

## Reduced Costs for Generics from Kaiser



Effective January 1, 2012, employees enrolled in the Kaiser Permanente options (HMO Co-Pay option and HMO HDHP option) can purchase many common generic medications at new, lower costs. This price reduction applies to a number of specific generic drugs for asthma, depression, diabetes, heart disease, high cholesterol and hypertension. However, these prices also refer to generics at commonly prescribed dosages. Members must refill prescriptions through Kaiser Permanente to receive the new lower prices.

The new prices are valid through December 31, 2012. When refilling prescriptions, Kaiser members will pay the lowest price available—either their standard co-pay (for those enrolled in the HMO Co-Pay option) or these new generic prices.

### New Generic Prices

30-day supply—\$7

60-day supply—\$9

90-day supply—\$11

Remember, mail-order prescriptions can save time and money. Kaiser members can refill prescriptions at [kp.org](http://kp.org) and have them mailed to their home, while receiving three-month's worth for the price of two.

### Generic Drugs— Safe, Effective & Affordable

Generic drugs are as safe and effective as brand-name drugs. They have the same active ingredients in the same dosage and strength as brand-names. A generic drug may even be made by the same company that makes the brand-name version. And the Food and Drug Administration (FDA) reviews and approves generic medications before they are marketed or sold in the U.S.

If you are not already asking your doctor for generic drug alternatives, you may be spending too much on your prescriptions. By choosing a generic medication, you typically pay less, while getting the same quality and effectiveness as a brand-name drug.

Whether you're in the State's Kaiser options, the United-Healthcare options, your spouse's medical plan, or another type of medical insurance, using generic drugs can help you avoid the higher costs of brand-name drugs.



# What are Flexible Spending Accounts?



Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for out-of-pocket medical or dependent day care expenses. These contributions lower your taxes. How? The pre-tax deductions lower your taxable income, meaning there is less pay in your check to be taxed. You can then use this pre-tax money to pay for eligible healthcare and dependent care expenses, saving up to 40% on each dollar contributed to an FSA.

Consider the following FSA information as you weigh your options in the next open enrollment, coming up in April. Maybe the time is right for an FSA. For more information, visit the **"Flexible Spending Accounts"** page on the Employee Benefits Web site.

## FSA facts

- ✗ Two types of FSAs—Healthcare FSA and Dependent Day Care FSA
- ✗ Eligible healthcare expenses include eye exams, dental exams, prescription drugs, routine doctor visits and more. View a **comprehensive list** at the site of the State's FSA administrator, ASIFlex.
- ✗ To qualify for reimbursement, dependent care must be for the purpose of allowing you, and your spouse, if married, to work, and must be for day care for a child under age 13, or for adult dependent care.
- ✗ The State's FSAs work via reimbursement. You contribute money each month, and then after you incur your expenses, you submit a claim. You are then reimbursed the eligible claim amount.
- ✗ Use **ASIFlex's tax savings calculator** to estimate your healthcare/dependent day care expenses and what you may be able to save on your taxes.
- ✗ In the upcoming open enrollment in April, which will be for the plan year FY 2012–13 (7/1/12–6/30/13), the maximum annual contribution for the healthcare FSA will be \$2500. Note that is reduced from the current maximum of \$6000. See the **January issue of HealthLine**, "New FSA Limit Starting July 1, 2012" for more information.
- ✗ The maximum annual contribution for the dependent day care FSA will remain \$5000.



# UnitedHealthcare Reaching Out to Members

Starting in February, employees and their families enrolled in the self-funded medical insurance options administered by UnitedHealthcare—PPO Co-Pay or PPO HDHP Definity—may be hearing from UnitedHealthcare (UHC) more often.

Why? UnitedHealthcare is researching members' claims to determine when people qualify for, or would benefit from, one of the care management programs that are part of the medical coverage.

## These care management programs include the following:

- Healthy Back
- Healthy Pregnancy Program
- Chronic Condition Programs—for asthma, coronary artery disease, congestive heart failure, diabetes and COPD.
- Healthy Weight

If you or a family member has one or more of these conditions, you may receive a phone call from UHC. Know that you are not compelled to participate in the care management program. This is not a sales call, nor is it an effort to encroach on your privacy. UHC is reaching out to you to let you know about programs which may be able to help you manage your condition.



Should you have additional questions, or if you want to find out more about the care management programs, contact UnitedHealthcare's Nurseline at **1-866-402-0006**.

## Updates & Reminders

- ▶ **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.
- ▶ **Accessing the online Benefits Administration System (BAS)**—Do you know your username and password to access the BAS? As open enrollment will be here in the spring, now is a good time to check. If you have forgotten your password, you can go through password recovery by clicking "Forgot your password" on the login page of the BAS. If you still have problems, contact your department's benefits administrator. Find the link to the BAS on the **Employee Benefits website**, look for "Enroll/Change Your Benefits."
- ▶ **My Total Compensation Statement**—Find out the value of what the State is investing in you by using this summary of all components of your total compensation—pay, benefits, leave and more. You just need a copy of your most recent pay advice and the tool takes you through the various parts of your compensation. Find out more in "What is Total Compensation?" on page two of the **January 2012 issue of HealthLine**.



# Delta Dental Upgrades Website



## Dental Insurance

Hopefully you've noticed the cleaner look of the redesigned Delta Dental of Colorado website. Delta Dental recently upgraded their website to help members better manage their dental benefits. The goal? Help subscribers get the information they need faster.

All of the information a subscriber needs to successfully manage his or her family's dental benefits is available on Delta Dental's website 24 hours a day, seven days a week. Just visit the "Subscribers" section of Delta's website at [www.deltadentalco.com](http://www.deltadentalco.com).

### Once logged into the site, subscribers can quickly and easily do the following:

- ✓ View and print member ID cards
- ✓ Find a dentist or specialist
- ✓ Check on the status of a claim
- ✓ View benefits
- ✓ Sign up for electronic Explanation of Benefits
- ✓ Find oral health and wellness information
- ✓ And more!

Member benefit reports have a new layout with a clear overview and breakdown of dental benefits. Maximums remaining—how much in covered services before a member reaches the annual maximum—are clearly listed.

Delta has also revamped its dentist search feature to provide clear and comprehensive search results that make sense to users.

In addition to the website, Delta's Automated Call Center is available 24 hours a day, seven days a week at **1-800-610-0201**. Live agents are also available if the information cannot be found using the web or the self-service features of the call center.

Access the website at [www.deltadentalco.com](http://www.deltadentalco.com).

Access the 24-hour Automated Call Center at **1-800-610-0201**.

### Reminder: Change Dental Coverage when Child Turns 5

Dependent children under age 5 (ages 0–4) may receive dental insurance under the State plan at no additional cost provided that: 1) the employee is also enrolled; and 2) that the coverage is selected (by indicating coverage for the child in the online Benefits Administration System—BAS) when an employee chooses benefits as a new hire, at the time of birth of the child (or placement for adoption), or at the annual open enrollment period.

For example, an employee with a spouse and a two-year-old toddler can have dental coverage for the family while only having to pay premiums for the employee and spouse level of coverage, or tier.

However, *once the child turns five*, the employee must make a decision: to either drop the dental coverage for the child or retain the coverage for the child, which means moving up to the next tier in premiums. The employee has **31 days from the child's fifth birthday** to change the coverage tier to include the child (the birthday is Day 1). This is done in the BAS using the change reason, "Dependent Child Turns Five." If no action is taken, the child's dental coverage will be automatically terminated at the end of the month in which the child turns five.

Before a child turns five, an employee is sent a notification that action must be taken to continue the child's dental coverage. Parents with children approaching their fifth birthday should watch for this letter. Employees with questions should contact their department's benefit administrator. A complete list of benefit administrators can be found on the Employee Benefits website—[www.colorado.gov/dpa/dhr/benefits](http://www.colorado.gov/dpa/dhr/benefits), look for "Your department's HR/Benefits personnel."