

Take the Stairs & Walk More

Real Resolutions

You've probably already heard plenty about New Year's resolutions—good, bad, and celebrity resolutions. This time of year, there is a lot of advice about how to make resolutions and how to stick to them. Yet, no one actually tells you what your resolutions should be.

That's changing. This year we're going to come right out and give you two specific New Year's resolutions.

1. Take the stairs

2. Walk more

These are easy-to-accomplish resolutions that almost anyone can insert into their daily routines, right away, without spending money and without special equipment.

Take the Stairs

If you need to go up or down a few floors and you normally use an elevator in your office, in the parking garage, at the worksite, or at the mall, take the stairs instead. Start small, one or two floors at a time. Don't try to climb to the 20th floor right away. If you've been using the stairs for years, add a couple of extra floors to your routine. Whenever and however, it will mean you're working your muscles, pumping your heart and getting a burst of exercise in your day.

Walk More

Walking more is even easier to add to your life. No need to specify a distance or the number of steps, or even a time period. If you don't walk much, start walking a little. If you exercise religiously, then add more walking at work or at home. Walking can be added to any part of your day or life. At work, take a break and walk to the end of the hall, to the water cooler, to the tool shed, to the supply closet, or even around the block.

Outside of work—park further away, walk the dog, or walk to the coffee shop. Take a walk after dinner, after church, at halftime, or before everyone else gets up. Too cold to walk outside? Give your house or apartment a 15-minute



"cleaning"—find a home for this week's mail (trash, recycling, bill box), put the coats in the closet, and take the laundry downstairs in multiple trips (walking more *and* taking the stairs).

You can go public with your resolutions, enlisting support from your family, friends and co-workers, but it's not necessary. What's important is that you know you're making the effort to take the stairs and walk more. You'll know when you're doing enough, when you're sliding back, and when you need to do more.

New Year's resolutions are easy to break, but these two are simple enough to stick with, and the ultimate goal is that they become an everyday part of your life throughout the year and beyond.

So for 2011, get out there and

Take the Stairs & Walk More!



Dependent Eligibility Verification— Get Your Documents Together

Employees are reminded that in late winter and spring, a dependent verification process will take place. This process will verify that each dependent—spouses, same-gender domestic partners, and dependent children—enrolled by an employee is eligible under the rules of the State and the terms of the benefits plans.

The State is in the process of choosing an outside firm with expertise in this process to conduct the dependent verification. While the exact process and dates are not yet known, we do know that all employees with covered dependents will be contacted and asked to provide documentation to prove their dependents' eligibility.

Now is the time for employees to gather their documentation, so it is ready when requested for the verification process. Here is a sample list of some of the documents employees should gather and be prepared to provide in the spring.

Sample List of Required Documentation

Spouses

- Marriage certificate or **affidavit of common-law marriage**

Same-gender domestic partners (SGDPs)

- **Affidavit of same-gender domestic partnership**

Children Up to Age 25, through June 30, 2011, up to age 26 from July 1, 2011.

- Birth certificate, or adoption papers, or court order of allocation of parental rights that specifies health insurance coverage, documents showing legal custody (documents showing guardianship are insufficient), or documents from a government agency showing foster care.
- If the child is related to you by marriage or SGDP, then a marriage certificate, affidavit of common-law marriage, or affidavit of SGDP.

For an efficient and smooth process, all employees with a dependent covered on at least one state plan—medical, dental, optional spouse life, optional child life—must provide documentation, even if previously submitted. Understand that any dependent that cannot be verified will not be allowed to remain on the State plans after June 30, 2011.

Why is this important?

This dependent verification is a necessary budget management tool. In these recessionary times, as the State has limited dollars to spend in fulfilling its duty to the citizens of the State, the Department of Personnel and Administration (DPA) must ensure that the money for employee benefits is spent appropriately. Yet, this dependent verification process will also benefit employees, as it makes certain that employees' premium contributions are only being spent on dependents eligible under the rules and regulations of the State and the plans.

The Employee Benefits Team within DPA encourages you to get your documentation in order now so that you will be ready when the verification process begins.



New—Elect Optional Life & LTD Anytime

Starting January 1, 2011, employees will be able to elect employee and spouse/same-gender domestic partner (SGDP) optional life insurance and voluntary long-term disability (LTD) insurance anytime throughout the year. This removes the need to apply for these benefits at open enrollment, a time when you might be more focused on medical and dental options.

Optional Life

- Employees may elect employee optional life and spouse/SGDP optional life at anytime using the State's online Benefits Administration System (BAS).
- However, an employee will only be able to elect child optional life at open enrollment, as a newly hired employee, or when an employee has a life insurance "family status change" This will allow child optional life to remain as guarantee issue (see below for more information on "guarantee issue" and these family status change events). To include child optional life as part of year-round enrollment would have required proof of good health for every eligible child in the household.

How much coverage may be elected?

- Employee—Minimum amount of \$10,000 up to a maximum of \$500,000, in multiples of \$10,000.
- Spouse/SGDP—Minimum amount of \$10,000 up to a maximum of \$250,000, in multiples of \$10,000, not to exceed 50% of the employee's coverage.
- Employee must have optional life coverage before coverage for spouse/SGDP can be added.
- Important Reminder—If a spouse/SGDP is also a state employee, an employee may be covered for optional life either as an employee or as a spouse/SGDP, but not both. Double optional life coverage is not allowed.

When will an employee or spouse/SGDP have to submit evidence of insurability (a medical history statement)?

- Employees and spouses/SGDPs must prove good health by submitting evidence of insurability *anytime* optional life insurance is elected, except in two instances—1) as a newly hired employee; and 2) when an employee has a life insurance "family status change event." In these two cases, "guarantee issue" amounts apply (see below for more information on "guarantee issue" and these family status change events).

- Employees and spouses/SGDPs must submit their evidence of insurability through the online BAS when electing optional life insurance and this will be transmitted securely to Minnesota Life.
- Employees and spouses/SGDPs will be notified by Minnesota Life of their approval or declination for optional life coverage.

When will the guarantee issue amounts apply? (*"Guarantee issue" is the amount of optional life that is automatically approved and an employee or spouse/SGDP does not need to prove good health by submitting evidence of insurability, also called a medical history, to Minnesota Life.*)

- Guarantee Issue for optional life will continue to apply ONLY for new hire elections and when an employee experiences a life insurance "family status change" event.
 - Birth, adoption, or otherwise acquiring a newly eligible child.
 - Marriage/Declaration of same-gender domestic partnership.
 - Death of a spouse/SGDP.
- Employee optional life guarantee issue amount—up to \$100,000.
- Spouse/SGDP optional life guarantee issue amount—up to \$30,000, but cannot exceed 50% of the employee's coverage.
- Child optional life amount—both the \$5,000 and \$10,000 amounts are guarantee issue, provided the employee has employee coverage.
- Employees or spouses/SGDPs eligible for guarantee issue, but who elect coverage beyond these amounts must submit evidence of insurability to Minnesota Life.

Long-Term Disability (LTD)

- Employees may elect voluntary LTD coverage anytime using the State's online Benefits Administration System (BAS).
- All LTD elections require an employee to submit a medical history statement. This will be done electronically, through the State's online Benefits Administration System (BAS), and will be securely transmitted to Standard Insurance.
- Employees will be notified by Standard Insurance of their approval or declination for LTD coverage.

Vision Benefits in Your *Dental* Insurance?



Did you know that the State’s dental plan, with Delta Dental, has a vision component? 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.



EyeMed Vision Care Benefits

Vision Care Services	Member Benefit
Exam with dilation as necessary	\$5 off comprehensive exam \$10 off contact lens exam
Complete Pair Glasses Purchase: • 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.	
Standard Plastic Lenses including Standard Plastic Scratch Coating: Single Vision Bifocal Trifocal	\$75 \$95 \$125
Frames: Any frame available at provider locations	30% off retail price
Lens Options: UV Treatment Standard Tint Standard Polycarbonate Standard Anti-reflective Coating Standard Progressive (add-on to bifocal)	\$15 \$15 \$40 \$45 \$70
Contact Lenses: (Discount applied to materials only) Conventional	15% off retail price
Laser Vision Correction: 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

Health Insurance Terminology



As the FY 2010–11 Plan Year has reached the halfway point, it is important to review key health insurance terminology, especially as people start to reach their deductibles or even out-of-pocket expenses. Help yourself and your family by becoming familiar with these terms. To see more insurance terminology, visit the [Benefits Web site](#) and click on “Glossary of Insurance Terms.”

- **Co-insurance**—A cost-sharing feature. You pay a fixed percentage (e.g., 20%) of covered health care costs and your health plan pays the rest (e.g., 80%), typically *after* the deductible is met.
- **Co-Pay**—A cost-sharing feature. You pay a flat fee (e.g., \$30) for health care services at the time service is provided and your health care plan pays the rest. Co-payments are specific amounts, which is convenient in planning for the cost of care.
- **Deductible**—An amount an individual must pay for covered health care expenses before insurance begins to cover costs. Deductibles in health insurance work the same as deductibles in auto or home owner’s insurance.
- **Durable Medical Equipment (DME)**—DME includes such things as crutches, wheelchairs, breathing equipment and hospital beds, if medically necessary and prescribed by a physician. DME generally can withstand repeated use and must serve a medical purpose.
- **Health Savings Accounts (HSAs)**—A special kind of savings account, similar to an IRA (individual retirement account), designed for saving for future medical expenses. You cannot establish or contribute to an HSA without being enrolled in an HSA-qualified plan (sometimes called a high deductible health plan or HDHP). This year, FY 2010–11, the State offers two HSA-

qualified plans, the Choice Plus Definity option of the self-funded plan, and the Kaiser High Deductible Health Plan (HDHP) option (although Kaiser options are only available to employees in certain geographic areas).

- **Out-of-Pocket Maximum**—The maximum amount of money a person will pay for covered health care, not counting premium payments. These maximums are usually the sum of deductibles and co-insurance payments or the sum of all co-payments during the plan year. Once the out-of-pocket maximum has been met, the level of benefit payments by the plan increases to 100% for additional, eligible covered expenses for the remainder of the plan year.
- **Preventive Care**—Medical services rendered to a member who has not been diagnosed and does not exhibit any symptoms of the medical conditions for which the services are designed to detect or prevent. Preventive medicine emphasizes early detection and self-care. Examples of preventive care are immunizations, routine physical exams, well-baby checks, and certain tests such as a lipid profile (a blood test measuring total blood cholesterol, HDL cholesterol, LDL cholesterol and triglycerides) in the absence of known disease.

Updates & Reminders

- **Thinking About Open Enrollment**—January marks the halfway point of the plan year, which means it is not too early to start thinking about the next benefits open enrollment period in April/May. Review your coverage, your needs, and your finances to see if you’ll want to make a change for FY 2011–12 (July 1, 2011–June 30, 2012).
- **Spouse’s Open Enrollment**—Did your spouse go through open enrollment in the fall, with changes effective January 1? Do you need to make changes to your state benefits? If so, see the [November issue of HealthLine](#) for information on how to make these types of changes.
- **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.

