

HealthLine



A Publication of the Department of Personnel & Administration

October 2010



Flu Vaccines for 2010–11 Flu Season



Health, Wellness & You

This year, the vaccines for seasonal flu (strains A and B) and the H1N1 have been combined into one vaccine. Flu vaccines typically cost \$25–\$30, which is affordable to many even when the vaccine is not covered by insurance.

The information below shows how the flu vaccines are covered by the State medical insurance options for this flu season.

| Self Funded Plan | In-Network <i>Physicians' offices, in-network pharmacies</i> | Out-of-Network <i>Such as community and worksite clinics.</i> |
|--------------------------------------|--|---|
| UHC Choice Plus Co-Pay Option | \$10 co-pay (as preventive treatment) <i>At physician's office</i> —Office will collect \$10 co-pay. <i>At pharmacy</i> —You will pay full cost and must submit a claim form for reimbursement, less the \$10 co-payment.* | No co-pay, 50% reimbursement ONLY AFTER deductible has been met. Must submit a claim form to be reimbursed in these cases. |
| UHC Choice Plus Definity HDHP Option | \$30 co-pay (as preventive treatment) <i>At physician's office</i> —Office will collect \$30 co-pay. <i>At pharmacy</i> —You will pay the full cost. | No co-pay, 50% reimbursement ONLY AFTER deductible has been met. Must submit a claim form to be reimbursed in these cases. |

*Walgreen's Take Care clinics should only collect your co-payment, as they will bill United Healthcare directly for the remainder, much as in-network doctor's office would.

| Kaiser Denver/ Boulder | In-Network <i>Kaiser Permanente Medical Offices</i> | Out-of-Network <i>NOT Kaiser Permanente Medical Offices</i> |
|-----------------------------|---|---|
| Kaiser HMO Option | No charge <i>Beginning Oct. 4, available at any Kaiser Permanente medical office 8 a.m. to 6 p.m., Monday through Friday</i> | Not covered |
| Kaiser HDHP Option | No charge <i>Beginning Oct. 4, available at any Kaiser Permanente medical office 8 a.m. to 6 p.m., Monday through Friday</i> | Not covered |
| Kaiser Southern Colorado | Medical Offices/Health Centers <i>Pueblo North Medical Office AND Briargate Senior Health Center</i> | Affiliated Network Providers' Offices OR Retail Locations |
| Kaiser HMO Option | No charge <i>Pueblo North Medical Office</i> —beginning Oct. 4, 8:30 a.m. to 5:30 p.m., Monday through Friday <i>Briargate Senior Health Center</i> —for Members 10 and older, beginning Oct. 4, 8 a.m. to 4:45 p.m., Monday through Friday | Members can be reimbursed by submitting a claim form to Kaiser. |
| Kaiser HDHP Option | No charge <i>Pueblo North Medical Office</i> —beginning Oct. 4, 8:30 a.m. to 5:30 p.m., Monday through Friday <i>Briargate Senior Health Center</i> —for Members 10 and older, beginning Oct. 4, 8 a.m. to 4:45 p.m., Monday through Friday | Members can be reimbursed by submitting a claim form to Kaiser. |

Find a flu clinic in your area—visit www.immunizecolorado.com/findAFluClinic.asp or call 1.877.462.2911. Be advised that these clinics are not affiliated with United Healthcare or Kaiser and *may be* considered out-of-network.

Stay informed and make the best decisions about flu vaccines for you and your family. Review information from the **Centers for Disease Control (CDC)**—www.cdc.gov/flu/protect/vaccine, the **Colorado Department of Public Health & Environment**—www.cdphe.state.co.us/dc/Influenza, as well as your healthcare provider and your medical insurance.

September 23, 2010

HEALTHCARE
REFORM



Q—There has been a lot of attention in the media about the date of September 23, 2010, and how certain provisions of health-care reform went into effect on this date. Did these provisions go into effect for the State’s plans?

A—No, the provisions talked about in relation to September 23, DID NOT go into effect for the State’s health plans. The State’s plans, and many other employers’ plans, must comply with these provisions **in the next plan year AFTER September 23**. For the State, the next plan year, FY 2011–12, begins July 1, 2011.

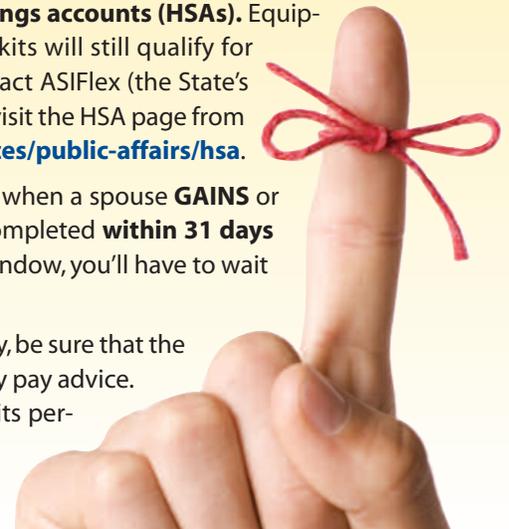
There have been two main provisions discussed in relation to September 23, 2010.

- 1) Coverage for dependent children to age 26—The State will allow coverage of eligible dependent children to age 26 starting July 1, 2011, the FY 2011–12 Plan Year. Currently, the State allows coverage to age 25.
- 2) Elimination of co-payments for many preventive care procedures, covering such procedures at 100%—The State will implement this provision in the next plan year, FY 2011–12, starting July 1, 2011.

A third provision, the elimination of the exclusion of children for pre-existing conditions, does not apply to the State’s plans as the State *does not have* pre-existing exclusions for medical and dental coverage for employees, spouses, same-gender domestic partners, or dependent children.

Updates & Reminders

- **As of January 1, 2011, over-the-counter (OTC) medicines will stop being expenses that can be reimbursed by healthcare flexible spending accounts (FSAs) and health savings accounts (HSAs).** Equipment, supplies, insulin, bandages, hearing-aid batteries, and blood-sugar kits will still qualify for reimbursement without a prescription. Questions? If you have an FSA, contact ASIFlex (the State’s FSA administrator)—1.800.659.3035/www.asiflex.com. If you have an HSA, visit the HSA page from the U.S. Department of Treasury for more information—www.treas.gov/offices/public-affairs/hsa.
- **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.
- **Check Your Pay Advice**—If you have made a change to your benefits recently, be sure that the change and the correct premiums are reflected on your monthly or bi-weekly pay advice. If you notice errors or discrepancies, contact your agency’s payroll or benefits personnel immediately.



Oral Health for Adults



As adults it's easy to forget to properly care for our teeth. Mom and dad aren't over our shoulders making sure we're brushing and flossing as we should. We keep meaning to schedule that appointment with the dentist, but something always comes up. Now is good time to discuss what we can do to take care of our teeth. And really, when was the last time you flossed?

Diabetes, Cardiovascular Disease and Oral Health

- There is growing evidence that adults with diabetes, cardiovascular disease, inflammatory disease and cancer benefit from good oral health care.
- Some studies show controlling periodontal (gum) disease helps to control blood-glucose levels.
- Patients with periodontal disease have increased risk for cardiovascular disease, according to some studies.
- There is a probable link between inflammatory disease and periodontal disease.
- Members with diabetes, kidney failure, cardiovascular disease, or suppressed immune systems, who also have periodontal conditions, may be eligible to have up to four dental 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 annual plan year deductibles (\$50 per person/\$150 per family) and the per person annual maximum amount of coverage (\$1000 for the Basic Plan, \$2000 for the Basic Plus Plan). Call Delta Dental customer service at 1.800.489.7168 for additional details.

Older Adults

- Studies indicate that older adults have the highest rates of periodontal (gum) disease and oral cancer.
- Early detection of oral cancer and intervention is important to prevent more serious harm.

- One out of four people age 65+ have lost all of their teeth and 80% have some form of gum disease. Proper oral health care can help to limit both of these.
- Osteoporosis—Your dentist may be able to detect bone loss in the jaw using x-rays. Such bone loss may be a sign of bone loss elsewhere in the body.
- Over one-third of woman over age 65 face the onset of osteoporosis. Osteoporosis has a strong relationship with increased periodontal disease.

Pregnancy and Oral Health

- Due to changes and elevated ovarian hormone levels during pregnancy, pregnant women have an increased risk for developing gingivitis, gum disease and diabetes.
- Research shows that pregnant woman with periodontal (gum) disease are seven times more likely to give birth to pre-term and low birth-weight babies. If you are pregnant, or are planning to become pregnant in the near future, please visit your dentist.
- 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 annual plan year deductibles (\$50 per person/\$150 per family) and the per person annual maximum amount of coverage (\$1000 for the Basic Plan, \$2000 for the Basic Plus Plan). Call Delta Dental customer service at 1.800.489.7168 for additional details.

Good Oral Health Habits (also good ideas for your health in general)

- Practice good oral hygiene by brushing and flossing daily. Use a fluoride toothpaste.
- Do not drink alcohol excessively or use any kind of tobacco products.
- Eat a balanced and nutritious diet.
- Limit between-meal carbohydrate snacks.
- Exercise regularly.

What is Preventive Care?



Preventive care is defined as services and care that is rendered to *prevent* future health problems for a member who *does not exhibit any current symptoms*. Preventive medicine emphasizes early detection and self-care. To the right is a list of common preventive services. While this is not a complete list, it provides an idea of the kinds of services considered preventive.

Know that there are limits, exceptions and exclusions for preventive care. Be aware that while the screening, test or examination may be considered preventive, the follow-up treatment, surgery or prescription may not be. For example, while a colorectal cancer screening may be considered preventive, the removal of any polyps discovered is not, even if the removal is done at the same time as the screening.

To find out how preventive services are covered by your insurance, as well viewing the additional details missing from this list, refer to the benefits booklet for your medical insurance option for details. Find the booklets by going to the **“Medical Insurance”** Web page and clicking on your particular insurance. If you still have questions, please contact the customer service for your option—United Healthcare—1.877.283.5424/www.myuhc.com (must log in), or Kaiser—303.338.3800/1.800.632.9700/www.kaiserpermanente.org.



Common Preventive Services

- ✓ routine physical including vision and hearing screenings and clinical breast examinations and prostate examinations
- ✓ alcohol misuse screening and behavioral counseling intervention by your primary physician
- ✓ metabolic screening tests (including phenylketonuria (PKU))
- ✓ childhood immunizations according to the type and frequency recommended by the Advisory Committee on Immunizations Practices (ACIP) (immunization deficient children are not bound by recommended ages)
- ✓ adult immunizations
- ✓ influenza vaccinations pursuant to the schedule established by ACIP
- ✓ pneumococcal vaccinations pursuant to the schedule established by ACIP
- ✓ well baby and well child care
- ✓ well-woman care exams/routine gynecological exam including breast and pelvic examination, treatment of minor infections, and PAP test
- ✓ one mammogram per calendar year
- ✓ colorectal cancer screening coverage for tests for the early detection of colorectal cancer and adenomatous polyps
- ✓ cervical cancer screening
- ✓ tobacco use screening of adults and tobacco cessation interventions
- ✓ cholesterol screening for lipid disorders
- ✓ prostate cancer screening, based on age limits and high risk categories
- ✓ bone mineral density tests.

FY10 Claims— Submit by **October 15**

If you had a Flexible Spending Account (FSA) last plan year (FY10—July 1, 2009–June 30, 2010) and you still have a balance in that account, know that you have until **October 15, 2010** to submit your FY10 claims for reimbursement. A participant with any dollar balances in an FY10 FSA as of October 16, 2010, shall forfeit all money remaining that FSA.

To be eligible for reimbursement, claims for the FY10 Plan Year must be sent to ASIFlex, the State’s FSA administrator, with a POSTMARK or fax date of no later than October 15, 2010.

Submitting an FSA claim for last year (FY10)

- Claims must be for eligible expenses that were incurred during the FY10 Plan Year, 7/1/09–6/30/10.
- You must submit a COMPLETE AND ACCURATE claim, which includes the ASI claim form and ALL necessary documentation. The form can be found at on the [Benefits Forms Web page](#), under “Claim Forms.” Carefully follow the instructions on the form.
- Claims should be mailed to:
ASIFlex
P.O. Box 6044
Columbia, Missouri 65205-6044
Mailed claims must be POSTMARKED no later than 10/15/08.
- Claims may be faxed to ASIFlex at their toll-free fax claims number, 1-877-879-9038
Faxed claims must be received no later than 11:59 p.m. Mountain Time on 10/15/10.

ASIFlex also offers online claims submission at <https://my.asiflex.com>. A PIN is required, which you can find on your original FSA enrollment confirmation from ASIFlex.



Review account information, claims payment, available funds, and eligible expenses or find more about claim submission requirements on the Web at www.asiflex.com. You will need your PIN, which you can find on your original FSA enrollment confirmation from ASIFlex.

Don’t know your PIN or have other questions? Contact ASIFlex by phone at **1-800-659-3035**, M–F, 6am–6 pm, or Saturday, 8 am–noon.

Print Form

CLAIM FORM
Please read **requirements** on reverse side

Fax to:
ASIFlex
(877) 879-9038
No Cover Page Required

Page 1 of

Last Name, First Name, MI (Please Print)

Employer

Social Security Number or employee ID (EID) as appropriate

Street Address

City, State, Zip

Dependent Care Assistance (day care, babysitting, etc.)

Dependent care expenses must be for a dependent who is incapable of self care or under the age of 13 at the time the care was provided.

| Name of Dependent | Age | Dates Care Provided | | Name, Address, and Taxpayer Identification Number of Care Provider | Cost for Care Period | ASIFlex use only |
|--|-----|---------------------|-----|--|----------------------|------------------|
| | | From | To* | | | |
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| Total Dependent Care Amount Requested | | | | | | |

I provided the dependent care as stated above.

Care Provider's original signature

Date

SSAN/Tax ID#

*Claims for future services are not eligible for reimbursement.

Unreimbursed Medical Benefits

| Date Medical Care Provided (Arrange documentation in same order) | Name of Medical Provider | General Medical Expense Description. Include medical condition for over-the-counter items. | Patient Name | Relationship | Amount that is your responsibility | ASIFlex use only |
|--|--------------------------|--|--------------|--------------|------------------------------------|------------------|
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| Total Medical Amount Requested | | | | | | |

Please submit a **DETAILED STATEMENT OF SERVICES** or **INSURANCE EXPLANATION OF BENEFITS (EOB)** statement for each expense you are claiming. Credit card receipts or statements with a previous balance are not sufficient documentation.

As a participant of the Plan, I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's Flexible Spending Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. Any claimed Dependent Care Assistance expenses were provided for my dependent under the age of 13 or for my dependent who is incapable of self care. I fully understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature

ASIFlex
P. O. BOX 6044
COLUMBIA MO 65205-6044
Internet <http://www.asiflex.com>

Date

Submit Form to ASIFlex **ALONG WITH SUPPORTING DOCUMENTATION**
Toll-free fax (877) 879-9038
Online Claims Submission <https://my.asiflex.com>