this year, your current benefit choices will roll forward into the next plan year, except for Flexible Spending Accounts (FSAs), which must be chosen every year.
- The eligibility of dependents (spouses and children) will be monitored throughout the upcoming FY10 plan year. Use Open Enrollment to update dependent information and remove any ineligible dependents (e.g., overage children, ex-spouses).
- If you are terminating your employment with the State *before* July 1, 2009, you SHOULD NOT PARTICIPATE in the FY10 Open Enrollment. Contact the State's administrator for COBRA at 1.877.725.4545 for information about COBRA continuation coverage.

Special Note to CU State Classified Staff

State personnel system employees with the University of Colorado **MUST** use CU's online system for open enrollment.

Kaiser Available in Pueblo for FY10

As of July 1, 2009, Kaiser Permanente will expand into Pueblo, through an expansion of the current Colorado Springs service area. The Colorado Springs/Pueblo area will be referred to as Kaiser HMO Southern Colorado. During the FY10 Open Enrollment, employees living in Pueblo will now see Kaiser HMO Southern Colorado as an option when making medical insurance choices in the online Benefits Administration System (BAS).

To be eligible for Kaiser HMO Southern Colorado (Colorado Springs and Pueblo), employees must live in one of the zip codes that will go into effect July 1, 2009 (FY10). Zip codes for Kaiser HMO Denver/Boulder have not changed. Current, FY09 zip codes remain in effect until June 30, 2009.

View the eligible zip codes at the **Kaiser HMO page** of the Employee Benefits Web site—**www.colorado.gov/dpa/dhr/benefits**.

Don't Forget—Preventive Care *is* Affordable

The State encourages everyone to get needed preventive care and the current coverage for preventive care available in the State's health insurance options will remain in place for FY10. Preventive care encompasses services such as annual physicals, mammograms and childhood immunizations.

- The self-funded **OA-750, OA-1500, OA-3000 and the OA-H options** (administered by Great-West, now a part of CIGNA) cover preventive care at 90% EVEN BEFORE THE PLAN'S DEDUCTIBLE HAS BEEN MET. This means the member only pays 10% of the cost for these services.

  For Example: Becky and her family have the OA-1500 option. In July, Becky takes her eight-year-old daughter in for an annual check-up, with an in-network pediatrician. It's less than a month into the plan year, so no individual or family deductible has been reached, yet the plan will still cover 90% of the cost of the visit.
- Kaiser HMO reduces co-pays from $30 to $15 for preventive care.
- In the San Luis Valley HMO, co-pay amounts apply to preventive care EVEN BEFORE THE PLAN'S DEDUCTIBLE HAS BEEN MET.

If you are unsure if a visit or procedure is preventive, contact the insurance company or administrator (Great-West, Kaiser or San Luis Valley HMO) directly. The State remains committed to removing barriers to needed preventive care for all State employees and their families.

FY10 Medical and Dental Premiums

FY10 MEDICAL OPTIONS				
OPTION	TIER	Total Premium	State Contribution	Employee Contribution
OA-750	Employee Only	$874.08	$350.66	$523.42
	Employee + Spouse	$1,922.36	$592.54	$1,329.82
	Employee + Child(ren)	$1,572.92	$627.10	$945.82
	Ee + Sp + Child(ren)	$2,621.20	$868.98	$1,752.22
OA-1500	Employee Only	$390.16	$350.66	$39.50
	Employee + Spouse	$857.74	$592.54	$265.20
	Employee + Child(ren)	$701.88	$627.10	$74.78
	Ee + Sp + Child(ren)	$1,169.48	$868.98	$300.50
OA-3000	Employee Only	$357.16	$350.66	$6.50
	Employee + Spouse	$785.16	$592.54	$192.62
	Employee + Child(ren)	$642.50	$627.10	$15.40
	Ee + Sp + Child(ren)	$1,070.48	$868.98	$201.50
OA-H	Employee Only	$383.16	$350.66	$32.50
	Employee + Spouse	$842.32	$592.54	$249.78
	Employee + Child(ren)	$689.26	$627.10	$62.16
	Ee + Sp + Child(ren)	$1,148.44	$868.98	$279.46
Kaiser HMO (Denver/Boulder & Southern Colorado)	Employee Only	$421.66	$350.66	$71.00
	Employee + Spouse	$921.52	$592.54	$328.98
	Employee + Child(ren)	$754.90	$627.10	$127.80
	Ee + Sp + Child(ren)	$1,254.76	$868.98	$385.78
San Luis Valley HMO	Employee Only	$424.76	$350.66	$74.10
	Employee + Spouse	$928.34	$592.54	$335.80
	Employee + Child(ren)	$771.14	$627.10	$144.04
	Ee + Sp + Child(ren)	$1,264.04	$868.98	$395.06

FY10 DENTAL OPTIONS				
OPTION	TIER	Total Premium	State Contribution	Employee Contribution
Dental Basic	Employee Only	$22.18	$20.72	$1.46
	Employee + Spouse	$48.60	$33.86	$14.74
	Employee + Child(ren)	$39.80	$35.72	$4.08
	Ee + Sp + Child(ren)	$66.22	$48.86	$17.36
Dental Basic Plus	Employee Only	$29.52	$20.72	$8.80
	Employee + Spouse	$64.74	$33.86	$30.88
	Employee + Child(ren)	$53.00	$35.72	$17.28
	Ee + Sp + Child(ren)	$88.24	$48.86	$39.38
Dental DR	Employee Only	$26.48	$20.72	$5.76
	Employee + Spouse	$58.06	$33.86	$24.20
	Employee + Child(ren)	$47.54	$35.72	$11.82
	Ee + Sp + Child(ren)	$79.12	$48.86	$30.26

FY10 Benefits Information

Please review this information and participate in **this year's Open Enrollment, taking place May 14–28, 2009**, and decide what's best for you and your family for the next plan year, FY10 (July 1, 2009–June 30, 2010). Visit **www.colorado.gov/dpa/dhr/benefits** to find out more about FY10 benefits.

Self-Funded Medical Plan (OA Options administered by Great-West, now a part of CIGNA)

- **OA-750—**No changes. Individual, in-network deductible of $750/family, in-network deductible of $1500. Co-insurance (once the deductible has been met) is 80% for in-network providers, 60% for out-of-network providers.
- **OA-1500—**No changes. Individual, in-network deductible of $1500/family, in-network deductible of $3000. Co-insurance (once the deductible has been met) is 80% for in-network providers, 60% for out-of-network providers.
- **OA-3000—**No changes. Individual, in-network deductible of $3000/family, in-network deductible of $6000. Co-insurance (once the deductible has been met) remains at 75% for in-network providers, 50% for out-of-network.
- **OA-H—**No changes. The OA-H (HSA-qualified plan) deductibles remain at $1500 for single (Employee only) and $3000 for family (all other coverage levels). Co-insurance (once the deductible has been met) is 85% for in-network providers, 65% for out-of-network providers.
- **For All OA Options**
  - Routine PSA (prostate) blood tests for men continue to be paid at 100% for all men over the age of 40.
  - For all OA options, there are no age-related limits for mammograms.
  - For all OA options, the number of preventive, well-child visits for children between 0–2 are unlimited.
- **Prescriptions in the OA Options**
  - For all OA options except the OA-H (the HSA-qualified plan), the per member prescription is $150, **but the prescription deductible is WAIVED ENTIRELY for generic medications**.
  - For all OA options except the OA-H, mail-order prescription co-pays are two and a half (2.5) co-pays for a 90-day supply.

Self-Funded Dental Administered by Delta Dental

- No changes to any of the dental options, Basic, Basic Plus or Direct Reimbursement (DR).

Kaiser HMO

- New in FY10, the Kaiser HMO will extend its reach in the southern portion of the State to include Pueblo. See "Kaiser Available in Pueblo" on page 1 for more details.
- No changes to plan. Co-pays remain $30 for an office visit to a primary care physician (PCP) and $50 to visit a specialist.
- Prescriptions: Generic—$10 co-pay; Brand name—$30; Mail-order—two co-pays for a 90-day supply.
- Specialty prescriptions/injectables—Members will continue to pay 20% of cost, up to $250 a month.

San Luis Valley HMO

- No changes. Deductible remains at $250 individual/$750 family.
- Once the deductible is met, the $30 co-pay for routine medical office visits and the $50 co-pay for specialists apply.
- The $100 per member prescription deductible remains in place for FY10. This separate prescription deductible must be met before prescription co-pays apply.

Optional Life NOT Part of Open Enrollment

- As a new contract for a provider for the State's optional life insurance (and basic life insurance) is still being processed, Optional Life Insurance for employees, spouses and dependents **WILL NOT BE PART** of the upcoming FY10 Open Enrollment (May 14–28, 2009).
- However, once the contract is finalized, there will be an opportunity for employees to enroll in or make changes—a limited, small scale open enrollment. The dates for this enrollment will be announced once the contract is complete.
- Although Employee Benefits believes the premiums for optional life will be nearly the same as current rates, it is best to not include the optional plans in the Open Enrollment. Once decisions are finalized, we can announce the vendor and premiums to encourage employees to make good decisions about enrollment.

*(see **FY10** on page 4)*

(**FY10** *from page 3*)

Long-Term Disability (LTD) Insurance

- No changes to plan or premiums. See the **Benefits Web site** for premiums.
- Medical History Statements MUST be filled out when LTD is elected.

Flexible Spending Accounts (FSAs)

- Flexible Spending Accounts (FSAs) do not roll over to the next plan year, even in a passive Open Enrollment, so ***those who want an FSA in FY10 must enroll in the FSA during Open Enrollment***.
- Two types of FSAs: Healthcare FSA and Dependent Care FSA
- Remember, Dependent Care FSA ***does not*** cover *medical* expenses for dependents. It can ONLY be used for reimbursement of eligible child care (children under 13) and elder care expenses that allow you and your spouse to work.
- Healthcare FSA—Maximum ANNUAL contribution: $6,000.
- Dependent Care FSA—Maximum ANNUAL contribution: $5,000.

Questions or Problems?

- **Technical questions** about the online system, such as warnings from your computer or difficulties connecting to the site? Call **1.888.460.9627**
- **Questions about the medical and dental plans** (covered procedures, prescriptions, doctors, etc.)? Contact the carriers or plan administrator directly.
  - Great-West Healthcare—1.888.788.6326 (1.888.ST8.OFCO)/ **mygreatwest.com**
  - Kaiser Permanente—303.338.3800/1.800.632.9700/**kaiserpermanente.org**
  - San Luis Valley HMO—719.589.3696/1.800.475.8466/ **slvhmo.com**
  - Delta Dental—1.800.489.7168/**deltadental.com**
- **Problems with username/password in the Benefits Administration System (BAS)**—Try going through the password recovery process by clicking on "Forgot your password" on the BAS login page. If you still have problems, contact your human resources office. Go to the **Benefits Web site** and click on **"Who is my HR Contact?"** for a complete departmental list.
- **Questions about eligibility or Internet access?** Contact your human resources office. Go to the **Benefits Web site** and click on **"Who is my HR Contact?"** for a complete departmental list.

Medical Insurance Supplement Program in FY10?

The future of the Medical Insurance Supplement Program in the coming FY10 plan year is uncertain. In the current economic situation, the money for the program may be used by the state legislature for other needs. Employee Benefits will provide more information when a decision has been made, probably in late May or June.

In the current plan year, FY09, the program was able to supplement the medical insurance for almost 500 employees, paying 100% of those employees' share of the medical insurance premium. The program was available to employees with eligible dependent children with a 2007 income of 300% or less of the federal poverty level.

Current recipients of the supplement should not assume that the program will continue for FY10, and if it does continue, should not assume that they will receive the supplement or that the supplement will be 100% of the medical premium. These current recipients should understand that their FY09 supplement will end after June 2009. Whether the Supplement Program continues or not, these employees should be careful when making decisions during open enrollment.

IF the program does continue in FY10, the application period will be in July and August, and everyone interested in the supplement must apply and provide documentation during the application period. This includes current FY09 supplement recipients, who will need to complete a new application and provide updated documents. The program will only be available to employees with dependent children, and income eligibility will be based on **2008** Federal Poverty Levels, or FPL. Those with household incomes above 300% of the FPL are ineligible.