



Choose Your Health Benefits

State Employee Health Plan

COBRA Open Enrollment

October 1 - 31, 2012



Open enrollment elections are effective January 1, 2013.

COBRA Open Enrollment Notification 2013

The annual State Employee Health Plan (SEHP) COBRA open enrollment period is your opportunity to make changes to your health care coverage such as changing medical carriers or adding/dropping dependents from coverage. **There are plan design changes for Plan Year 2013. COBRA rates are also increasing effective January 1, 2013.**

It is very important that the premium payments for your current COBRA coverage are paid through the end of 2012 or you will not be eligible for COBRA continuation coverage in the upcoming plan year. **Premium payments must be made even if you do not receive a monthly invoice.** All premium payments are due on the first day of each month and must be postmarked by the end of the 30 day grace period allowed from the due date.

If there are special circumstances that apply to your COBRA continuation coverage, such as extended benefits due to disability, please contact COBRAGuard at 866-952-6272 for the 2013 rates.

DEADLINE: Open Enrollment elections must be completed on line no later than Wednesday, October 31, 2012. To enroll go to ***www.hrissuite.com*** Members will need to log in using their social security number, date of birth and Kansas Employee ID number.

REMINDER: A member selecting ANY level of medical coverage will automatically be enrolled in member only dental, and MAY select dental coverage for any dependents they have enrolled in medical coverage. **Dental coverage may not be selected without medical coverage.**

REMINDER: If you are adding dependents, you must submit appropriate supporting documentation with your enrollment form.

For a list of appropriate supporting documentation, please visit the SEHP website at ***www.kdheks.gov/hcf/sehp/DependentDoc.htm***

Please submit documentation to:

COBRAGuard, Inc.
SEHP 2013 Open Enrollment
P.O. Box 504216
St. Louis, MO 63150-4216

Contact Information

State of Kansas Health Plan Vendors Web Site	www.kdheks.gov/hcf/sehp/Vendors.htm
Blue Cross and Blue Shield of Kansas Customer Service Plan A, Plan B and Plan C New Directions (Behavioral Health)	www.bcbsks.com/CustomerService/Members/State/ All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185 All Areas (Toll Free): 800-952-5906 Topeka: 785-233-1165
Coventry/PHS Customer Service Plan A, Plan B and Plan C Behavioral Health (MHNet)	www.chckansas.com All Areas (Toll Free): 855-326-2088 All Areas (Toll Free): 866-607-5970
UnitedHealthcare Customer Service Plan A, Plan B, Plan C and Optimum Behavioral Health	www.welcometouhc.com/kansas All Areas (Toll Free): 866-799-1324
Preferred Lab Benefit Program <ul style="list-style-type: none">• Quest Diagnostics Lab Card Program Customer Service Collection Site Listings• Stormont-Vail Regional Lab Program Customer Service Benefit Information and Collection Site Listings	www.labcard.com All Areas (Toll Free): 800-646-7788 www.labcard.com/collection.html www.stormontvail.org/stateemployeeslab.html All Areas (Toll Free): 800-637-4716 Topeka: 785-354-1150
Delta Dental of Kansas, Inc. Customer Service	www.deltadentalks.com All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
Caremark Customer Service Caremark Connect Specialty Pharmacy	www2.caremark.com/kse All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488 All Areas (Toll Free): 800-237-2767
Superior Vision Services Customer Service	www.superiorvision.com All Areas (Toll Free): 800-507-3800
COBRAGuard (COBRA Administrator) Customer Service	www.cobraguard.net All Areas (Toll Free): 866-952-6272 Fax: 913-438-8385

Highlights for Plan Year 2013

What's Changing

Health Plans:

- Plan A - no changes
- Plan B - no changes
- Plan C - NEW Plan Design

Prescription Drug Coverage

- Plans A and B - no changes
- Plan C - NEW Plan Design

What's New

- Basic Vision Plan - Contact lens fitting benefit added.
- Enhanced Vision Plan - Frame allowance increased to \$150.
- The pilot Autism coverage program will continue for another year with the same benefits. Coverage details are in the benefit description.

Enrolling for Health Care Benefits

This booklet is intended to be used for:

The Annual COBRA Open Enrollment Period (October 1 through October 31)

Your benefit elections become effective January 1 of the following year. Your decisions are binding until the next annual open enrollment period (unless you experience a "qualifying event" that allows you to make a change. See the "Changing Your Coverage" section on the next page for details.

Who Can Be Covered

In addition to covering yourself, you also can elect coverage for your eligible dependents. Your eligible dependents include:

- Your lawful spouse.
- Your child(ren) or stepchild(ren). To be covered under your health plan, your child or stepchild must be under the age of 26.

Documentation for each eligible dependent covered under the health plan,(such as a birth certificate or marriage license) must be submitted to COBRAGuard, Inc. **no later than Friday, November 2, 2012.** Please print your full name and Kansas employee ID number on each piece of documentation. If dependent documentation is not received by this deadline, the dependents will not be enrolled for coverage effective January 1, 2013.

Changing Your Coverage

Qualifying events include life-altering events such as the birth or adoption of a child, marriage, divorce, death of a spouse or a dependent, or gain or loss of employment and benefits for a spouse or a dependent.

For a complete list of qualifying events, go to www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf

Note: In the event of a divorce, coverage for your former spouse and stepchild(ren) ends on the last day of the month during which the divorce is finalized.

Important: Health plan changes due to a qualifying event must be consistent with the event. **You must contact COBRAGuard to make any changes.**

Choosing Your Health Plan: Plan A, Plan B or Plan C

You have access to all health plans regardless of where you live.

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State Employee Health Plan offers three health plan options:

- Plan A
- Plan B
- Plan C with Health Savings Account (HSA)

Each option is designed differently (for example, deductibles, coinsurance and annual maximums) and each health plan vendor offers unique features. Be sure to consider these features before making your selection.

There are three health plan vendors:

- Blue Cross and Blue Shield of Kansas
- Coventry/PHS
- UnitedHealthcare

Each of the three health plan vendors has a unique network of contracting providers. Since network providers agree to accept the plan allowance as payment in full, using network providers saves you money! Non network providers have not agreed to accept the plan allowance, so any amount above the plan allowance will be your responsibility. Review the provider directories at www.kdheks.gov/hcf/sehp/VendorProviderDirectories.htm

All options offer the following:

- Access to a broad network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations (including flu shots and allergy shots).
- Policies have no lifetime maximum.
- Prescription drug coverage through Caremark.

Plan A and Plan B

Both plans A and B have the Preferred Lab Benefit program available through Quest Diagnostics or Stormont-Vail Healthcare.

Please review the Health Plan Comparison Chart available at www.kdheks.gov/hcf/sehp/COBRA.htm to see the differences in the deductible, coinsurance and annual coinsurance maximums for Plans A and B.

Plan C - New Plan Design

Plan C has a few differences including:

- Premiums for coverage are lower than those for Plan A and Plan B.
- The deductible you pay under Plan C is higher .
- The Plan C Caremark Preferred Drug List is the same as Plans A and B. With Plan C, prescription drug purchases are subject to the deductible. In Plan Year 2013, network claims for prescription drugs purchased after the deductible has been satisfied will be covered at 100% if eligible under the pharmacy benefit.

Most covered services are subject to the deductible.

Preferred Lab Benefit

Available with Plans A & B Only

To use the Preferred Lab Benefit, just present your Plan Year 2013 State Employee Health Plan ID card identifying your membership in either Plan A or B.

Quest Diagnostics continues to offer collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.

Stormont-Vail HealthCare now offers 8 locations in northeast Kansas, for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required. For details, go to www.kdheks.gov/hcf/sehp/PreferredLab.htm

PLEASE REMEMBER:

You must verbally request to use your Preferred Lab Benefit.

The Preferred Lab Benefit Program does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-laboratory work such as mammography, x-rays, imaging and dental work
- Time sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas Plans A or B
- Lab work billed to your health plan by your doctor or another laboratory

The Preferred Lab Benefit is completely voluntary. If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail HealthCare, you still have laboratory coverage. However you will be responsible for any deductible, copayments or coinsurance applied by the health plan.

Caremark Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A, B and C, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select as explained below.

- Plan A and Plan B. Under these plans, generally you pay a coinsurance for your prescription drug costs throughout the year, up to a combined coinsurance maximum of \$2,580 per person per year.
- Plan C. Until you reach the deductible, you will pay 100% of the discounted cost for your prescriptions when you present your Caremark ID card. Once you have reached your annual health plan deductible, covered prescriptions are paid in full by the plan when a network pharmacy is used. Remember, you can use the funds in your HSA to help pay for these deductible costs. Review the health plan comparison chart for more information.

It is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments with your physician, so you can talk about your options. The PDL is updated quarterly, so please check for updates throughout the year. Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either www2.caremark.com/kse or www.kdheks.gov/hcf/sehp/Caremark.htm. You can also call Caremark at **800-294-6324** for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during 2013. This list is also on the website.

The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail online@caremark.com

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. These drugs are available only through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to www.kdheks.gov/hcf/sehp/Caremark.htm

Delta Dental Plan

Member only dental coverage must be selected for all members enrolled in medical coverage. If you choose to enroll your dependents in dental coverage the same dependents enrolled in dental coverage must be enrolled in medical coverage. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks.

Delta Dental Premier Network

The Delta Dental Premier Network is the broad network of providers that you may use. Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible only for paying the specific coinsurance and deductibles for covered services in addition to any services not covered.

Delta Dental PPO Network

Delta Dental also offers the Delta Dental PPO network. The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

Preventive Care

Diagnostic and preventative services are covered at 100% with no deductible. Covered services include:

- Prophylaxis/cleanings – twice per plan year.
- Oral examinations – twice per plan year.
- Bitewing x-rays –
 - adults - once per plan year
 - children under 18 - twice per plan year
- Full mouth x-rays – once each five (5) years.
- Limited coverage for children only:
 - Sealants
 - Space maintainers
 - Topical fluoride
- Ancillary – emergency relief of pain.

Plan Deductibles

A deductible of \$50 per person with a maximum annual family deductible of \$150 applies to all basic and major restorative care. This includes:

Basic Restorative

- Regular restorative dentistry - fillings
- Oral surgery
- Endodontics – root canals
- Periodontics – treatment of gum and bone disease
- Additional diagnostic X-rays

Major Restorative

- Special restorative dentistry – crowns
- Prosthodontics – bridges and dentures
- TMJ Treatment – requires prior authorization

A \$1,000 per person per lifetime benefit applies to orthodontic benefits, and there is an annual benefit maximum of \$1,700 per person per year for all dental services except orthodontics. Implants have a limited coverage of up to a maximum of \$1,250 per year. See the Benefit Description for limitations or exclusions of the plan.

Enhanced & Basic Coverage

Preventive Care Services are always covered at 100 percent of the allowed amount. Ninety days after a preventive office visit or cleaning, the member is eligible for the Enhanced benefit. If the member has had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the preceding 12 months, basic restorative services are subject to a coinsurance of 20% when provided by a PPO provider and 40% coinsurance when provided by a Premier or Non Network provider. Major restorative services are covered at the 50% coinsurance rate for all providers.

The Basic benefit applies when the member has not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the prior 12 months. The member is responsible for paying 50% coinsurance for all basic and major restorative services, regardless of provider. For those at the Basic benefit level, you must wait 90 days from your cleaning or exam to qualify for the Enhanced benefit level.

For more details on Delta Dental Benefits, go to www.kdheks.gov/hcf/sehp/Delta.htm

Superior Vision Services Plan

You are offered two vision plans through Superior Vision Services* — the Basic Plan and the Enhanced Plan. You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the health plan. If you choose dependent vision coverage, and dependent children are also enrolled in the medical plan, the dependent children enrolled in the vision plan must match those enrolled in the health plan. Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual open enrollment period, or if a dependent becomes ineligible.

Basic Vision Plan Coverage

Exams under the Basic plan are subject to a \$50 copay. A \$25 material copay to lenses also applies to frame purchases but not contacts, then the policy covers:

- 100% on single-vision, standard bifocal, trifocal, or lenticular lenses.
- Up to \$100 retail allowance for frames
- Elective contact lens allowance of \$150
- Home delivery of contacts at www.svcontacts.com/
- **NEW** - Contact lens fitting benefit (with a \$35 copay) added to the Basic Plan

Enhanced Vision Plan Coverage

The Enhanced vision plan includes all Basic plan coverage, along with:

- Standard progressive lenses covered up to \$165
- High-index lenses or poly-carbonate lenses covered up to \$116
- Scratch and UV coating
- Contact lens fitting fee (subject to a \$35 copay with limited coverage)
- **NEW** - Frame allowance on Enhanced plan is now \$150 retail allowance

Note: Enhanced benefits are not available from non network providers.

Special Features From Superior Vision Services

Discounts are available for lens add-ons or upgrades not otherwise covered by the plan. The discount is 20 percent and is available from providers identified in the Superior Vision provider directory with a "DP."

Discounts on additional eyewear. Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a "DP."

Discounts on refractive surgeries such as LASIK, RK and PR K. Providers listed in the provider directory with the "RF" designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries. For more details on vision benefits go to www.kdheks.gov/hcf/sehp/Superior.htm

** The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.*