

## Preliminary Medical Insurance Info for **OPEN ENROLLMENT**

While many details have yet to be finalized, Employee Benefits can now announce what options state employees will have for medical insurance in the upcoming FY11 open enrollment, April 28–May 19, 2010.

However, before discussing the medical options, it is worthwhile to address four key health insurance terms. Knowing this terminology will help in understanding the FY11 options.

### Key Terminology

**Co-Payment**—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, as the member knows what the co-payment amount is ahead of time.

**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%.

**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. Deductibles in health insurance work the same as deductibles in auto or homeowner’s insurance.

**HSAs**—HSAs are health savings accounts, in which tax-free money can be saved for medical expenses. HSAs must be used with HSA-qualified plans, also called high-deductible health plans or HDHPs. HSAs can be opened at banks, credit unions and other financial and insurance institutions. Find more information at the [U.S. Treasury’s HSA frequently asked questions site](#).

## Medical Options for FY11

### Self-Funded Medical Plan, Administered by United Healthcare

As Employee Benefits has listened to feedback over the last five years on the self-funded plan, the importance of co-payments (versus co-insurance) came up again and again. We have listened and this year, in addition to other new features, co-payments have been added to the two self-funded options, to be administered by United Healthcare, beginning in FY11, which starts on July 1, 2010.

### Kaiser HMO Plan—Available only in certain geographic areas of the state

The Kaiser HMO option will be expanded to two options for FY11, which starts on July 1, 2010.

**Watch for more details in the coming months as Open Enrollment approaches.**

FY11 Plan	Option	Availability	Information
<b>Self-Funded, Administered by United Healthcare</b>	Choice Plus	Statewide	<ul style="list-style-type: none"> <li>Co-payments for many services, such as preventive care and basic doctor’s office visits.</li> <li>There will be a deductible, but the deductible WILL NOT have to be met before the co-payments apply.</li> <li>Services without co-payments will require that the deductible be met, meaning the member must pay the cost of the service. Once the deductible is met for these services, the member will have to pay a co-insurance percentage for the cost of the service.</li> </ul>
<b>Self-Funded, Administered by United Healthcare</b>	Choice Plus Definity	Statewide	<ul style="list-style-type: none"> <li>HSA-qualified option, with a deductible.</li> <li>Will have co-payments for preventive services even before the deductible has been met.</li> <li>Co-insurance for other services.</li> <li>HSAs can only be used with an HSA-qualified plan, also called high-deductible health plans or HDHPs.</li> </ul>
<b>Kaiser</b>	Kaiser HMO	Denver/ Boulder, parts of southern Colorado	<ul style="list-style-type: none"> <li>Similar to current Kaiser HMO option.</li> <li>Co-payments for services.</li> </ul>
<b>Kaiser</b>	Kaiser HSA-qualified	Denver/ Boulder, parts of southern Colorado	<ul style="list-style-type: none"> <li>HSA-qualified option</li> <li>Will have a deductible and use co-insurance, <b>unlike</b> the current Kaiser HMO option.</li> <li>HSAs can only be used with an HSA-qualified plan, also called high-deductible health plans or HDHPs.</li> </ul>

*These options are in line with the State’s intent to award the medical contracts to United Healthcare and Kaiser Permanente of Colorado.*

# Is Your Doctor Part of the United Healthcare Network?

As the administration of the self-funded medical plan transitions from Great-West/CIGNA to United Healthcare for the upcoming FY11 plan year (starting July 1, 2010), many folks are wondering if their doctor is part of the United Healthcare Network.

United Healthcare offers over 13,000 doctors in Colorado, plus a national network of 617,000 doctors, so chances are your doctor is in their network.

## Look Under United Healthcare Choice Plus

You can find out if your doctor is part of the network by going to [www.uhc.com](http://www.uhc.com).

- Click on "Find a Physician" near the top of the page.
- Under the "General Directory" section, click "Find a Physician." This will open up a new window.
- On the "Select a Search Type" make sure the button for "Search for a Physician" is selected. Hit "continue."
- On the next page, in section 2, "Select a Plan," be sure to choose "UNITED HEALTHCARE CHOICE PLUS" from the drop down menu. Do not select United Healthcare Select Plus POS, Choice, Select Plus HMO, Choice HMO/Choice Plus HMO, iPlan Choice Plus or any of the other plan offerings. **Choose only "UNITED HEALTHCARE CHOICE PLUS."**
- Enter your search criteria (name of doctor, within so many miles of your home or work, etc.) and then click "continue."



## Updates & Reminders

- 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.
- **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



# When to Expect More **Open Enrollment** Information

The FY11 Open Enrollment will soon be here—the dates are April 28–May 19, 2010. While this issue of HealthLine has some information on what to expect regarding the medical plans, expect more details in March and April.

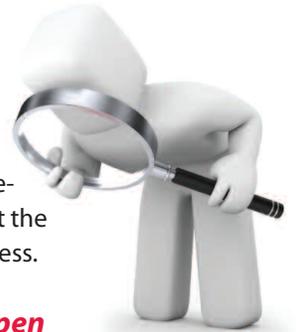
## March

- The March issue of *HealthLine* will have additional details about the medical plans you'll be choosing during open enrollment—details like co-payment amounts and prescription plan information.
- Information about open enrollment, benefit plan changes and the online benefits administration system (BAS) will also be provided to the State's human resources (HR) community.

## April

- Agencies across the state will begin to hold open enrollment meetings. HR personnel at agencies will provide information about open enrollment logistics, while insurance company representatives will be present to answer your questions. Check with your HR or benefits office to find out when and where your agency's meetings will be.

- Employee Benefits will publish the April, "Rates & Plans" edition of *HealthLine* the week of April 5. This issue will contain the premiums for FY11 benefits, in addition to more details about the plans and the open enrollment process.



## April 28–May 19, 2010: FY11 Open Enrollment

Remember, this will be a **mandatory open enrollment** for medical and dental insurance. Your current medical and dental choices **WILL NOT** roll over into the FY11 plan year. **If you do not make medical and dental insurance choices during open enrollment, you WILL NOT have coverage come July 1, 2010.** Be sure to participate and choose the coverage that is right for you and your family.

## Spotlight on ... Extra Dental Cleanings for Pregnant Women



Pregnant women with periodontal (gum) conditions are eligible for up to four teeth cleanings, or periodontal maintenance cleanings, in a plan year (the State's plan year runs from July 1–June 30) instead of the typical two cleanings covered. The extra cleanings will still be subject to the plan deductibles (\$50 per person) and the per person annual maximum amount of coverage (\$1000 for the Basic Plan and the Direct Reimbursement Plan, \$1500 for the Basic Plus Plan).

A number of studies have indicated an association between periodontal disease in mothers and deliveries of preterm, low-birth-weight infants. Preterm infants are at an increased risk for a

number of serious health complications, including chronic lung disease, severe brain injury, motor and sensory impairment, learning difficulties and behavioral problems. These conditions can severely impact the quality of life of a child, and exact a large physical and financial toll on parents.

Pregnant women should note that when they receive the extra cleanings, their dentists will need to submit to Delta Dental appropriate documentation regarding the periodontal condition.

For more information regarding this benefit, contact Delta Dental directly at **1.800.489.7168**.

# Exercise— Getting Started



Most folks know that exercise is important and that we all need to stay active throughout our life. Being active has many benefits, and they are not just related to your weight. When you're active, you have more energy—good at work or at home—and the more active you become, the more physical activity and exercise you can do. It helps your heart, lungs, circulation, joints and skeletal system and can reduce the risk for heart attack, diabetes and high blood pressure. And of course, it does help you manage your weight.

Yet, as with many things in life that we know we should do (cleaning the garage, doing taxes, eating more fruits and vegetables), getting started is the hard part. There are two things you have to find out before you start.

- **Is starting a fitness program safe for you?** Some folks may have health conditions that would make certain forms of exercise unsafe. If you have any of these concerns, you should talk to your doctor before starting a program.
- **Are there any barriers to being more active?** Look at both physical constraints (your home, neighborhood or community) and mental or personal barriers (lack of time, fear of failure). Knowing what barriers you need to overcome will help you to choose activities that can fit into your life and that you can stick with for the long run.

Remember, starting an exercise program and becoming a more active person will benefit you, so you have to have the right mindset.



- Becoming more active has to be your decision, not someone else's. Otherwise, you are more likely to give it up.
- Don't compare yourself to others.
- Try to stay positive. Know that there will be times when you don't stick to your program. Just don't let those times sabotage your overall efforts.
- Set goals, track your activity and measure improvements. You need to know where you want to go as well as where you've been. Keep it simple too—writing down on the calendar how many minutes you walked can be just as effective as an elaborate spreadsheet or expensive day-planner.

Once you've overcome any barriers and determined why you want to exercise, you need to figure out what activity (or activities) you want to do.

- Choose activities that fit with your age and health. If you're over 50 with a history of bad knees, maybe weekly basketball games at the local recreation center are not for you.
- Pick activities and exercise you enjoy. If you don't enjoy it, how likely are you to keep doing it?
- Choose an activity that fits your lifestyle, your home and your neighborhood. For example, if there is not a swimming pool in your area, swimming may not be the best choice.