

Don't forget to declare your tobacco status. You must do this every year!

Choose Your Health Benefits

State Employee Health Plan

Open Enrollment October 1st - October 31st, 2010

FOR **STATE** EMPLOYEES

- ✓ **Review the information** in this book. Check out the *Highlights for Plan Year 2011* on page 5.
- ✓ **Attend an open enrollment meeting** in my area. Go to www.sehbp.org, and select **State Employee Meetings**.
- ✓ **Before October 1st, establish my password** on the Employee Self Service (ESS) Center website www.kansas.gov/employee. See page 7 for details.
- ✓ **Learn more about the 5 Tobacco discussions offered through HealthQuest needed to qualify for the Non Tobacco User Discount.** Go to www.sehbp.org/healthquest and select **Tobacco Cessation**.
- ✓ **After October 1st, Enroll online** through the Employee Self Service (ESS) Center www.kansas.gov/employee.

Don't forget to:

- **Enroll any dependents I have under the NEW age limit of 26.**
- **Declare my tobacco status** - this must be done every year. **IMPORTANT:** The default for this is the base rate.
- **Re-enroll in HealthyKIDS and/or Flexible Spending Account (FSA).** Participation does not carry over from year to year!

FOR **NON STATE** EMPLOYER GROUPS

- ✓ **Review the information** in this book. Check out the *Highlights for Plan Year 2011* on page 5.
- ✓ **Attend my employer's open enrollment meeting.** Check with my Benefit Contact for dates and times.
- ✓ **Learn more about the 5 Tobacco discussions offered through HealthQuest needed to qualify for the Non Tobacco User Discount.** Go to www.sehbp.org/healthquest and select **Tobacco Cessation**.
- ✓ **Complete my paper enrollment form** (included with the comparison chart in this 2011 Health Benefits Booklet).

Don't forget to:

- **Enroll any dependents I have under the NEW age limit of 26.**
- **Declare my tobacco status** - this must be done every year. **IMPORTANT:** The default for this is the base rate.

Open enrollment elections are effective January 1, 2011.

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Take advantage of the information available online 24/7 on the State Employee Health Benefits Plan website at www.sehbp.org

On this site, you can view all Open Enrollment information, including a complete list of all policies concerning member health plans and detailed information on all State Employee Health Plan programs and options available.

*The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go online to www.sehbp.org and select **Health Plan Carriers**. Benefit Descriptions are listed under each carrier.*

State Employees - Enroll online through the Employee Self Service (ESS) Center at www.kansas.gov/employee.

Contact Information

State of Kansas Health Plan Providers Web Site	www.sehbp.org and select Providers
Blue Cross and Blue Shield	www.bcbsks.com/CustomerService/Members/State/index.htm
Customer Service	All Areas (Toll Free): 800-332-0307
Plan A and Plan B	In Topeka: 785-291-4185
New Directions	All Areas (Toll Free): 800-952-5906 In Topeka: 785-233-1165
Coventry Health Care of Kansas	www.chckansas.com
Customer Service	All Areas (Toll Free): 866-611-7337
Plan A, Plan B and Plan C - QHDHP with Health Savings Account	
Behavioral Health	All Areas (Toll Free): 866-607-5970
Preferred Health Systems	www.phsystems.com
Customer Service	All Areas (Toll Free): 866-618-1691
Plan A, Plan B and Plan C - QHDHP with Health Savings Account	Wichita: 316-609-2555
Behavioral Health	All Areas (Toll Free): 866-338-4281 Wichita: 316-609-2541
UMR, A UnitedHealthcare Company	www.umar.com/oss/cms/UMR/Kansas
Customer Service	All Areas (Toll Free): 866-281-2993
Plan A, Plan B and Plan C - QHDHP with Health Savings Account	
United Behavioral Health	All Areas (Toll Free): 877-912-1808
Quest Diagnostics Lab Card Program	www.labcard.com
Customer Service	All Areas (Toll Free): 800-646-7788
Collection Sites Web Site	www.labcard.com/collection.html
Delta Dental of Kansas, Inc. Dental Plan	www.deltadentalks.com
Customer Service	All Areas (Toll Free): 800-234-3375 Wichita: 316-264-4511
Caremark Prescription Drug Plan	www2.caremark.com/kse/
Customer Service	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 Vision Plan	www.superiorvision.com
Customer Service	All Areas (Toll Free): 800-507-3800
ASI Flexible Spending Accounts - STATE EMPLOYEES ONLY	www.asiflex.com
Customer Service	All Areas (Toll Free): 800-366-4827 Fax (Toll Free): 866-381-9682
COBRAGuard (COBRA Administrator)	www.cobraguard.net
Customer Service	All Areas (Toll Free): 866-952-6272 Fax: 913-438-8385

The Non Tobacco User Discount is offered again for Plan Year 2011

- Non tobacco users will receive a total premium discount of \$40 per month (\$20 each of the 24 pay periods for State employees).
- Tobacco users who enroll in and complete the 5 tobacco discussions offered through HealthQuest will also receive the discount. If you tried last year and were not successful — you can try again!

For more details, go to www.sehbp.org/healthquest and select **Tobacco Cessation**.

Different Options for State and Non State Groups

This section tells you about what's different between the State and Non State Groups plans and options for 2011.

State Employee Options

- **HealthyKIDS** – See page 10 of this book or go to www.sehbp.org and select **HealthyKIDS**.
- **Flexible Spending Accounts (FSA's)** – See page 19 of this book or go to www.sehbp.org and select **Flexible Spending Accounts**.
- **Enroll Online** through the Employee Self Service (ESS) Center at www.kansas.gov/employee

DO NOT FORGET TO:

- Enroll your dependents up to age 26.
- Declare your tobacco status - this must be done every year! If no declaration is made, the default status is the base rate.
- Enroll in HealthyKIDS if you qualify - this must be done every year!
- Enroll in Flexible Spending Accounts - this must be done every year!
- Provide documentation if adding dependents.

Non State Group Options

- **Paper Enrollment** - complete your pre-populated enrollment form (included with this book and comparison chart) and submit it to your benefit contact person.

DO NOT FORGET TO:

- Enroll your dependents up to age 26
- Declare your tobacco status on the form - this must be done every year! If no declaration is made, the default status is the base rate.
- Provide documentation if adding dependents.

Highlights for Plan Year 2011

What's New in 2011

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the State Employee Health Plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective January 1, 2011. For more information, contact the State Employee Health Plan at benefits@kdheks.gov

Flexible Spending Account (FSA) Health Care Expenses - Over-the-Counter drugs such as aspirin, cold medicine, antacids, etc. now require a prescription or recommendation from a doctor to qualify.

What's Changing Health Plans:

PLAN A

- The annual deductible maximum will increase from \$150 to \$300 per person and from \$300 to \$600 per family for services. Copayments for office visits do not count toward the annual deductible.
- The annual coinsurance maximum will increase from \$1,200 to \$1,400 per person and \$2,400 to \$2,800 per family. After the coinsurance maximum is met, eligible services are covered at 100 percent for the remainder of the calendar year.
- Office visit copay is increasing \$5. \$25 for Primary Care Physician and \$45 for Specialists.

PLAN B

- There will now be a deductible of \$150 per person/\$300 for family.
- The coinsurance will increase from 30% to 35%.
- The annual coinsurance maximum will increase from \$2,200 to \$3,000 per person and \$4,400 to \$6,000 per family. After the coinsurance maximum is met, eligible services are covered at 100% for the remainder of the calendar year.

PRESCRIPTION DRUG COVERAGE

Oral cancer drugs will now be covered in the same manner as IV cancer medications. Please see the oral cancer drug rider in Caremark Benefit Description for more information.

- Anti-cancer oral medication - coinsurance maximum of \$750 per member, per year.
- 25% coinsurance to a max of \$75 per standard unit of therapy.

AUTISM COVERAGE

The State Employee Health Plan will be completing a one year pilot coverage for Autism Spectrum Disorder. The coverage will be detailed in the benefit description. These services will be subject to deductible, coinsurance and copays. Services will need to be medically necessary and show improvement within the treatment plan.


Coverage shall not exceed:

- Birth to under 7 years - \$36,000
- Age 7 to 19 - \$27,000

HealthyKIDS PROGRAM - STATE EMPLOYEES ONLY

- Enrollment for Plan Year 2011 is online only.
Go to <https://khap.kdhe.state.ks.us/hkapplication/> to fill in and submit your form.

How to Enroll

- **REVIEW ALL OF YOUR ENROLLMENT MATERIALS to become familiar with your options.** That includes this enrollment booklet and the Health Plan Comparison Chart. Please go to our website www.sehbp.org if you need more details on plans, vendors, etc.
- **Attend an Open Enrollment Meeting.** We strongly encourage you to attend an open enrollment meeting to hear detailed explanations of your benefit options and to ask questions.
 - **NON STATE MEMBERS**, contact your benefit contact person for the dates and times of meetings near you.
 - **STATE EMPLOYEES**, go online to www.sehbp.org and select **State Employee Open Enrollment Meetings** to find a meeting near you.
- **QUESTIONS?**
 - Non State Members, contact your benefit contact person
 - State employees, contact your agency human resource office
 - Send an e-mail to benefits@kdheks.gov
- **Thinking about changing health plans? IMPORTANT** - Be sure your health care provider (Physician) participates in the health plan you have selected for Plan Year 2011.
- **Provide documentation if you're adding dependents.** You are required to submit documentation, such as a birth certificate or marriage license, for any new dependents you add to the plan. Other information you'll need to provide for each dependent includes his or her full name, Social Security number, gender and birth date. Required documentation should be sent to your human resource office or benefit contact person no later than Monday, November 1st, 2010. **If documentation is not received, the dependent(s) will not be enrolled for benefits beginning January 1, 2011.**
- **STATE EMPLOYEES** - Enroll online using any computer with Internet access - at work, home, a Job Service Center, or at most public libraries. **Before October 1st, please go to the Employee Self Service Center to make sure you set up your password.**
 1. Go to the Employee Self Service (ESS) Center at www.kansas.gov/employee
 2. Select the **Self Service** button  under "Featured Sites"
 3. Select **Sign In**
 4. From there, follow the enrollment instructions on the screen
 5. Make your tobacco use selection and enroll in any applicable Flexible Spending Account (FSA) online and/or HealthyKIDS if you qualify
 6. When you are finished, **be sure to submit and save the online open enrollment form**
 7. Print a copy for your records as proof of your enrollment

First-time users or members who need help accessing this web site can call the Help Desk at:

- 785-296-1900 (Topeka) or
- 866-999-3001 (Toll Free)

The Help Desk is open 24 hours a day and can provide instructions on how to log in and create a password. Once you have logged in, update your profile by including your e-mail address and set up a secret question and answer. The secret question will be asked if you forget your password.

As part of the online enrollment process, you may:

- Select your Health Plan Vendor - BCBS of Kansas, Coventry Health Care, Preferred Health Systems or UMR, A United Healthcare Company
- Select the level of coverage (**Employee** only, **Employee & Spouse**, **Employee & Child(ren)** or **Employee & Family**)
- Add dependents (**documentation of eligibility is required for new dependents**)

The following actions must be taken every year at open enrollment:

- Declare your tobacco status online
- Enroll in HealthyKIDS - **if you qualify**
- Enroll in the Flexible Spending Account(s) - Health Care and/or Dependent Care - of your choice

Confirmation statements will be available online after 12/1/10.

- **NON STATE GROUP MEMBERS** - Complete the pre-populated enrollment form (included with this book and comparison chart) and submit it to your benefit contact person.
- Declare your tobacco status on the form.

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 decisions 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).

Newly Hired or Newly Eligible Employees

You have 31 days after the date you are hired or become eligible to enroll in your choice of coverage. Your coverage will become effective on the first day of the month after the completion of a 30-day waiting period. If you do not enroll by the deadline, you will not be eligible to enroll until the next 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 unmarried 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. For a more complete listing of who is qualified to be covered under your health plan as a dependent, go online to www.sehp.org and select **Employee Benefits Guidebook**. Dependent documentation **must** be turned in to either your human resource office (benefit contact person) or the State Employee Health Plan no later than Monday, November 1, 2010 for dependent coverage beginning January 1, 2011.

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 online to www.sehbp.org and select **Employee Benefits Guidebook**.

Note: If you divorce, coverage for your former spouse and stepchild(ren) ends on the last day of the month during which your divorce occurs.

Important: Health plan changes due to a qualifying event must be consistent with the event. You must submit a completed change form to your employer’s human resource office or benefit



contact person within 31 days of the qualifying event in order for the change to be effective the first day of the month following the event. If the event takes place on the first day of the month, the effective date will be that day. If you do not submit your change form within this 31-day period, you will not be able to make the change until the next open enrollment period.

Paying for Your Coverage

- Both you and your employer share in the cost of your health care benefits. Your employer pays the majority of the cost and your share usually is paid on a pre-tax basis. This reduces your taxable income and therefore your taxes.
- Employee contributions for all health plans, the Health Savings Account (HSA) of the Plan C, and the Flexible Spending Accounts (FSAs) available to **State Employees** are deducted from your paychecks.
- **For State Employees** the rate for each benefit option is shown in the comparison chart included with this booklet. Your rate depends on the options you choose, your salary tier and whether you are paid on a semi-monthly (24) or 16 times per-year basis.
- **For Non State Employees** - Contact your benefit contact person for employee rates.

For State Employees Only HealthyKIDS Program



The HealthyKIDS program helps eligible State employees cover the cost of the premiums for their children enrolled in the State Employee Health Plan. The State will pay 90 percent of the cost of dependent children's health premiums for qualified families. Employees are responsible for the remaining 10 percent.

Eligibility for the HealthyKIDS program is based in part on family income. Children in households with incomes up to 250 percent of the Federal Poverty Levels, who would otherwise qualify for the Federal/State HealthWave program, may be eligible for the HealthyKIDS program. To see if your income may qualify you for the HealthyKIDS program, go to www.sehbp.org and select **HealthyKIDS** to see the chart that lists the qualifying income maximums by family size.

If you believe you may be eligible for HealthyKIDS, use the online enrollment form at <https://khap.kdhe.state.ks.us/hkapplication/>

There is also additional information which may help you to determine if you may be eligible.

You must re-apply every year, even if you were eligible and enrolled the previous year.

If you are applying mid-year due to a qualifying event, your online application must be received no more than 31 days from the date of the qualifying event.

Your enrollment will be processed and you will be notified directly if you qualify. A letter will be sent to your home address currently on file. If approved, your premiums for coverage of your dependent children will be adjusted based upon the current HealthyKIDS rates.

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

Note: If you are interested in Plan C, Qualified High Deductible Health Plan (QHDHP) with Health Savings Account (HSA), please take into consideration the IRS Guidelines listed on page 12.

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 (QHDHP w/HSA)

Each option is designed differently (for example, deductibles, coinsurance and annual maximums).

There are four health plan vendors:

- Blue Cross and Blue Shield (**Plans A & B Only**)
- Coventry Health Care
- Preferred Health Systems
- UMR, A United Healthcare Company

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 that will be your responsibility.

In addition, each health plan vendor offers unique features. Be sure that you take into consideration these features before making your selection.

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. See page 15 for details.

Plan A and Plan B

Both plans A and B have the Quest Lab Card available. See page 14 for more details on saving you money.

Here are a few differences to note:

- Office visit copays are higher on Plan A
- Primary Care and Specialists office visit copays for adults and dependents under the age of 18 are lower on Plan B
- Deductible is higher on Plan A
- Coinsurance percentages are higher on Plan B
- Coinsurance maximums are lower on Plan A

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 (QHDHP w/HSA)

NEW for Plan Year 2011 — Limited Flexible Spending Account available for Plan C — See page 19 for details!

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 but your employer provides you with a contribution to your Health Savings Account (HSA) that can be used to help you meet your deductible. See “Health Savings Account” below for details.
- With Plan C (QHDHP), the Caremark Preferred Drug List is the same as Plans A and B however, the benefits are different. Coverage requires prescription drugs to be subject to the overall plan deductible and then you will pay copayments. Also, under Medicare Part D rules, Plan C drug coverage is not considered “creditable coverage.”
- Plan C (QHDHP) drug coverage includes a generic incentive program. Members who have a generic available to them will pay more for the brand name drug.
- When you choose dependent coverage under Plan C (QHDHP), you must meet the entire family deductible before the plan pays benefits.
- Most covered services are subject to the deductible and coinsurance. See the Health Plan Comparison Chart included with this booklet to see the deductibles, coinsurance and annual coinsurance maximums for Plan C.

Health Savings Account (HSA) with Plan C (QHDHP)

****IMPORTANT - You are not eligible for a Health Savings Account (HSA) if any of the following IRS Guidelines apply to you:**

- You are enrolled in Medicare
- You are covered by another health plan that is not a QHDHP
- You are enrolled in the standard Health Care Flexible Spending Account or are covered by a spouse's Health Care Flexible Spending Account
- You are covered by TRICARE and TRICARE for Life
- You are covered by VA benefits and have used the VA medical services within the three-month period immediately preceding your enrollment

Through the Health Savings Account (HSA) you can set aside pre-tax money to pay for certain eligible health care expenses for yourself, your spouse or your dependent children (even if they are not covered on Plan C [QHDHP]). Here are a few examples of the types of expenses that are considered qualified medical expenses for HSAs:

- Medical and dental deductibles
- Medical and dental coinsurance
- Medical, dental and prescription drug copayments
- Dental and vision expenses
- Over-the-counter medications, such as aspirin, cold medicines, antacids and cough supplements with a prescription or recommendation from a doctor
- Contact lens solution or cleaners
- Long Term Care premiums

Both you and your employer contribute money to the Health Savings Account (HSA). The maximum annual contribution to an HSA for 2011 is \$3,050 for single coverage and \$6,150 for dependent coverage. These maximums apply to the sum of your contributions and your employer's contributions, so your maximum annual contribution for 2011 is \$2,150 for single coverage and \$4,800 for dependent coverage. Members between ages 55 and 65 can make additional "catch up" contributions to their HSA each year until they enroll in Medicare. The additional catch-up contribution for 2011 is \$1,000.

Your HSA belongs to you and is "portable," which means that even if you leave your employer, you take your account with you and can use it to pay eligible medical expenses. Your HSA account must be connected to a Qualified High Deductible Health Plan in order to resume making personal contributions to it.

Your HSA is administered by the banking institution that corresponds with the health plan vendor you selected. To complete the enrollment process for 2011, you must set up your HSA bank account with the applicable banking institution before **December 31, 2010**. Your banking institution will mail you an HSA debit card and account number that you may use to set up your online account access where you may view your account activity and learn more about your account and investment options. Visit **www.sehp.org** for more information.

Since the account belongs to you, you are responsible for the account fees, so be sure to review the HSA investment options and fees that apply to each banking institution.

For specific details on the Health Savings Account (HSA), go to **www.sehbp.org** and select **Plan C (QHDHP w/HSA)**.

Important: Due to IRS regulations, you cannot participate in both the HSA and the standard Health Care FSA during the same plan year.

Quest Diagnostics Lab Card®

Only Available with Plans A & B

When you use the Quest Diagnostics Lab Card for outpatient lab work covered by Plan A or Plan B, the cost will be covered at 100 percent of the negotiated amount with no deductible, copayment or coinsurance. Eligible services will be identified by your health plan and paid in full.

Lab Card covers routine outpatient lab tests.

Lab Card 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-ray, imaging and dental work.
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing that is not approved and/or covered by The State of Kansas Plan A or Plan B
- Lab work billed by your doctor or another lab provider to your health plan

If your physician does not collect specimens in the office, Quest Diagnostics Lab Card offers collection sites at various locations throughout the State of Kansas. Quest Diagnostics Lab Card is also available nationwide. A complete listing of eligible collection sites is available at www.labcard.com/collection.html or by calling **1-800-646-7788**.

Remember, the Quest Lab Diagnostics Card program is completely voluntary. If you and your health care provider choose to use a lab other than Quest Diagnostics Lab Card—including the lab in your health care provider's office—you still have coverage. However, you will be responsible for any deductibles, copayments or coinsurance.

At your health care provider's office or contracted collection site, be sure to **verbally request** to use your Quest Diagnostics Lab Card benefit.

It's Up to You!

You must request to use the Lab Card program so be sure to present your Plan A or Plan B ID card (with the Lab Card logo on it) and/or your separate Lab Card at your medical provider's office or Lab Card collection site.

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.
- **Plan C.** Under Plan C, you begin paying copayments for your prescription drugs once you reach your annual health plan deductible. This means that until you reach your health plan deductible, you must pay 100 percent of the discounted cost for prescription drugs. Remember you can use the funds in your HSA toward these costs. Once you have met your health plan deductible, you will pay the plan copayments. See the "Prescription Drug Benefits for Plan C" table in the comparison chart attached for more details. The Generic Incentive Program is included in Plan C. If you use a brand name drug instead of its generic, you will pay your copay plus the difference in cost of the drug.

Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. Your cost for generic drugs and preferred brand name drugs is considerably lower than your cost for non preferred brand name drugs.

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.

Caremark's PDL is available on the open enrollment website - go to www.sehbp.org and select **Prescription Drug Coverage** or go to 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 by the end of 2011. 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. The benefits in the tables listed on the comparison chart included apply when you purchase prescription drugs from a participating Caremark network pharmacy or Caremark home delivery. 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 including cancer, MS, hemophilia, rheumatoid arthritis, hepatitis C and growth hormones 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.sehbp.org and select **Prescription Drug Coverage**.



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 provider networks and are free to use both Delta Dental 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.

Coinsurance

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.

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.

However, 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 service continue to be covered at the 50% coinsurance rate for all providers.

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.sehbp.org and select **Dental Coverage**.

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.sehbp.org** and select **Vision Coverage**.

**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 State Employees Only Flexible Spending Account Program

If you enroll in Plan C (QHDHP w/HSA) you are not eligible for the standard Health Care Flexible Spending Account.

New for Plan Year 2011 - Limited Purpose FSA - Available for Plan C (QHDHP w/HSA) members

A new 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 orthodontial 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 are reimbursable.

The annual contribution minimums and maximums will be the same as the standard 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.

New IRS Over-the-Counter drug rule change for 2011!

Effective January 1, 2011, Over-the-Counter (OTC) drugs will require a prescription or doctor recommendation to be considered reimbursable. This IRS rule change applies to such items as: allergy and sinus drugs, cough, cold and flu products, pain relief and sleep aids, among others. Please note that the FSA Debit Card can no longer be used to purchase these OTC drugs as of January 1, 2011. Claims must be submitted via mail, fax or online.

OTC items not affected by the IRS rule change are non-medical items such as: bandages, hearing aid batteries, blood sugar test kits, pregnancy tests, etc.

For more information, please check the following websites:

- SEHP - **www.sehbp.org and select Flexible Spending Accounts**
- ASI - **www.asiflex.com**

Participation

Participating in a flexible spending account (FSA), such as the Health Care FSA and the Dependent Care FSA, is an easy way to set aside money for eligible anticipated out-of-pocket health care expenses and dependent care expenses. You can choose to enroll in either account or both.

Through an FSA, you are reimbursed for certain eligible expenses with pre-tax dollars that you set aside upfront—money that comes out of your paycheck before Social Security, federal and most state and local taxes are deducted. Because you do not pay taxes on your FSA contributions, the amount of money you would have paid for taxes is available to you for other purposes.

Each year, you specify how much of your salary you want to have deducted from your paycheck and deposited into your FSA account to cover eligible expenses.

To file a claim for an eligible expense, fill out a claim form and fax or mail the form and receipts to ASI. You may also fill out a claim form electronically and e-mail the form along with electronic copies of the receipts to **claims@asiflex.com**

The money in your account, which has never been taxed, is then used to reimburse you for those expenses. Reimbursement of FSA claims is handled by ASI and can be paid by check or direct deposit into your bank account.

Health Care FSA

With Plan A or Plan B and the dental options you choose, if you receive care, you will pay some expenses out of your own pocket. You can use your Health Care FSA to reimburse yourself for certain expenses not covered by your health insurance. Annually, the minimum amount you can contribute for the year is \$192 and the maximum amount you can contribute is \$5,000. See the table on our website for paycheck deduction amounts.

Important:

If you enroll in Plan C, you cannot enroll in the standard Health Care FSA.

Here are a few examples of the types of expenses that are considered eligible for reimbursement under your Health Care FSA:

- Medical and dental deductibles
- Medical, prescription drug and dental coinsurance
- Medical, prescription drug, dental and vision copayments
- Over-the-counter drugs, such as aspirin, cold medicines, antacids and cough supplements - **with the newly required prescription or doctor recommendation**
- Contact lens solution or cleaners
- Orthodontic treatment

Visit our website (listed above) for the table that shows the minimums and maximums allowed for semi-monthly paycheck deductions of funds for your FSAs. (The 16 deduction amounts apply only to certain Kansas Board of Regents employees.) It's important that you calculate the right amount to contribute to your FSA. Unlike an HSA, the amounts in your FSA cannot be carried over from year to year. Instead, IRS regulations require that any unspent funds in your FSA must be forfeited.

Dependent Care FSA

With the Dependent Care FSA, you can also set aside pre-tax dollars to pay for work-related child care or adult care expenses. If you're married, you can use the account if you need dependent care because your spouse works, is a full-time student or is disabled. Annually, the minimum amount you can contribute for the year is \$384 and the maximum amount you can contribute is \$5,000.

See the table on our website for paycheck deduction amounts and more details.

Here are a few examples of the types of expenses that are considered eligible for reimbursement under the Dependent Care FSA:

- Payments to a private babysitter
- Payments to a day care center
- Payments for summer day camp (if it allows you to work)
- Bills for adult dependent day care.

To receive reimbursement, you must submit your provider's Social Security Number or Employer Identification Number (EIN).

You will be reimbursed for:

- Dependent Care FSA expenses with dates of service between January 1 and December 31 of the plan year.
- Health Care FSA expenses incurred in the grace period from January 1 of the plan year to March 15 of the next calendar year.

There is no grace period for the Dependent Care FSA. You have until April 30, 2012, to submit documentation for reimbursement of 2011 expenses. This means you must plan carefully the amount you put into your FSA so that it does not exceed the amount you are likely to pay for eligible expenses. Fortunately, many of these expenses can be predicted in advance.

For additional information about the FSAs go to www.sehbp.org and select **Flexible Spending Accounts**.

You Must Enroll in FSAs Every Year!

Your participation in an FSA does not carry over from one year to the next—the IRS requires that you enroll in your FSA(s) each year. If you want to participate in an FSA in 2011, you must enroll during your open enrollment period. Your new enrollment will become effective January 1, 2011.

HealthQuest Health & Wellness Program

HealthQuest provides a variety of health and wellness services available to you through the State Employee Health Plan. All of these wonderful benefits are available at no cost to you:

Statewide Health Screening Events

As part of the commitment to help you lead a healthier lifestyle, the HealthQuest program offers free health screenings during work time in locations across the state. This program is held yearly and provides:

- Cholesterol (HDL & LDL), triglycerides and glucose
- Blood pressure, measured height and weight and BMI calculation
- Current health information to complete your online health assessment

For more details, visit www.sehbp.org/healthquest and click on **Health Screenings**.

Online Health Assessment

The online health assessment tool can help you and your eligible spouse and dependents take an active role in managing your family's health. You may take the health assessment after attending an onsite screening event. Use the test results obtained from your health screening to complete your assessment and receive a personalized action plan. Alternatively, you may use results from a physician visit.

For more details, visit www.sehbp.org/healthquest and click on **Health Assessment**.

Nurse Line

Nurse24 is available 24 hours a day, 7 days a week for any health related question. Call toll-free 1-888-275-1205 (option 2) and speak confidentially with a specially trained nurse any time, day or night. From general health and medical information to urgent issues, Nurse 24 can help you make the most informed decisions about what to do.

For more details, visit www.sehbp.org/healthquest and click on **Nurse 24**.

Lifestyle Health Coaching Service

Health Coaching is designed to support you in making positive lifestyle changes. Participate in telephonic and/or email coaching with a personal health coach who will provide the tools, motivation and support to help you:

- Lose weight
- Be more active
- Ease stress
- Eat healthier foods
- Gain energy
- Be more confident

For more details, visit www.sehbp.org/healthquest and click on **Lifestyle Health Coaching**.

Receive a \$50 gift card

for completing both steps – a health screening and an online health assessment!

Condition Management Programs

Condition management coaching is designed to help you manage a chronic condition to achieve your best level of health. You'll receive guidance and encouragement to support your doctor's plan of care from an experienced team including nurses, health educators and dietitians. You may also be eligible to receive specialized health monitoring devices to help you better track your progress. Condition management programs are offered to eligible members who have been diagnosed with or receive treatment for the following:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Diabetes
- Heart Failure

For more details, visit www.sehbp.org/healthquest and click on **Condition Management Programs**.

Tobacco Cessation Program

HealthQuest offers free enrollment in Quit For Life – the nation's leading tobacco cessation program that has helped hundreds of thousands of people quit tobacco. The program integrates free medication, web-based learning and confidential phone-based support from expert Quit Coaches. When you join the program a Quit Coach will help you create an easy-to-follow Quit Plan that will show you how to get ready, take action and then live the rest of your life tobacco free.

For more details, visit www.sehbp.org/healthquest and click on **Tobacco Cessation**.

Who Is Eligible to Participate in These Programs?

- Benefits eligible State and Non State employees who are enrolled in the State Employee Health Plan or who have waived coverage in the plan
- Retirees, spouses and dependents 18 years or older who are enrolled in the State Employee Health Plan

For more details, visit www.sehbp.org/healthquest and click on **Who is Eligible**.

HealthQuest Employee Assistance Program (EAP) – formerly called LIFELINE

Confidential Personal Counseling

The HealthQuest EAP provides short-term counseling to you, your spouse and your dependents for a wide range of personal and family concerns. Counseling is provided in your area by licensed and experienced professionals. You will find the HealthQuest EAP counselors to be knowledgeable about real life problems, very caring and readily available. A few of the most common reasons employees use the HealthQuest EAP Counseling service include:

- Family and parenting concerns
- Work-related concerns
- Marital and relationship issues
- Alcohol and substance abuse problems
- Improving communications and self-esteem
- Grief and loss
- Stress, anxiety and depression
- Major life event changes

Who is Eligible to Use the EAP?

The EAP is available to:

- All active, benefits-eligible employees of the State of Kansas, their family members living in the same household, or dependent children.
- Non State Employer Group Participants.



Dependent Care Assistance and Other Family Resources

Caring for those who depend on you can sometimes be very stressful. The HealthQuest EAP staff of experienced child care and geriatric specialists offer direct, hands-on assistance that can help take the pressure off caregiving. The most common examples include:

- Finding licensed, affordable day care
- Assisting aging loved ones
- Helping dependents with special needs
- Evaluating facilities and resources
- Long distance caregiving
- Ongoing support

Legal Advice and Discounts

The HealthQuest EAP provides confidential telephone legal consultation with an attorney who specializes in the area of your concern, at no charge to you. If you need legal representation, a 25 percent reduction in the customary legal fee is available to you. The most common requests include:

- Divorce and family law
- Real estate transactions
- Wills and estate planning questions
- Consumer and bankruptcy issues
- Landlord and tenant disputes
- Criminal/civil lawsuits

Personal Money Management Advice

The HealthQuest EAP provides employees and their family members with access to financial specialists with a broad range of experience in personal financial services. Call any time for a consultation on topics such as:

- Home budgeting
- Debt consolidation
- Credit matters
- College funding
- Retirement questions
- Tax issues
- Investments
- Estate planning

Life Coaching

Life coaching can enhance the quality of your personal and work life in four areas: building sound relationships; improving job performance and strengthening your career; managing stress and building resilience; and major life transitions.

For more information, call **1-888-275-1205 (option 7)** or visit **www.sehbp.org/healthquest** and click on **EAP**.

Need Help?

With a single call to the HealthQuest EAP, you and your family members receive confidential assistance, 24 hours a day, seven days a week at no cost to you.

Call confidentially **1-888-275-1205 (option 7)** or **TDD/TT 1-800-766-3777**.

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.