

Taking Stock of Your Health—the Time is **Now**

If you're like most people, you're probably having a hard time maintaining your New Year's resolutions. In this space last month, we provided two simple resolutions (**Walk more and Take the stairs**), but even these can be hard to keep up. What you need is some motivation and action steps.

Health assessments (HAs) provide that motivation, the jumpstart, the next steps towards a healthier 2011 that you promised yourself on January 1. They provide a snapshot of your health, with some easy-to-follow action items to make improvements.

Quick Facts on HAs

What is a health assessment (HA)?—It is a questionnaire about your health. When you finish answering the questions, you get a score along with an action plan or next steps to help you achieve your health goals.

How do I complete an HA?—Online. The HAs for both of the State's medical insurance vendors, Kaiser Permanente and United Healthcare, are done at their secure Web sites, where a username and password are required to log in. See the rest of this article for specifics on how to access the United Healthcare or Kaiser assessments.

Will my information be safe and secure?—Yes. Both the assessments from Kaiser and United Healthcare are safe, secure and confidential.

Will my health information be shared with my employer?—No. Federal HIPAA (Health Insurance Portability and Accountability Act) rules prohibit such individually identifiable health information from being shared with an employer.

Who can take an HA?—Anyone covered by that medical insurance option that is 18 or older. This would include you, your spouse and older dependent children.

How do I prepare to take my health assessment?—It is recommended, but not required, that you have your latest health information, including the following numbers.

- Blood cholesterol (LDL, HDL, and triglycerides)



- Glucose levels
- Blood pressure

If you don't know these, you may need to check your health records or contact your doctor. You'll also need to enter information such as height, weight, and chronic health conditions.

Have your medical ID card nearby, just in case you need to register.

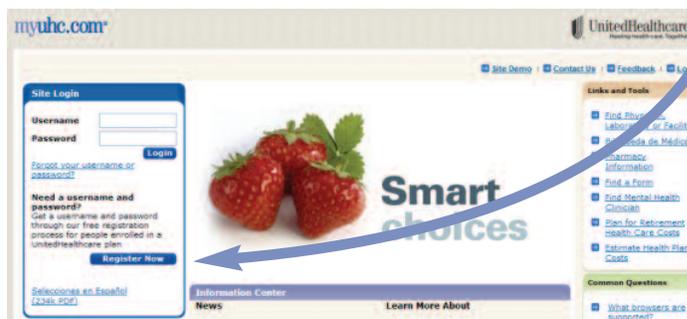
To take United Healthcare's Health Assessment

The instructions below will tell you how to register on United Healthcare's Web site and take the health assessment. You can also view an online demo on how to register.

- Go to www.myuhc.com and click "Site Demo" near the upper right corner.
- This will open a new screen. On that screen, find the "Additional Resources" box on the right and you will see "Registration & Print ID Card." Click "Watch the demo" to learn how to register.

To begin the Health Assessment, go to www.myuhc.com.

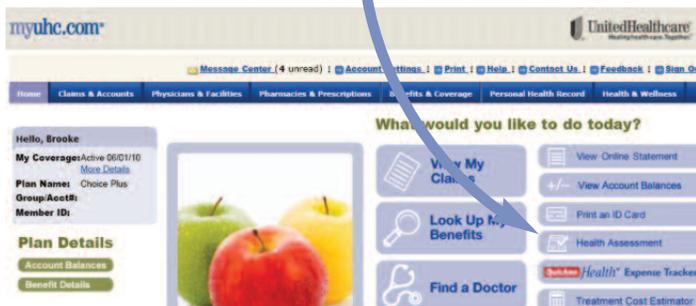
- Get secure access to the assessment by logging in with your username and password. If you do not have a username and password, set them up by clicking on the blue "Register Now" button. You will register using your UHC number. Remember these login details for future access.



(see HA on page 2)

(HA from page 1)

- If you have forgotten your login information, it can be e-mailed to you after answering security questions, along with providing your member ID information.
- Have your most recent blood pressure, cholesterol (HDL, LDL, triglycerides) and your fasting glucose. You may need to contact your doctor for recent test results. *NOTE: These numbers are not required to complete the assessment, but are preferred to give an accurate view of one's health.*
- Once you have logged in and have reached the page with apples, click on the "Health Assessment" button on the right.



- Choose English or Spanish.
- Click the purple box that reads "Launch the University of Michigan Health Assessment." (University of Michigan developed United's assessment.)
- Complete the assessment (approximately 15–20 minutes).

Online Overview of United's Assessment

In February and March, United Healthcare will offer Web-based sessions for employees enrolled in United Healthcare options, providing an overview on taking the health assessment, the value of a personal health record (PHR), and the protection and confidentiality of members' information.

These 30-minute sessions will be conducted via the Web, using a conference call for audio. Choose the date and time that works best for you.

- February 23, Wednesday—11:30 a.m.
- March 2, Wednesday—10:00 a.m.
- March 15, Tuesday—2:30 p.m.

Details on how to join these sessions can be found at www.colorado.gov/dpa/dhr/benefits.



Division of Human Resources

- Be sure to click "submit" at the end of your conclusion. You are finished when your confirmation page appears.
- An individual may only take the health assessment once every 12 months.
- At the conclusion of the assessment, you will receive a wellness score and, if needed, offered the opportunity to enroll in online health coaching related to your score.
- Your score can be integrated with United Healthcare's personal health record, as well as online health coaching and care coordination. The personal health record allows members to manage their own health information at www.myuhc.com.
- Absolutely no individual health information is shared with your employer, the State of Colorado.

To take Kaiser Permanente's Total Health Assessment

The instructions below will tell you how to get to Kaiser's Total Health Assessment. You can also view an eight-minute video online about how to access the total health assessment, why you should take it, and what to do with the results.

- Go to www.kpwebinar.org and click on "24/7 Webinars" in the upper right corner.
- On the next page, scroll down and click on "Be your own cause & take your Total Health Assessment" to watch the video. Know that you will have to provide your name and e-mail address to view.

To begin the Total Health Assessment, go to www.kp.org.

- Get secure access to the assessment by logging in with your user ID and personal password. If you do not have a user ID and password, click on "Register to get a user ID." This will take you through the process of establishing a user ID and password.



- If you've forgotten your password, you can recover it by answering the security questions. Otherwise, it will be mailed to you.

- Have your most recent blood pressure, cholesterol (HDL, LDL, triglycerides) and your fasting glucose. This information can be accessed online through your Kaiser health record. *NOTE: These numbers are not required to complete the assessment, but are preferred to give an accurate view of one's health.*
- Click on the "Health and Wellness" tab at the top of the page, then click on "Member programs and classes."
- Select "Healthy Lifestyle Programs," then click on the Total Health Assessment HealthMedia® Succeed program questionnaire.
- Complete the assessment (approximately 30–40 minutes).
- An individual may only take the total health assessment once every 180 days (six months).
- At the conclusion of the assessment, you will receive a personalized action plan including the following.
 - One-page health summary that includes a "lifestyle score," the top four concerns you indicated you wished to change, personal health goals, and links to online information and programs.
 - A detailed, personal report with recommendations for risk reduction.
- Information can be integrated into your Kaiser Permanente electronic medical record (with your permission) and can then be shared with your doctor.
- Absolutely no individual health information is shared with your employer, the State of Colorado.

Know Your Numbers

To get the most out of a health risk assessment (HRA), you'll need to know some of your health numbers before getting started. Some numbers you already know—height and weight—or can easily find out, such as your blood pressure.

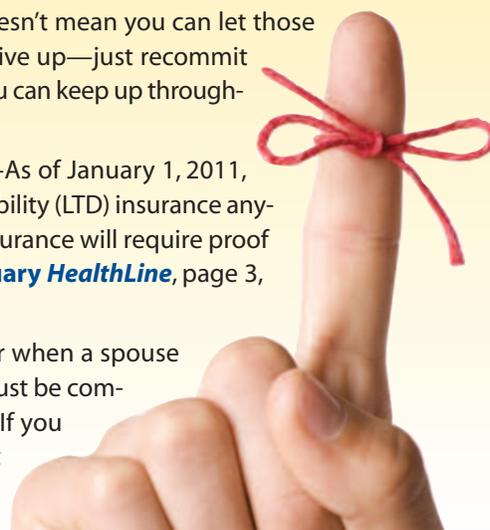
However, it is recommended that you also know your blood cholesterol, which will include your total cholesterol, HDL ("good" cholesterol), LDL ("bad" cholesterol), and triglycerides. All of these are determined through one blood test called a lipid profile or lipid screening. High total cholesterol, LDL and triglycerides numbers, and a low HDL number, can increase the risk of heart and artery disease, heart attack and stroke.

Another important figure you will need is your fasting glucose number. This is the result of a blood glucose test done after fasting overnight for eight hours. A high fasting glucose number may indicate pre-diabetes and puts one at an increased risk for developing type 2 diabetes.

If you have had these blood tests done recently, you can get the numbers either from a printout you may have received, your health record, or by calling your doctor's office. If it's been awhile since you've had these tests, it may be time to schedule them as part of an annual physical.

Updates & Reminders

- **Don't Forget Your New Year's Resolutions**—Just because it's February doesn't mean you can let those resolutions slide. If you haven't been doing what you wanted to do, don't give up—just recommit yourself this month. See the [January HealthLine](#) for two simple resolutions you can keep up throughout the year—*walking more* and *taking the stairs*.
- **Optional Life and Long-Term Disability Enrollment Now Year-Round**—As of January 1, 2011, employees can elect optional life (employee and spouse) and long-term disability (LTD) insurance anytime throughout the year, not just during open enrollment. Both types of insurance will require proof of good health by submitting an evidence of insurability form. See the [January HealthLine](#), page 3, for more details.
- **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.



Open Enrollment Will Be Here Soon

While the dates for the benefits open enrollment period for the FY 2011–12 plan year are not finalized, there are a few things you should know so you can prepare for open enrollment this spring.

Open Enrollment will last for at least 30 days this year— Because of federal healthcare reform, we will allow employees to cover dependent children up to age 26 in the new FY 2011–12 plan year (currently the State allows coverage up to age 25). Healthcare reform says that the enrollment period for this change must be 30 days.

The application period for the Medical Insurance Supplement Program will run at the same time as open enrollment— This is a change from previous years, when the application period was in the summer. The supplement program offers qualified applicants (low-income with dependent children) a supplement to their premiums for State medical insurance.

Open enrollment and the supplement program application period will not start until after April 18, tax day— This ensures that supplement applicants will have the 2010 tax documents to verify income levels. Tax records may also be needed to document eligibility of dependents—spouses and/or children.

CONSUMER EDUCATION: Choosing a Medical and Dental Plan

Open enrollment for the next plan year will be here soon, so now is the time to think about the health and financial needs for you and your family. Studies show that many people will devote half an hour or less to choosing their medical and dental insurance. But if you spend it wisely, this time can be of value.

When open enrollment comes around in April, the hard work will be in reviewing the past year while trying to forecast your needs for the coming year. But it is this look back and look ahead that can lead you to a decision.

Ask yourself three questions.

1. Does my current coverage meet my health and financial needs?
2. Do I need to make any changes to meet next year's health and financial needs (open enrollment for the FY 2011-12 plan year will be this spring; the plan year runs from July 1, 2011 to June 30, 2012)?
3. If I make a change, is it a change within the State's options or with a plan outside of the State's offerings, such as a spouse's plan?

1. Does my current coverage meet my health and financial needs? First, start by reviewing the past year for you and your family. Does your existing coverage work for your health and your finances? Are you satisfied with the coverage, but less satisfied with the cost? Is the monthly price right, but have unexpected healthcare costs eaten into your expected savings? And keep in mind that you should consider the *total* costs of your decisions, which means weighing annual premium costs against other considerations such as convenience or the costs of different healthcare services.

Weigh all of these factors in your decision to change coverage or stay with your current options.

2. Do I need to make any changes to meet next year's health and financial needs? Next, look into the future. Are there any

health conditions you expect to continue, get better or get worse in the coming year? Are you or your spouse pregnant? Are your kid's teeth coming in soon? Will older children need braces this year? Will anyone in your family be participating in more sports? As you look forward, consider whether or not there will be changes to your health, and that of your family, as well as any changes in your finances.

If there are expected health conditions, you may want to consider enrolling in a healthcare flexible spending account (FSA) in the coming year. An FSA allows you to save pre-tax money for reimbursement of healthcare expenses for you and your dependents. Find more information on the State's [FSA Web site](#).

3. If I make a change, is it a change within the State's options or with a plan outside of the State's offerings, such as a spouse's plan? Third, consider all of your insurance options. The spring open enrollment is for the State's plans, so what are the financial implications of joining, staying or leaving the State's plans? Maybe you're covered under your spouse's plan. Are you happy with that coverage? Is that coverage going to change significantly in the near future? If you're not covered by your spouse's plan now, is it a consideration? What are the financial implications of joining, staying with, or leaving a spouse's plan?

Putting it all together

Now put your answers to the three questions together. Is it time for a change, either because of health needs or finances, or should you continue with your current coverage? Open enrollment is the time to review your options, calculate needs and expenses, and make your choices. While this exercise may not bring you to one specific answer, it will help to narrow your choices. And narrowing your choices makes picking the plan that's right for you a lot easier. Getting started now will help you be prepared for open enrollment this spring.

Dependent Verification— Ex-Spouses & Overage Children

As has been mentioned in the last two issues of *HealthLine* (**December 2010 and January 2011**), a dependent verification process will take place this winter and spring. Soon, the exact details of the process and dates will be known. In the meantime, the Employee Benefits Team offers this advice to employees.

When it comes to medical, dental and life insurance, two of the most common findings in the process of verifying employees' dependents and their eligibility for these insurance plans are ex-spouses and overage dependent children who are still covered by an employee's coverage.

Ex-Spouses

It can be easy to forget to remove an ex-spouse from coverage. With all of the upheaval and changes brought on by divorce, an ex-spouse's benefits may get overlooked. However, the cancelling of their benefits under the employee must be done as an ex-spouse is **INELIGIBLE** for coverage, per state statute. If the ex-spouse remains covered, not only is the employee still paying premiums for that coverage, but so is the State. An ex-spouse must come off of the employee's medical, dental and life insurance at the end of the month in which the divorce is finalized.

Overage Children

For medical and dental coverage, current rules state that a dependent child is no longer eligible to be covered by the employee upon reaching age 25 (except for adult disabled children for whom there is no age limit). Starting in July with the FY 2011–12 plan year, as part of federal healthcare reform, eligibility for such coverage will be extended *through* age 25, terminating at age 26. The State's Benefits Administration System (BAS) automatically terminates medical and dental coverage for dependents reaching age 25, so employees don't have to remember to do it themselves. However, with the dependent verification coming soon, it is good for parents to be aware of the age limit.

For voluntary child life insurance, the eligibility rules are more complicated. Dependent children are eligible up through the end of the month in which a child turns 19, unless the child is a full-time student in an educational or vocational institution. If the child is a full-time student, eligibility is through the end of the month in which the child stops being a full-time student, but no later than the end of the month in which the child turns 24. In all of these cases, the child must be unmarried to be eligible for child life insurance. As with medical and dental, these age limits do not apply to adult disabled children.

Because the BAS cannot determine student-status for a child, it is likely that these are the types of ineligible dependent children that could be discovered in the dependent verification process. As with medical and dental coverage, the employee is paying premiums for coverage that is not allowed.

What to do?

If you believe you are still covering an ineligible dependent such as an ex-spouse or overage child, please contact your **department's benefits administrator** as soon as possible to remove the person from your coverage using the correct process. Remember, not only is this coverage not allowed, but you and the State are paying money for this coverage.



What are “FSA-Eligible” Expenses?

Flexible Spending Accounts (FSAs) are vehicles that can save you money on your taxes. There are two types of FSAs: Healthcare FSAs and Dependent Day Care FSAs.

If you currently are enrolled in a flexible spending account (FSA), you should know that you have until June 30, 2011, to incur reimbursable expenses for the current FY 2010–11 plan year. You may want to review the list of expenses to see if you have or will have any of these to claim.

Common eligible Healthcare FSA expenses for you, your spouse and your dependent children



- X Acupuncture
- X Chiropractic care
- X Dental care
- X Eyeglasses and contact lenses
- X Hearing aids
- X Lab fees
- X Laser eye surgery
- X Orthodontia
- X Physical therapy
- X Prescription drugs (As of January 1, 2011, over-the-counter drugs are not reimbursable.)
- X Eligible charges not paid by your medical/dental plan are reimbursable through an FSA, including: deductibles, coinsurance and copayment amounts.

FSA Forum



Current FSA holders should also note the following.

- Healthcare FSA participants ARE ALLOWED to claim eligible medical expenses for children to age 26, even when the children cannot be claimed as dependents.
- Participants CANNOT claim reimbursement for medical expenses incurred by same-gender domestic partners (SGDPs) and/or their children.
- Dependent day care FSA participants CANNOT be reimbursed for day care expenses for the child of a SGDP.

If you're not enrolled in an FSA, review this list of reimbursable expenses to find out if an FSA is something for you in the next plan year, FY 2011–12 (July 1, 2011–June 30, 2012). Remember open enrollment for the next year is coming soon.

Visit the [State's FSA Web site](#) for more information such as FAQs and a link to the State's FSA administrator, ASIFlex, where you can find a more thorough list of FSA-eligible expenses and links to IRS publications.

Eligible Expenses for Dependent Day Care FSAs



- X Paying someone to care for a **child under the age of 13** or for a family member that cannot care for him/herself (e.g., a disabled or elderly adult tax dependent), is a reimbursable expense.
- X Only those day care expenses that enable you and your spouse (if married) to work are reimbursable.
- X These are typically expenses that qualify for the Child Care Credit under Section 21(b)(2) of the Internal Revenue Code.
- X Medical expenses cannot be reimbursed through a Dependent Day Care FSA, even if those medical expenses are incurred by a dependent.