



STATE EMPLOYEE HEALTH PLAN

STATE EMPLOYEE NEWS OCTOBER 2010 EDITION



Plan Year 2011 Open Enrollment

Open Enrollment for active state employees is scheduled for October 1 through October 31, 2010 for the State of Kansas Employee Health Plan (SEHP), Flexible Spending Accounts (FSA), HealthyKIDS, and disclosure of employee's Tobacco Use status for Plan Year 2011 (PY 2011). The following information applies for this Open Enrollment period.

NEW SEHP WEBSITE—STARTING OCTOBER 1, 2010, go to www.sehbp.org to view all health plan information and other benefits offered under the SEHP.

OPEN ENROLLMENT ON THE INTERNET (WEB)

For all active employees, the only way to enroll in health benefits for PY 2011 is through the Internet, using the Employee Self Service Center. **In preparation for this year's open enrollment, please access the Employee Self Service Center account NOW to verify whether your password is active so that you can complete your 2011 benefit plan elections on line. If you have trouble accessing your Employee Self Service account, please contact the HELP DESK at:**

TOPEKA AREA—785-296-1900 TOLL FREE — 1-866-999-3001

The NEW link to the Open Enrollment web portal is:

www.kansas.gov/employee

Please read the FAQs then click the SELF SERVICE button to log in.

An employee **MUST GO** to the Open Enrollment website to:

1. To review their current enrollment elections
2. To make health plan coverage changes including adding or dropping their own coverage, adding or dropping dependents which results in a coverage level change, electing voluntary vision coverage, or changing pretax payment status.
3. To disclose their tobacco use status for PY 2011—**THIS IS THE ONLY OPPORTUNITY EMPLOYEES HAVE TO DISCLOSE THEIR TOBACCO USE STATUS FOR PY 2011.**
4. To participate or renew participation in a Flexible Spending Account for PY 2011
5. To apply for HealthyKIDS program [**EMPLOYEES MUST ENROLL ON LINE**]

Please remember to print the changes that you made on line for your records. Confirmation statements will be available to you to view online by mid-December, 2010.

TOBACCO STATUS DISCLOSURE AND NON TOBACCO USE PREMIUM DISCOUNT

Again in PY 2011, the SEHP will be offering a Non Tobacco Use discount program of \$20 for 24 pay periods of employee 's health insurance premiums. In order to be able to qualify for the Non Tobacco Use discount, an employee **MUST** go to the Open Enrollment website to disclose their tobacco use status.

If an employee does not disclose their tobacco use status during the PY 2011 open enrollment period, the employee will be defaulted to the base rates and will not qualify for the Non Tobacco Use discount in 2011. Incomplete tobacco use status disclosure will be treated as non-disclosure. No appeals will be allowed.

The employee has 4 options to choose from in disclosing their tobacco use status:

1. **Disclose that they are not a tobacco user.** By making this election they affirmatively declare that they will not use tobacco in any form, during the 2011 plan year. They also understand that even a single instance of tobacco use may constitute a fraudulent misrepresentation on their part and may subject themselves to penalties which may include, but may not be limited to, elimination of employer contribution to their health insurance premium.

2. **Disclose that they are a tobacco user and enroll in the HealthQuest tobacco cessation program and complete 5 tobacco discussions with a quit coach to KHPA 's satisfaction by May 1, 2011. NOTE: The employee is NOT required to quit using tobacco.** This is a condition to obtaining the non tobacco use discount. By making this election, the employee affirmatively declares that they are a tobacco user. As a direct result of their agreement to enroll in and complete the 5 tobacco discussions to KHPA 's satisfaction by May 1, 2011 they will receive the non tobacco use discount for the 2011 plan year. If the employee does not enroll in and complete the 5 tobacco discussions to KHPA 's satisfaction by May 1, 2011, the employee **WILL** lose their premium discount for the balance of PY 2011.

NEW THIS YEAR! Members who agree to participate in the HealthQuest tobacco cessation program through Free & Clear may begin their tobacco discussions with a quit coach beginning October 1, 2010. There is no need to wait until January 2011. IT IS THE MEMBER 'S RESPONSIBILITY TO PROACTIVELY CALL FREE & CLEAR AT THEIR TOLL FREE NUMBER, 1-888-275-1205 (OPTION 3) TO ENROLL IN THE CESSATION PROGRAM. Once enrolled, the member will receive a Quit Kit from Free & Clear .

3. **Disclose that they are a tobacco user however they elect not to enroll in or complete the 5 tobacco discussions with a quit coach through the HealthQuest cessation program by May 1, 2011.** By making this election, they affirmatively disclose that they are a tobacco user and choose not to participate in the non tobacco use discount for the 2011 plan year.

4. **Choose NOT to disclose their tobacco use status.** By making this election they are choosing not to disclose their status as it relates to tobacco use. They understand that by not disclosing their tobacco use status they are choosing not to participate in the non tobacco use discount for the 2011 plan year and will pay **the non discounted base rates** for PY 2011. No negative inferences shall be made based on their decision not to disclose their tobacco use status.



PATIENT PROTECTION & AFFORDABLE CARE ACT (HEALTH REFORM) AND CHILDREN TO AGE 26

The new Health Reform law signed by the President on March 23, 2010 mandates coverage for children to age 26. As a result, effective January 1, 2011, the SEHP definition of eligible children (dependents) will change.

Children are eligible to be covered on the SEHP to age 26 even if:

1. They do not live with the member (parent)
2. They are not a student
3. They are not dependent on the member (parent) for support, or
4. They are married

NOTE: Spouses of eligible children are **NOT** eligible for coverage under the SEHP. Grandchildren are only eligible under limited circumstances. During this open enrollment period, members have 30 days to add their eligible children (dependents) under the age of 26 to the SEHP. Their coverage will be effective January 1, 2011. For children under the age of 26 being **re-added** to the SEHP, a birth certificate may be required if not already on file with SEHP Membership Services. To expedite this process, if the Human Resource (HR) officer has a copy of the child ' s birth certificate in the employee ' s file, please **FAX** that to SEHP Membership Services at (785) -368-7180 during the open enrollment period. Please be sure that the employee ID is clearly printed on the documentation.



DEADLINE FOR SUBMISSION OF DEPENDENT DOCUMENTATION

All dependent documentation is due to SEHP Membership Services no later than 5:00 PM, November 5, 2010. Please note this is a recent change from the information provided in the Human Resources "Train theTrainer" sessions. This change is necessary in order to meet internal deadlines to ensure data will be sent timely to the carriers/vendors. If dependent documentation is not received by this deadline, dependents will **NOT** be added to the employee ' s plan for 2011.



NOTICE - 2011 FSA Changes due to Federal Health Care Reform

Effective January 1, 2011, over the counter (OTC) medicines will not be reimbursable under an FSA or HSA unless you have a valid prescription or doctor' s note. See the list below for examples of OTC medicines. Insulin still qualifies for reimbursement without a prescription.

Participants will be able to submit claims for eligible OTC medicines purchased without a prescription prior to January 1, 2011. Such claims can be filed through the end of the claims run out periods for any plans that began prior to December 31, 2010.

Equipment, supplies, diagnostic devices, bandages, cotton balls, hearing aid batteries, blood sugar test kits, etc. will remain eligible for reimbursement without a prescription

If you have an FSA Debit Card, the below mentioned items cannot be purchased with the debit card beginning January 1st, 2011. The Inventory Information Approval System (IIAS) at the checkout counter will reject them.

Following is a list of examples of OTC medicine categories no longer FSA or HSA eligible for a without a prescription beginning January 1, 2011:

- Acid Controllers
- Allergy & Sinus
- Anti-Diarrhea Products
- Anti-Gas Products
- Anti-Itch & Insect Bite Products
- Baby Rash Ointments
- Cold Sore Remedies
- Cough, Cold & Flu Products
- Digestive Aids
- Feminine Anti-Fungal/Anti-Itch
- Hemorrhoid Remedies
- Laxatives
- Motion Sickness
- Pain Relief
- Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Ailment Remedies



Important FSA Debit Card Reminder for 2011:

For Healthcare FSA participants that do not wish to continue their FSA Debit Card for 2011, please call ASI at (800) 659-3035 by December 15th, 2010 to have your card discontinued. If you do not discontinue your debit card by this date, the non-refundable \$12.00 annual fee is will deducted from your FSA account during your first pay period of 2011.



New for 2011 FSA Participants: Qualified Reservist Distributions.

Effective January 1st, 2011 the Kansas Health Policy Authority will adopted the HEART Act (Heroes Earnings Assistance and Relief Tax of 2008) into its Health Care FSA program for Plan Year 2011.

The HEART Act is designed to help military personnel called to active duty who may otherwise forfeit dollars set aside in a health care FSA. According to the Act, an employer and/or Plan Sponsor may make a cash distribution of unused FSA benefits to eligible reservists without disqualifying its cafeteria plan. The withdrawal is known as a Qualified Reservist Distribution or (QRD). However, there are qualifications that must be met before a QRD can be made:

- 1) The individual must be a “reservist” , as defined in 37 U.S.C. Section 101, which means the reservist must be a member of one of the following;
 - Army National Guard of US
 - Army Reserve
 - Navy Reserve

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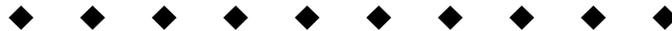
- Marine Corps Reserve
- Air National Guard of US
- Air Force Reserve
- Coast Guard Reserve; or
- Reserve Corps of the Public Health Service

2) The member must be called to active duty for a period of 180 days or more or for an indefinite period.

3) The request for distribution must be made after the order for active duty is issued, but before the last day of the plan year (or grace period, if applicable).

An amendment has been made to the SEHP's Plan Document to allow for Qualified Reservist Distribution (QRD) effective January 1, 2011.

Finally, QRD's are taxable, and should be included in the gross income and wages of the employee, and are subject to employment taxes. A QRD must be reported as wages on the employee's W-2 for the year in which the QRD is paid to the employee.



New for Plan Year 2011 - Limited Purpose FSA

A Limited Purpose (or Limited Scope) FSA is a savings option for employees that are enrolled in a Health Savings Account (HSA). The Limited Purpose FSA works the same way a standard FSA does: pre-tax, "use it or lose it" elections and expenses must occur within the plan year. The difference is that it limits what expenses are eligible for reimbursement. In a Limited Purpose FSA you can only submit claims for eligible dental and vision expenses. (Remember: Cosmetic procedures such as teeth bleaching are not eligible under any Flexible Spending Accounts).

As mentioned above, your Limited Purpose FSA funds are available only for certain expenses, including:

- Dental and orthodontia care such as fillings, X-rays, braces, caps, mouth guards and dentures.
- Vision care, including exams, eyeglasses, contact lenses, solutions and supplies, and LASIK eye surgery.
- Only prescriptions and over-the-counter items related to dental and vision care is reimbursable.
- The annual contribution minimums and maximums will be the same as the Health Care and Dependent Care FSA (\$ 192.00 annual minimum and \$5,000.00 annual maximum).

Note: The ASI Debit Card is not available with the Limited Scope FSA. Claims must be submitted via mail, fax, or on-line.



Changes within Preventive Care Services Benefit

To be eligible for the preventive care services benefit, services must be provided by a Network Provider. Coverage at 100% is limited to one well person exam per person per year unless otherwise noted. Babies are covered for age appropriate screenings and are eligible for more than one paid exam per year. See the benefit description for details.

With the adoption of the Patient Protection & Affordable Care Act (Federal Health Reform) there is a change in how the preventive care benefit for office visits will be administered. This change is how preventive care services will be identified by the health plan. For the office visits to qualify under the well person benefit, the provider will need to use a diagnosis code for a well person exam (diagnosis code on claim of routine or preventive) . Visits where covered preventive services are provided but the provider documents a medical diagnosis as the main reason for the visit, an office visit copay will apply. This will be true of the State Employee Health Plan and all insurance plans subject to the new health reform requirements. We recommend that you review the Preventive Care Service section of the benefit description for additional information on what services are covered. We encourage you to discuss with the health plan vendors any question you may have about what is included within the preventive coverage. The health care provider, not the health plan will determine whether the service is a well person check or care for an illness, sickness or disease.

The following are some examples which may help illustrate the change in preventive care services:

Example 1 – If you have a well woman checkup with your network family provider billed as preventive but then would prefer to go to your OB/GYN to have separately the gynecological exam. The first claim received by the plan for a well woman checkup would be covered at 100% as the well woman exam. The second claim for an office visit for well woman services will have the appropriate office visit copay apply.

Example 2 – You may be in to see your doctor and while you are there, you may have treatment eligible as a covered preventative care item in addition to treatment for an illness or injury. The office visit and treatment for the illness or injury will be subject to the applicable plan copay, deductible and coinsurance. The preventive service, if eligible to be billed separately, would be covered at 100%.

Example 3 – If you go in for a well person annual checkup but the provider bills the health plan for the primary diagnosis of asthma, an office visit copay will apply to the visit.

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Covered Preventative Services

Well Baby Exams - includes newborn screenings and age appropriate office visits.	Well Child Exam – includes office visit and age appropriate screenings and counseling.
Well Woman Exam - includes office visit and age appropriate screenings and counseling.	Well Man Exam - includes office visit and age appropriate screenings and counseling.
Prenatal Screening & Counseling - Limited screening services. See benefit description for details.	Ultrasonography for Aortic Aneurysm - Limited to one for men ages 65-75 with history of tobacco use
Age Appropriate Bone Density Screening	Mammography – not limited to one.
Immunizations	Routine Hearing Exam



SEPTEMBER 2010 WAS PROSTATE CANCER AWARENESS MONTH

KNOW THE BASIC FACTS ABOUT PROSTATE CANCER - FROM THE PROSTATE CANCER FOUNDATION

WHO CAN GET PROSTATE CANCER?

The prostate, which produces semen, is found only in men. Women cannot get prostate cancer.

Prostate cancer is the most common non-skin cancer in the United States.

- 1 in 6 American men will be diagnosed with prostate cancer.
- Men with a first-degree relative , a father, brother, or son – with prostate cancer are at higher risk of developing prostate cancer.
- African-American men are at higher risk of developing prostate cancer than Caucasian men.
- One new case occurs every 2.7 minutes and a man dies from prostate cancer every 19 minutes.

WHAT ARE THE SYMPTOMS OF PROSTATE CANCER?

If the cancer is caught at its earliest stages, most men will not experience any symptoms.

Symptoms that might indicate the presence of prostate cancer include:

- A need to urinate frequently, especially at night
- Difficult, painful, burning or bloody urination
- Painful ejaculation
- Frequent pain or stiffness in the lower back, hips or upper thighs

WHAT DOES IT MEAN TO BE SCREENED FOR PROSTATE CANCER?

Screening for cancer entails testing for cancer in someone who has no signs or symptoms of the disease but who may be at risk for developing the disease. Screening tests cannot diagnose cancer, but abnormal results indicate a need for further tests.

Screening for prostate cancer can be done in a doctor's office using two different tests:

- PSA (prostate-specific antigen) is a protein secreted by the prostate that is typically elevated in men with prostate cancer. A blood test measures the level of PSA in the blood.
- During a DRE (digital rectal exam), the physician inserts a lubricated, gloved finger into the rectum and examines the prostate for irregularities in size, shape and texture.

If the PSA and/or the DRE show abnormal results and prostate cancer is suspected, a biopsy will be performed.

During the biopsy, cells from the prostate will be removed and examined to determine whether cancer is present.

For more information, please visit : <http://www.prostateawarenessfoundation.org>



October is the 26th anniversary of National Breast Cancer Awareness Month. This program is dedicated to increasing public knowledge about the importance of early detection of breast cancer. Since the program began in 1985, mammography rates have more than doubled for women age 50 and older and breast cancer deaths have declined.

This is exciting progress, but there are still women who do not take advantage of early detection at all and others who do not get screening mammograms and clinical breast exams at regular intervals. The key to mammography screening is that it be done routinely – once is not enough.

For more information, please visit www.nbcam.org.

Plan Year 2010 Direct Bill/Retiree Open Enrollment Meetings

DAY	DATE	TIME(S)	CITY	ADDRESS	ROOM	FACILITY/AGENCY
Monday	11/1/2010	9:30 AM	Salina	2310 Centennial Road	Conference Room	College Center (2310 Centennial Road)
Monday	11/1/2010	1:30 PM	Salina	2310 Centennial Road	Conference Room	College Center (2310 Centennial Road)
Tuesday	11/2/2010	9:30 AM	Hays		Meeting Room	Ellis County Fairgrounds
Tuesday	11/2/2010	1:30 PM	Hays		Meeting Room	Ellis County Fairgrounds
Tuesday	11/2/2010	9:30 AM	Topeka	6425 W 6th Street	All Classrooms	Kansas Museum of History
Tuesday	11/2/2010	1:30 PM	Topeka	6425 W 6th Street	All Classrooms	Kansas Museum of History
Wednesday	11/3/2010	9:30 AM	Great Bend	2920 10th Street	Kansas Room	Best Western Angus Inn-Perkins Restaurant
Wednesday	11/3/2010	9:30 AM	Emporia	3301 W 18th Avenue	Meeting Room	Flint Hills Technical College
Wednesday	11/3/2010	1:30 PM	Emporia	3301 W 18th Avenue	Meeting Room	Flint Hills Technical College
Wednesday	11/3/2010	9:30 AM	Topeka	6425 W 6th Street	All Classrooms	Kansas Museum of History
Wednesday	11/3/2010	1:30 PM	Topeka	6425 W 6th Street	All Classrooms	Kansas Museum of History
Thursday	11/4/2010	9:00 AM	Pratt	619 N. Main	Large Room	Community Center
Thursday	11/4/2010	2:00 PM	South Hutchinson	600 Andrew Avenue	Training Room	SRS Area Office
Thursday	11/4/2010	9:30 AM	Osawatomie	Highway 169-South 500 State Hospital Drive	Sunflower Room	Osawatomie State Hospital
Thursday	11/4/2010	1:30 PM	Osawatomie	Highway 169-South 500 State Hospital Drive	Sunflower Room	Osawatomie State Hospital
Monday	11/8/2010	9:30 AM	Lawrence	2101 Harper Building	Building 21	4-H County Fairgrounds
Monday	11/8/2010	1:30 PM	Lawrence	2101 Harper Building	Building 21	4-H County Fairgrounds
Tuesday	11/9/2010	9:30 AM	Pittsburg	503 N. Pine	Auditorium B7	Memorial Auditorium
Tuesday	11/9/2010	1:30 PM	Pittsburg	503 N. Pine	Auditorium B7	Memorial Auditorium
Tuesday	11/9/2010	9:30 AM	Manhattan	Avery Drive - Fairgrounds	Konza Room - Pottorf Hall	Cico Park
Tuesday	11/9/2010	1:30 PM	Manhattan	Avery Drive - Fairgrounds	Konza Room - Pottorf Hall	Cico Park
Wednesday	11/10/2010	9:30 AM	Topeka	6425 W 6th Street	All Classrooms	Kansas Museum of History
Wednesday	11/10/2010	1:30 PM	Topeka	6425 W 6th Street	All Classrooms	Kansas Museum of History
Wednesday	11/10/2010	9:30 AM	Wichita	549 S. Rock Road	South Ballroom	Holiday Inn Select
Wednesday	11/10/2010	1:30 PM	Wichita	549 S. Rock Road	South Ballroom	Holiday Inn Select
Friday	11/12/2010	9:30 AM	Overland Park	126th & Quivera	Regents Center-Rm110	KU Edwards Campus
Friday	11/12/2010	1:30 PM	Overland Park	126th & Quivera	Regents Center-Rm110	KU Edwards Campus