

Open Enrollment 2012

Choose Your Health Benefits

State Employee Health Plan

COBRA

OPEN ENROLLMENT

October 1 - 31, 2011

Open enrollment elections are effective January 1, 2012.



COBRA Open Enrollment **Notification 2012**

The annual State of Kansas COBRA open enrollment period is your opportunity to make changes to your health care coverage such as changing medical carriers and adding or dropping dependants from coverage. **There are plan design changes for Plan Year 2012. COBRA rates are also rising effective January 1, 2012.** Please use the enclosed form to make changes to your current coverage and return it to COBRAGuard by October 31, 2011 or within 15 days of your original COBRA election, whichever is later.

It is very important that the premium payments for your current COBRA coverage are paid through the end of 2011 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 2012 rates.

DEADLINE: Open Enrollment elections must be returned to COBRAGuard by October 31, 2011.

REMINDER: A member selecting ANY level of medical coverage must select member only dental. A member selecting any level of dependent medical coverage MAY select the same dental coverage level. Dental coverage may not be selected without medical coverage.

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

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	www.bcbsks.com/Customerservice/Members/State All Areas (Toll Free): 800-332-0307 Topeka: 785-291-4185
SelectAccount (Plan C Health Savings Account)	All Areas (Toll Free): 800-859-2144 www.selectaccount.com
New Directions	All Areas (Toll Free): 800-952-5906 Topeka: 785-233-1165
Coventry/PHS Customer Service Plan A, Plan B and Plan C UMB Bank (Plan C Health Savings Account)	www.chckansas.com All Areas (Toll Free): 855-326-2088 All Areas (Toll Free): 866-520-4472 https://hsa.umb.com
Behavioral Health (MHNet)	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
American Chartered (Plan C Health Savings Account)	847-407-2300 www.americanchartered.com
Preferred Lab Benefit Program	
• Quest Diagnostics Lab Card Program Customer Service Collection Site Listings	www.labcard.com All Areas (Toll Free): 800-646-7788 www.labcard.com/collection.html
• Stormont-Vail Regional Lab Program Customer Service Benefit Information and Collection Site Listings	www.stormontvail.org/stateemployeeslab 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
CVSCaremark Customer Service	www2.caremark.com/kse All Areas (Toll Free): 800-294-6324 TDD (Toll Free): 800-863-5488
Caremark Connect Specialty Pharmacy	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 2012

What's New in 2012

- The pharmacy benefit for Plan C will be moving to a coinsurance based benefit from the current copay format. Coinsurance tiers will be similar to those in Plans A and B.
- Blue Cross Blue Shield of Kansas (BCBSKS) will be offering Plans A, B and C for 2012. Plan C will be available with the choice of two Health Saving Account (HSA) investment options.
- Coventry has completed its purchase of Preferred Health Systems (PHS) and will now have a combined offering as Coventry/PHS.
- United HealthCare will be offered instead of UMR a United HealthCare Company. This will provide employees access to a broader network of health care providers.
- Stormont Vail Healthcare is being added as a new regional preferred lab service provider. To access the benefit you will use labs located at Stormont Vail Health Center and Cotton-O'Neil draw sites.
- Quest will continue to offer the statewide preferred lab benefit as well, giving all employees the option to access the preferred lab benefit.
- The pilot Autism coverage program will continue for another year with the same benefits. Coverage details are in the benefit description.

What's Changing

Health Plans:

- Plan A - no changes
- Plan B - no changes
- Plan C - now available from BCBSKS

Prescription Drug Coverage

- Plans A&B - no changes
- Plan C - moving to a coinsurance structure once the deductible has been met

Preferred Lab Benefits:

- There will be two preferred lab service providers for 2012
 - Quest will continue to provide services on a statewide and national basis
 - Stormont Vail HealthCare/Cotton O'Neil draw sites will provide regional services. Health plan members do **not** have to be patients of Cotton O'Neil to receive the preferred lab benefit and draws can be done at Stormont Vail Hospital or any Cotton O'Neil draw site.
- Covered laboratory services performed and billed by one of the preferred providers will be covered at 100% of the negotiated fee schedule.

Enrolling for Health Care Benefits

This booklet is intended to be used for:

The Annual 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 this 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 (a birth certificate or marriage license) is required for each eligible dependent covered under the health plan, as well as their full name, social security number and gender. Please print your full name, employee ID number and agency/group name on each piece of documentation.

For a more complete listing of who is qualified to be covered under your health plan as a dependent, go to www.kdheks.gov/hcf/sehp/Active/EEGuide.htm

Required documentation must be submitted to either COBRAGuard or SEHP Membership Services no later than 5:00 p.m. on Tuesday, November 1, 2011. If dependent documentation is not received by this deadline, the dependents will not be enrolled for coverage effective January 1, 2012.

Changing Your Coverage

Once you enroll, or if you do not enroll before the applicable deadline, your choices are binding until the next annual open enrollment period. The only exception allowed is if you experience a “qualifying event” that allows you to make a change.

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/Active/EEGuide.htm

Note: If you divorce, coverage for your former spouse and stepchild(ren) ends on the last day of the month during which your 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 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 health plan vendor has a different network of preferred providers. Network providers have agreed to accept the plan allowance as payment in full. Non network providers have not agreed to accept the plan allowance so any amount above the plan allowance will be your responsibility.

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 annual exams, colonoscopy screenings, mammograms and age-appropriate immunizations (including flu shots and allergy shots).
- No dollar limit on the care you may need during the lifetime of the policy.
- 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 provided with this book to see the differences of the deductible, coinsurance and annual coinsurance maximums for Plans A and B.

Plan C with Health Savings Account (HSA)

NEW Vendor for Plan Year 2012 — Blue Cross and Blue Shield of Kansas.

Plan C has a few differences including:

- Premiums paid for coverage are lower than those paid for Plan A and Plan B.
- The deductible you must pay under Plan C is higher.

With Plan C, the 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 2012, prescription drugs purchased after the deductible has been satisfied will be subject to coinsurance payments similar to the coinsurance tiers in Plans A & B.

- **Please remember that under Medicare Part D, Plan C drug coverage is not considered “creditable coverage”.** Members should transfer out of Plan C during the Open Enrollment period prior to their 65th birthday.
- Plan C drug coverage includes a generic incentive program. Members who select a brand when there is a generic available, will pay not only the difference in coinsurance, but also the difference in cost of the generic and the brand name drug.
- When you choose dependent coverage under Plan C, you must meet the entire family deductible before the plan pays benefits.
- Most covered services are subject to the deductible and coinsurance.

Preferred Lab Benefit

Available with Plans A & B Only

For Plan Year 2012, members have more location options to get 100% coverage of routine and diagnostic outpatient lab tests. All you need is your Plan Year 2012 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 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. Just bring the lab orders from your physician. 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, you will pay coinsurance for your prescription drugs. Remember, you can use the funds in your HSA to help pay for these costs. The generic incentive program is still included within the Plan C prescription drug coverage. If you use a brand name drug instead of its generic equivalent, you will pay your coinsurance **plus** the difference in the cost between the generic and the brand name drug.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it with you so you can talk to your doctor about your options. If the physician says you must take a brand name drug, ask if there is a preferred brand name drug listed on Caremark's PDL that you can take. This 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 www.kdheks.gov/hcf/sehp/Caremark.htm or www2.caremark.com/kse. You can also call Caremark at **800-294-6324**. A number of popular name brand drugs are projected to be available in generic versions during 2012. 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. Plans A and B allow up to a 60-day supply for home delivery 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 designed for difficult conditions that don't respond to traditional therapy, and are available only at Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange overnight shipping.

For more information on the Caremark Prescription Drug Plan, go to www.kdheks.gov/hcf/sehp/Caremark.htm

Delta Dental Plan

All employees enrolled in health coverage are also enrolled in the dental plan. You may also choose to purchase dental coverage for your dependents that are enrolled in the health plan. 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 Dental will make payment directly to the dental provider. You will be responsible only for paying the specific coinsurance and deductibles for covered services in addition to any services not covered. Delta Premier Dentist agree to accept the plan allowance as payment in full.

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 the Premier Network. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Again, all participants in the Delta Dental program may 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 now 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, implants 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.

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 level. 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.

New employees will have a one year grace period at the enhanced level to get their annual exam and cleaning. 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. However, if you choose dependent vision coverage, and dependent children also are 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. This holds true even if you have made a special arrangement to pay your premiums on an after-tax basis.

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 or trifocal lenticular lenses.
- Up to \$100 retail allowance for frames
- Elective contact lens allowance of \$150
- Home delivery of contacts via SVcontacts.com

Enhanced Vision Plan Coverage

The enhanced vision plan includes all basic plan coverage, along with

- 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)

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 eye wear. 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.*

For further details pertaining to COBRAGuard Rates, refer to this website - www.cobraguard.net

The Kansas State Employees Health Care Commission (HCC) reserves the right to suspend, revoke or modify the benefit programs offered to members. Nothing in this booklet shall be construed as a contract of employment between the employer and any member, nor as a guarantee of any member to be continued in the employment of the employer, nor as a limitation on the right of the employer to discharge any of its members with or without cause.

In this booklet, "you" refers to eligible members.