

Open Enrollment Continues— Last Day is Monday, May 23

Open enrollment for employee benefits for the FY 2011–12 plan year will end on **Monday, May 23, 2011, at 11:59 p.m. MDT**. Remember, participation is **MANDATORY** if you want medical/dental insurance or a flexible spending account (FSA) in the new plan year (which begins on July 1, 2011).

If you have not started your open enrollment, now is the time to get it finished. Don't wait until the last minute, as that will limit your time should you encounter questions you can't answer right away (what are the kids' social security numbers?) or problems you can't overcome (telephone lines or internet access goes down).

How to check the status of your open enrollment

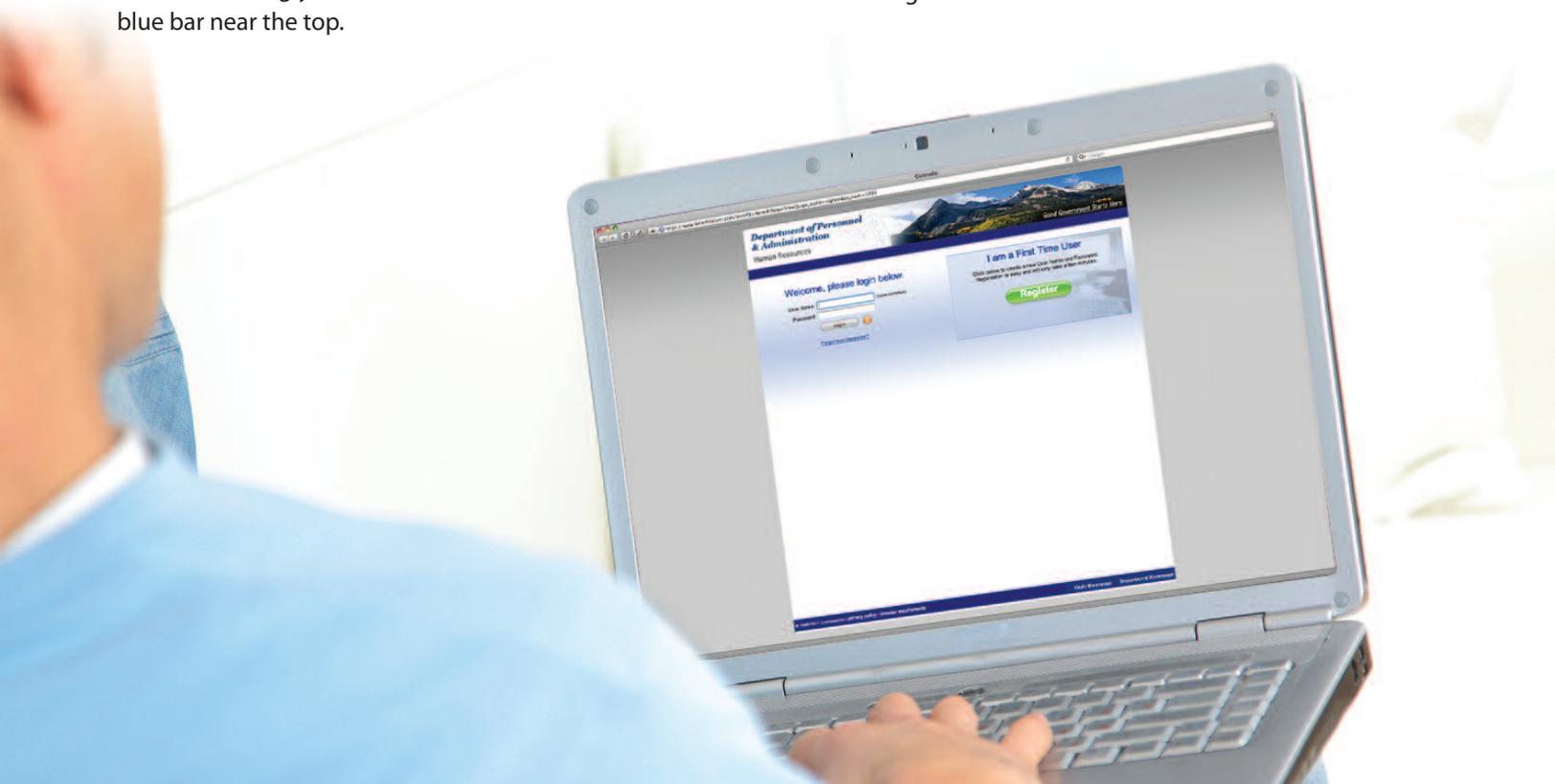
Even if you think you have completed your open enrollment, it can't hurt to double-check.

- Log into the online Benefits Administration System (BAS).
- On your home page (with your name at the top, "Welcome Jane Doe"), drag your cursor over the word "Benefits" in the blue bar near the top.

- If you have completed your open enrollment, one of your choices will be "**Open Enrollment FY12 Benefits Summary**."
- Click on this to review your open enrollment elections. Now is the time to make any last changes. Did you make all of the choices and changes you meant to?
- If you do not see the "Open Enrollment FY12 Benefits Summary" (these EXACT WORDS), you have not completed your open enrollment. Start your open enrollment by clicking on the green button on the right of the screen that says, "START HERE Open Enrollment FY12."

If you haven't started your open enrollment yet

Access the online BAS and conduct research on next year's benefits at the **Open Enrollment FY 2011–12 Web pages**. In addition to descriptions of the benefits and the monthly premiums, you can also view presentations on the various benefits—click on the gray "**Benefits Presentations FY 2011–12**" in the left-hand navigation.



If you started, but haven't finished your open enrollment

Your "in-progress" enrollment will not count—if it is not completed by Monday, May 23, none of your choices or changes will go into effect on July 1, including medical/dental insurance and flexible spending accounts.

- You must log back into the **online BAS** to complete your open enrollment.
- Use the same username and password as when you started your open enrollment, and then click the green "Start Here" button.
- You will have to go through each screen again, but the system will remember the choices you made the first time you started.
- **Be sure to click all the way through "I agree" on the final, confirmation page.** After this, you will get a message on a new screen that says, "Enrollment Complete."

If you have completed your enrollment, but you added a spouse/child to benefits

Even though you completed the online portion of open enrollment, if you added a dependent (legal spouse/common-law spouse/same-gender domestic partner [SGDP], dependent child) as part of open enrollment, your enrollment is NOT COMPLETE until you provide documentation for the dependent(s) added.

For a complete list of acceptable documents, review the document, "Required Documentation for Dependents Added to Medical/Dental/Life," available at www.colorado.gov/dpa/dhr/benefits in the "Open Enrollment" section.

YOU MUST SUBMIT THIS DOCUMENTATION NO LATER THAN MONDAY, MAY 23, 2011. If you do not provide the documents, the dependent will not have coverage for the new plan year starting on July 1, 2011. Scanned documents may be provided directly to the Employee Benefits Team via e-mail—benefits@state.co.us. You may also provide them to **your department's benefit administrator.**

Open Enrollment Questions or Problems

- **Technical questions** about the online system, such as warnings from your computer or difficulties connecting to the site? Call **1.888.460.9627**
- **Questions about the medical and dental plans** (covered procedures, prescriptions, doctors, etc.)? Contact the carriers or plan administrator directly.
 - ✗ UnitedHealthcare—1.877.283.5424/welcometouhc.com/colorado (a pre-member site) or myuhc.com (a member site requiring a username and password)
 - ✗ Kaiser Permanente—303.338.3800 (Denver/Boulder)/1.888.681.7878 (Southern Colorado)/kaiserpermanente.org
 - ✗ Delta Dental—1.800.489.7168/deltadental.com
- **Problems with username/password in the Benefits Administration System (BAS)**—Try going through the password recovery process by clicking on "Forgot your password" on the BAS login page. If you still have problems, contact your human resources office. Go to www.colorado.gov/dpa/dhr/benefits and click on "**Your department's HR/benefits personnel**" for a complete departmental list.





Supplement Program for Medical Insurance

Last Day to Apply is Monday, May 23

Don't forget that the application period for the supplement program for medical insurance coincides with open enrollment and **will close on Monday, May 23, 2011, at 11:59 p.m.** Applicants should be aware that as part of the online application, the required documentation (such as 2010 federal tax forms, marriage certificates, and birth certificates) must be uploaded in an electronic format (PDFs, JPGs, etc.) as part of the application process. Applications without the electronically attached documents will be considered incomplete and will not be reviewed.

What is the Supplement Program and who is it for?

The supplement is for low-income employees with dependent children who will enroll in one of the State's medical insurance options during open enrollment, or be willing to enroll if approved. Employees who do not choose a State medical plan during open enrollment, but who are approved for the supplement, will be given an opportunity to enroll in one of the state medical insurance options at a later time.

The supplement is used to cover a portion of the cost of medical insurance premiums for the FY 2011–12 Plan Year (July 1, 2011–June 30, 2012) for approved applicants.

More Information

Employees interested in applying for the supplement program are encouraged to review the **Medical Insurance Supplement Program Web pages**. There they can find information on how to apply and minimum qualifications, along with a Special Edition of *HealthLine* on Supplement Program.

Employees with questions or limited computer or Internet access should contact their **department's benefits or human resources (HR) offices**. Personnel in these offices can answer questions, offer assistance in accessing and completing the online application, and help in uploading documentation into the application. If you don't know how to contact your agency's benefits or HR office, call 303.866.3434/1.800.719.3434 to find out.

Questions about eligibility or Internet access? Contact your human resources office. Go to www.colorado.gov/dpa/dhr/benefits and click on **"Your department's HR/benefits personnel"** for a complete departmental list.

Dependent Eligibility Verification Process

Get Documents to HMS by Monday, May 30

State employees are required to provide proof of eligibility for any dependents (spouse/same-gender domestic partner/children) **CURRENTLY** covered under medical, dental or optional life insurance plans for the FY 2010–11 plan year (which finishes on June 30, 2011). **Employees must provide all required documents for each enrolled dependent to HMS Employer Solutions no later than Monday, May 30, 2011.**

Failure to respond or provide the requested documentation will result in the termination of a dependents' current medical, dental, or life insurance, as well as any coverage chosen as part of open enrollment for the upcoming FY 2011–12 plan year.

Employees should follow the instructions provided in letters sent by HMS. This includes acceptable types of documentation for dependents and how this information should be submitted. Employees with questions about documentation, current status of their verification, and dependent eligibility should contact HMS directly at **1.855.352.9780**.

The State has contracted with the firm HMS Employer Solutions to conduct the dependent eligibility verification process. This is a separate process from open enrollment, conducted by an outside third-party, which will help the State to control rising healthcare costs for its employees.

