

## Open Enrollment: April 28–May 19, 2010

### MARK YOUR CALENDARS

#### Mandatory (Full-Positive) Open Enrollment

Because of the number and scope of expected changes in the upcoming FY11 plan year (July 1, 2010–June 30, 2011), primarily the change to United Healthcare as the administrator for the State's self-funded medical plan, the upcoming open enrollment will be MANDATORY for all employees. This is also referred to as a full-positive open enrollment. This means that current, FY10 medical and dental coverage WILL NOT roll forward into FY11.

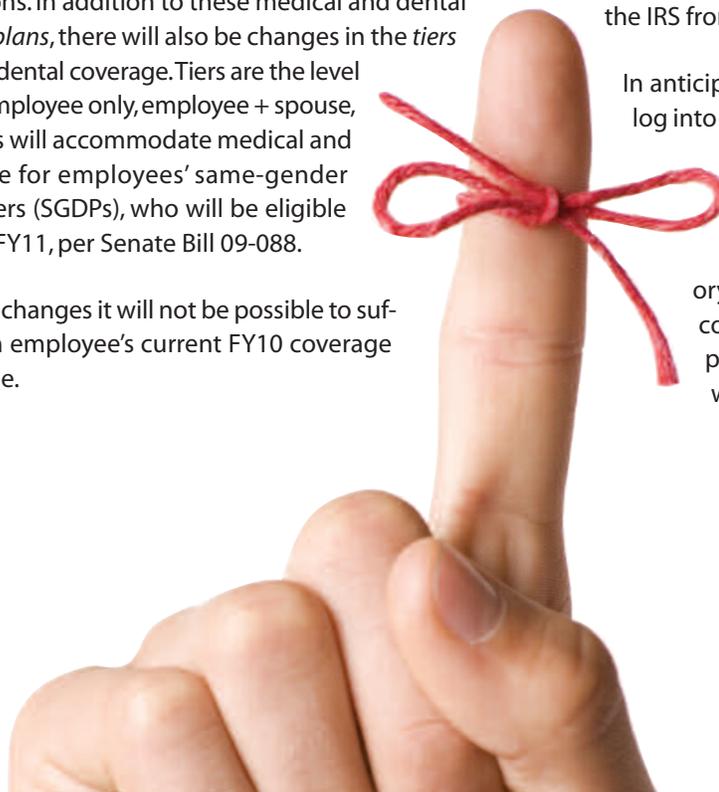
Why a mandatory, full-positive open enrollment? There will be the many changes for FY11, most of them in the self-funded medical plan, which will have new options for employees. There are also expected to be changes in the Kaiser HMO plans, as well as the dental options. In addition to these medical and dental changes to the *plans*, there will also be changes in the *tiers* for medical and dental coverage. Tiers are the level of coverage—employee only, employee + spouse, etc. Tier changes will accommodate medical and dental coverage for employees' same-gender domestic partners (SGDPs), who will be eligible for coverage in FY11, per Senate Bill 09-088.

With all of these changes it will not be possible to sufficiently map an employee's current FY10 coverage to FY11 coverage.

Yet, more important than these changes, a full-positive enrollment allows employees the best chance to carefully *consider and choose* the coverage that is best for them and their families, rather than just letting the same coverage roll over year after year. A mandatory open enrollment means employees are more aware of what coverage they choose and what that coverage means.

It also will allow employees to verify and update their information. Has Junior finally flown out of the nest and found his own job with his own benefits? Then you shouldn't be covering him. Is your address wrong? Then you'll need to contact your payroll personnel to get it corrected. (You don't want to miss your medical ID card, do you?) Has your daughter graduated from college? Then it's time to update her dependent tax status and keep the IRS from knocking on your door.

In anticipation of open enrollment, take a few minutes to log into the State's online benefits administration system (BAS). To log in you'll need your username and password (probably what you used in the last open enrollment). This will help move your username and password a little higher in your memory. Don't know your username or password? Then contact your agency's human resources/benefits/payroll office—they can get you reset and on your way to a successful FY11 open enrollment.



## Contract Changes for Medical & Dental Plans

The State has announced its intent to award medical contracts, starting on July 1, 2010 (the FY11 plan year), to United Healthcare and Kaiser, as well as the dental contract to Delta Dental. The contract with United Healthcare will be as the third-party administrator (TPA) for the State's self-funded medical plan, while the contract with Kaiser will be to continue to offer their fully insured plans in Denver, Boulder Southern Colorado. Delta Dental is to again be the TPA for the self-funded dental plan.

United will replace Great-West/CIGNA in FY11, while the San Luis Valley HMO will not be offered.

### What next?

This is only the first step in the process. Following the actual award of contracts, work begins on the important details.

- What the medical plans for FY11 will look like (deductibles, coinsurance, etc.).
- What they will cost.
- Doctor and provider networks.

Information will be finalized before the FY11 Open Enrollment (April 28–May 19, 2010), and provided to employees in late March.

### Why the change?

The State must bid the various benefits contracts every five years. The State's medical and dental benefit contracts are in their fifth year, and so were put out to bid.

A dedicated group of employees from various state agencies reviewed all of the proposals. This group included professionals from several departments that have employees statewide, qualified representatives from COWINS and ACSPP, and members of the State's Employee Benefits Unit staff with a wealth of experience in employee benefits and insurance. In addition, several outside experts, such as an actuarial consultant, were brought in during the process.

## Same-Gender Domestic Partners— Eligible in the Next Open Enrollment

In the next plan year (FY11, July 2010–June 2011), same-gender domestic partners (SGDPs) of state employees, and their children, will be eligible for state employee group benefits, per **Senate Bill 09-088**, passed during the last legislative session. This means that same-gender domestic partners, and their children, may be enrolled during the upcoming FY11 open enrollment, scheduled for April 28–May 19, 2010.

The bill defines same-gender domestic partner.

*“Domestic partner” means an adult, at least eighteen years of age:*

- Who is of the same gender as the employee;*
- With whom the employee has shared an exclusive, committed relationship for at least one year with the intent for the relationship to last indefinitely;*
- Who is not related to the employee by blood to a degree that would prohibit marriage pursuant to section 14-2-110, C.R.S.; and*
- Who is not married to another person.*

It is in the State's interest to offer benefits to the same-gender partners of state employees, as it allows the State to attract and retain the best employees by offering a more comprehensive benefits package. The State must remain a competitive employer in the market, recruiting and retaining the best employees for state government positions, and offering such benefits expands the pool of employees who will consider working for the State.

This change also allows the State to cover more Coloradoans, including children, with medical and dental insurance, reducing the number of uninsured citizens.

In the coming months, as open enrollment nears, watch for more detailed information on this topic, including the tax ramifications for employees who cover SGDPs and the process for adding a SGDP during open enrollment.

## Patients Urged to Protect Themselves Against Medication Risks

A health education update from: Dorothy L. Smith, Pharm.D.  
President and Founder, Consumer Health Information Corporation

Millions of patients are suffering needless side effects and complications because they are not taking their medications correctly. The most common reasons are that patients start taking medicines without understanding why they are taking them, how the medicine will help them, how to recognize that the medicine is working and how to recognize the early signs and symptoms of adverse effects. Many patients forget to take their medicines and just need help in developing a time-management system.

Dr. Dorothy L. Smith urges consumers to start asking more questions and to become more informed so they get the most benefit from their medications ... as well as decrease the risk of developing costly and serious medical complications.

**Only 50% of patients are taking their medications correctly.** This means that the other 50% are putting themselves at very high risk of developing a medication-related complication. To make the problem even worse, as many as 50%–85% drop out of therapy by the end of the first year. When patients do not know the dangers of dropping out of treatment without understanding the consequences, they are setting themselves up for high risk.

### Patients are urged to follow these medication adherence tips.

**Don't start taking a medicine until you know how to manage it.** Many of the written instructions patients receive are written in medical terms and are too difficult for the average person to understand. Rather than throw away these sheets, ask the pharmacist to explain everything to you before you leave the pharmacy. Make sure you receive information in a print size that you can read. If you cannot read the print, ask the pharmacist to enlarge it on their copier for you.

**Don't sign away your rights. Expect the pharmacist to counsel you.** Every pharmacist is trained to counsel patients about their medicines. If you are picking up a prescription and the pharmacy assistant asks you to sign a sheet that you think is for your health insurance claim, read it carefully. You might also be signing away your rights to have the pharmacist counsel you. Ask to speak with the pharmacist if you have any questions. Ask the pharmacist to write down the answers for you so that you can take them home.

**Don't take medicines if you cannot tell them apart.** If you are older and have problems telling your white tablets apart from your yellow ones, don't risk mixing up your medicines. Ask the



## Health, Wellness & You

pharmacist to dispense the medicines in different types of containers or labels so that you can tell them apart. This is important because many medicines are white or yellow.

**Find out how to tell if a medicine is helping you get better.** With many diseases that have few symptoms, it is very difficult to tell if a medicine is helping you. There are many ways your doctor and pharmacist can help you learn how to monitor your progress.

**Find out how to recognize the early signs of side effects so you can take action.** Be prepared. Don't take a medicine if you don't know how to recognize if you are getting a side effect. Some side effects can be treated easily at home but there are others that require medical attention. Some will require stopping the drug. Be sure you know when to call the doctor if you think you might be developing a side effect.

**Don't stop a medicine on your own.** If you are concerned about the cost of a drug or that the drug is not working, don't just stop taking it without talking with your doctor or pharmacist. Some medicines can be very dangerous if you stop taking them suddenly. And the cost to treat the medical complications will be far greater than the cost to keep taking the medicine.

**Don't buy nonprescription drugs until you find out if they are safe for you and how to take them.** When purchasing nonprescription products, be sure they do not interact with your prescription drugs. Ask the pharmacist. And be sure to take them correctly. Even chewable vitamin C tablets can cause serious problems if not taken correctly. One woman's teeth required 12 crowns because she had been chewing vitamin C tablets and the ascorbic acid stuck to her teeth and ate away the enamel. She could have avoided this if she had just rinsed her mouth with water or brushed her teeth after chewing the tablets.

**Consumers need high-quality information and patient education materials.** The patient is the most important member of the health care team. The health professional is relying on the patient to take the prescription drugs correctly. As soon as the patient arrives home, he or she decides if, how, and when to take the medicine. Patients are smart, but without enough information they will continue to make serious home medication errors and some will suffer serious medical complications the rest of their lives. With high-quality information, patients will be able to get the most benefit, and value, from their medications.

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# Spotlight on ... Vision Benefits in Your Medical (and Dental) Insurance



While the State does not have a separate vision plan, each of the medical insurance plans offers some form of vision care. The dental plan (that's right, the dental plan) also has a vision care component.

Look over the following information to get an idea of what kind of vision care is in your coverage. For additional information review your plan's details and exclusions booklet or contact the insurance company directly.

## Self-Funded Medical Plan, administered by Great-West/CIGNA

The self-funded medical plan partners with **Avesis** to provide vision care benefits. You must use an Avesis network provider to be eligible for the \$50 copay for vision exams (not available for those in the OA-H option) and to receive the preferred pricing for lenses, frames and contacts.

Find out more about the benefits and locate Avesis providers at [www.avesis.com/Vision\\_home.html](http://www.avesis.com/Vision_home.html). For a full description of these vision benefits and exclusions see the "**Self-Funded Plan Details & Exclusions**," pages 120–122, or contact customer service at 1-888-788-6326.

## Kaiser HMO—Denver/Boulder & Southern Colorado

There is \$30 copay for wellness and refraction exams to determine the need for vision correction and to provide a prescription for eyeglasses. The plan also covers professional examinations and the fitting of *medically necessary* contact lenses when a plan physician or plan optometrist prescribes them for a specific medical condition (contact lens eye exams for *cosmetic* purposes are not covered).

The plan *excludes* eyeglasses and frames as well as contact lenses.

Visit the **Kaiser HMO page** on the Employee Benefits Web site for more information or call Kaiser customer service at 303-338-3800/1-800-632-9700.

## San Luis Valley HMO

Vision exams are limited to one visit every 24 months. There is a \$30 copay per visit. Hardware is not covered. Contact San Luis Valley HMO customer service for more information—719-589-3696/1-800-475-8466.

Benefit	Self-Funded Plan Option	Avesis Network Provider Benefit	Non-network Reimbursement Benefit
<b>Vision examination</b> —Each eligible member is entitled to one exam every plan year. Exam does NOT include contact lens professional fitting fee.	OA-750 OA-1500 OA-3000 OA-H	\$50 copay \$50 copay \$50 copay <b>Not covered</b>	Up to \$35 reimbursement Up to \$35 reimbursement Up to \$35 reimbursement <b>Not covered</b>
<b>Materials</b> —Prescriptions lenses & frames	—	Available at Avesis Preferred Pricing	<b>Not covered</b>
<b>Contact Lenses</b>	—	Available at Avesis Preferred Pricing	<b>Not covered</b>

**Delta Dental**

Delta Dental offers a vision discount program through a partnership with EyeMed Vision Care. Those enrolled in one of the State’s dental options can use the program as often as they wish, however an EyeMed network provider must be used to be eligible for the benefits.

For more information, visit the **Dental Insurance page** in the Employee Benefits Web site and click on “EyeMed Benefits,” or call Delta Dental at 1-800-489-7168.

Vision Care Services	Member Benefit
Exam with dilation as necessary	\$5 off comprehensive exam \$10 off contact lens exam
<b>Complete Pair Glasses Purchase:</b> • The following frame, lenses, and lens option discounts and fees <i>apply only if a complete pair is purchased in the same transaction.</i> • Items purchased separately will be discounted 20% off of the retail price.	
<b>Standard Plastic Lenses including Standard Plastic Scratch Coating:</b> Single Vision Bifocal Trifocal	\$75 \$95 \$125
<b>Frames:</b> Any frame available at provider locations	30% off retail price
<b>Lens Options:</b> UV Treatment Standard Tint Standard Polycarbonate Standard Anti-reflective Coating Standard Progressive (add-on to bifocal)	\$15 \$15 \$40 \$4 \$70
<b>Contact Lenses: (Discount applied to materials only)</b> Conventional	15% off retail price
<b>Laser Vision Correction:</b> Lasik or PRK Lasik and PRK correction procedures are provided by U.S. Laser Network, owned by LCA-Vision. Members must call 1-877-552-7376 for the nearest laser facility and to receive authorization for the discount.	15% off retail price or 5% off promotional price

**Updates & Reminders**

- **31-day Window for Changes**—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.
- **Donate to Working Together**—Times are still tough for many people, including state employees. Please help by making a donation to Working Together, a non-profit foundation established in 1992 by a group of state employees who wanted to help fellow state employees in times of crisis. To make donations, or to get more information, visit [www.state.co.us/dhr/wt](http://www.state.co.us/dhr/wt) or call 303-831-8645 (voice message).
- In the months before open enrollment (April 28–May 19, 2010) take a few minutes and log into the benefits administration system (BAS) to review your current benefits. Knowing what you currently have, and how those benefits have worked for you, will better prepare you for making new choices in open enrollment. Access the BAS at [www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits)—look for “Enroll/Change Your Benefits.” You’ll need your username and password to log into the BAS. Once you’re logged in, find “Benefits Summary” under the heading “Benefits.” Don’t know your username or password? Then contact **your agency’s human resources/benefits/payroll office or personnel** for help

