

Open Enrollment 2012

Choose Your Health Benefits

State Employee Health Plan

Attend an
open enrollment
meeting to
learn about the
HQ Rewards
Program.


For **State** Employees

- ✓ Review my Health Benefits Booklet.
- ✓ Attend an open enrollment meeting.
- ✓ **BEFORE OCTOBER 1st**, establish my password on the Employee Self Service Center, www.kansas.gov/employee
- ✓ **BEGINNING OCTOBER 1st**, enroll online through the Employee Self Service Center, www.kansas.gov/employee

DON'T FORGET - Every year, I need to:

- Declare my tobacco use status.
- Enroll in HealthyKIDS and/or Flexible Spending Account (FSA).
- Submit dependent documentation to my human resource office (benefit contact) by **October 31st**.

For **Non State** Employer Groups

-  ✓ **NSE Group member enrollment for Plan Year 2012 will be done online** using the NEW - Kansas Employee Eligibility Portal (KEEP), <http://employee.hrissuite.com>
See page 7 for details!

- ✓ Review my Health Benefits Booklet.
- ✓ Attend my employer's open enrollment meeting.
- ✓ Complete my enrollment online.

DON'T FORGET - Every year, I need to:

- Declare my tobacco use status.
- Submit dependent documentation to my human resource office (benefit contact) by **October 31st**.

Plan Year 2012 Open Enrollment is October 1 - October 31, 2011.

Open enrollment elections are effective January 1, 2012.

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Take advantage of the information available online 24/7 on the State Employee Health Plan website at **www.kdheks.gov/hcf/sehp/default.htm**

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

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

NSE Group Employees - Enroll online at <http://employee.hrissuite.com> - the new Kansas Employee Eligibility Portal (KEEP). Details are on page 7.

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 to www.kdheks.gov/hcf/sehp/Vendors.htm Benefit Descriptions are listed under each vendor.

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 American Chartered (Plan C Health Savings Account)	www.welcometouhc.com/kansas All Areas (Toll Free): 866-799-1324 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 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
ASI Flexible Spending Accounts State Employees Only Customer Service	www.asiflex.com All Areas (Toll Free): 800-366-4827 Fax (Toll Free): 866-381-9682
COBRAGuard (COBRA Administrator) Customer Service	www.cobraguard.net All Areas (Toll Free): 866-952-6272 Fax: 913-438-8385

The Non Tobacco User Discount is available again in Plan Year 2012

- All employees will need to declare their tobacco use status during open enrollment.
- Non tobacco users will receive a \$480 premium discount in 2012 and 10 credits toward the 2013 premium discount.
- Tobacco users who elect to complete the tobacco cessation program offered through HealthQuest are also eligible for the premium discount. A total of 5 telephonic coaching discussions with a quit coach must be completed by midnight, July 31, 2012, to maintain the \$480 premium discount for 2012. Successful completion of the 2012 cessation program also earns 10 credits toward the 2013 premium discount.

For more details, go to www.kdheks.gov/hcf/healthquest/tobaccocessation.html

Different Options for State and Non State Employer Groups

This section tells you about what's different between the State and Non State Employer Group plans and options for 2012.

State Employee Options

- **HealthyKIDS** – See page 10 of this book or go to www.kdheks.gov/hcf/sehp/HealthyKIDS.htm
- **Flexible Spending Accounts (FSA's)** – See page 18 of this book or go to www.kdheks.gov/hcf/sehp/FSA.htm
- **Enroll Online** through the Employee Self Service Center at www.kansas.gov/employee

DO NOT FORGET TO:

- Declare your tobacco use status - 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 for new dependents to your human resource office (benefit contact) by October 31st.

Non State Employer Group Options

- **NEW This Year!** - Online enrollment for NSE Group Members. See page 7 for details.

DO NOT FORGET TO:

- Declare your tobacco use status. If no declaration is made, the default status is the base rate.
- Provide documentation for new dependents to your human resource office (benefit contact) by October 31st.

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.
- New HealthQuest Rewards Program - for details, visit www.kdheks.gov/hcf/healthquest/rewards.html

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.

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.kdheks.gov/hcf/sehp.htm for more information 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 get answers to any questions you may have.
 - **Non State Employer Group Members** - contact your benefit contact person for the dates and times of meetings near you.
 - **State Employees** - check the schedule of meetings posted on our website at - www.kdheks.gov/hcf/sehp/Active/Meetings.htm - to find a meeting near you.
- **QUESTIONS?**
 - **Non State Employer Group Members**, contact your benefit contact person
 - **State Employees**, contact your agency human resource office
 - Send an e-mail to benefits@kdheks.gov

IMPORTANT ITEMS TO NOTE

- **Thinking about changing your health plan VENDOR?**


Before you make a change, be sure your physician and hospital participate with the new vendor you select for Plan Year 2012. Each vendor (BCBSKS, Coventry/PHS, UnitedHealthcare) has a provider directory listed on their page of our website at www.kdheks.gov/hcf/sehp/Vendors.htm
- **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 your plan. Other pieces of information needed for each **new** dependent are: his or her full name, Social Security number, gender and birth date.

Required documentation must be submitted to your human resource office (benefit contact) by October 31, 2011. **All documentation must be received by Membership Services no later than 5:00 p.m., Friday, November 4, 2011.**

If dependent documentation is not received by the deadline, the dependent(s) will not be enrolled in the health plan effective January 1, 2012.

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. Remember to make your tobacco use selection and enroll in any applicable Flexible Spending Account (FSA) 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

STATE EMPLOYEES (cont.)

First-time users or members who need help accessing this web site can call the Help Desk at either **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/PHS or UnitedHealthcare
- 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 use 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 12/1/11.

NON STATE EMPLOYER GROUP (NSE Group) MEMBERS -

NSE Group member enrollment for Plan Year 2012 will be done online using the NEW Kansas Employee Eligibility Portal (KEEP)!

This online enrollment portal - <http://employee.hrissuite.com> - replaces the paper open enrollment forms used in past years and will improve and streamline the enrollment process.

Beginning Saturday, October 1st, all NSE Group Members will have access to the (KEEP) portal to complete their enrollment for Plan Year 2012. Enrollment **must** be completed online, using any computer with internet access - at work, home, or at most public libraries. When you go to the site and log in, follow the instructions for enrollment on the screen. Remember to make your tobacco use selection!

Required documentation must be submitted to your human resource office (benefit contact) by October 31, 2011. **All documentation must be received by SEHP Membership Services no later than 5:00 p.m., Friday, November 4, 2011.**

If dependent documentation is not received by the deadline, the dependent(s) will not be enrolled in the health plan effective January 1, 2012.

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).

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 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, please refer to the [7_b^akVM9g\[WTaa\]](#). These are located at:

- www.kdheks.gov/hcf/eVZb!Active.htm - for **State Employees**
- www.kdheks.gov/hcf/eVZb!NSEGroup.htm - for **Non State Employer Group Members**

Required documentation **must** be submitted to your human resource office (benefit contact). All documentation must be received by SEHP Membership Services no later than 5:00 p.m. on Friday, November 4, 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, 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, please refer to the [7_ b'akW9g\[VWaa\]](#). These are located at:

‡ [www.kdheks.gov/hcf/eVZb!3Uf\[hVZf_](http://www.kdheks.gov/hcf/eVZb!3Uf[hVZf_) †or [3Uf\[hVEFSVW_ b'akW9g](#)
‡ i i i ‡ VZVYeZah!ZUkeVZb!@E79dgbZf_ †or @a` EFSVW_ b'akW9dgb? VV TVte

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 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. Your contribution may be 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) with Plan C, and the Flexible Spending Accounts (FSAs) (**State Employees only**) 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.kdheks.gov/hcf/sehp/HealthyKIDS.htm to see the chart that lists the qualifying income maximums by family size. There is additional information on this site which may help you to determine if you may be eligible. **You must apply every year.**

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

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

Once your application has been processed, you will be notified whether or not 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 contributions.

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. See page 15 for details.

Note: If you are interested in Plan C with Health Savings Account (HSA), please take into consideration the IRS Guidelines listed on page 13.

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 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, 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. See the Health Plan Comparison Chart included with this booklet to see the deductibles, coinsurance and annual coinsurance maximums for Plan C.



****IMPORTANT - You are not eligible for Plan C with 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 Qualified High Deductible Health Plan
- You are enrolled in the standard Health Care Flexible Spending Account (HCFSA) or are covered by a spouse's HCFSA. If you are currently enrolled in a HCFSA with a grace period, like the one offered to State employees, your HCFSA account balance **MUST BE ZERO** as of December 31, 2011 in order to enroll in a HSA beginning January 1, 2012. If not, you may enroll in Plan C, but won't be able to open your HSA until the 1st of the month following the completion of your grace period.
- 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 in Plan C

Plan C Health Savings Account (HSA)

Through the 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). Here are a few examples of the types of expenses that are considered qualified medical expenses for HSAs:

- Medical and dental deductibles
- Medical, dental and prescription drug coinsurance
- 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 2012 is \$3,100 for single coverage and \$6,250 for dependent coverage. These maximums apply to the sum of your contributions and your employer's contributions, so your maximum annual contribution for 2012 is \$2,200 for single coverage and \$4,900 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 2012 remains at \$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 2012, you must set up your HSA bank account with the applicable banking institution before **December 31, 2011**. 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.kdheks.gov/hcf/sehp/HSA.htm 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.kdheks.gov/hcf/sehp/HSA.htm

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. There is a chart with more details in the benefits comparison insert to your Open Enrollment materials. 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 State Employees Only Flexible Spending Account Program

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 one or both accounts.

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.

Standard 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.

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 required prescription**
- Contact lens solution or cleaners
- Orthodontic treatment

Visit our website (listed below) 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. The deadline to incur a 2012 expense is March 15, 2013. The deadline to submit a 2012 claim is April 30, 2013.

Limited Purpose FSA - Available for Plan C with 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. For a list of eligible services, visit the ASI website at www.asiflex.com

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 Purpose FSA. Claims must be submitted via mail, fax or on-line.

For more information, please check the following websites:

- SEHP - www.kdheks.gov/hcf/sehp/FSA.htm
- ASI - www.asiflex.com

Important:

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

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, 2013, to submit documentation for reimbursement of 2012 health care 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.kdheks.gov/hcf/sehp/FSA.htm

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 2012, you must enroll during your open enrollment period. Your new enrollment will become effective January 1, 2012.



HealthQuest Health & Wellness Program

HealthQuest provides a variety of health and wellness services as part of your benefits plan.

HealthQuest Rewards Program - Brand New For 2012

From October 1, 2011 through July 31, 2012, employees have the opportunity to earn 20 credits which will result in a \$480 discount in health insurance premiums for Plan Year 2013. Employees may select from a wide variety of online, telephonic and in person programs. **Please note that a Health Screening and Health Assessment are required to earn the discount.** For more details, visit www.kdheks.gov/hcf/healthquest/rewards.html

Eligibility

State and Non State employees who are enrolled in the State Employee Health Plan are eligible to participate in these programs and to receive the premium discount.

Benefits eligible employees who have waived coverage, as well as retirees, spouses and dependents (age 18 and older) who are enrolled in the State Employee Health Plan can participate in these programs but are not eligible for the premium discount. For more details, visit www.kdheks.gov/hcf/healthquest/eligibility.html

Health Screenings

HealthQuest offers three ways to obtain your biometric data through a health screening:

- 1. Attend a free onsite health screening** offered by HealthQuest at many locations statewide. A simple finger stick test provides:
 - Total cholesterol, HDL, LDL and total cholesterol to HDL ratio
 - Triglycerides and glucose
 - Systolic and diastolic blood pressure
 - Height, weight and body mass index (BMI)
 - Waist circumference
- 2. Schedule a preventive screening visit with your physician.** For members covered by the SEHP, this can be done as part of your annual well person exam, which is covered at 100% when using a network provider.
- 3. Order an at-home screening kit** if you do not have access to a health screening event in your area. Please note that the at-home test kit does not include results for blood pressure, height, weight and waist circumference needed to complete your online health assessment.

For more details, visit www.kdheks.gov/hcf/healthquest/screening.html

Online Health Assessment (10 credits)

Using results obtained from a health screening, doctor visit, or at-home screening kit, complete an online health assessment to receive valuable health information and a personal health improvement plan developed just for you. The health assessment is required to earn the premium discount.

For more details, visit www.kdheks.gov/hcf/healthquest/assessment.html

Condition Management Programs (10 credits)

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 experienced nurses. You may also be eligible to receive specialized health monitoring devices to help you better track your progress. Condition management programs are offered to those who have been diagnosed with or receive treatment for the following:

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

For more detail, visit www.kdheks.gov/hcf/healthquest/condmgmt.html

Tobacco Cessation Program (10 credits)

Enroll in Quit For Life, the nation's leading tobacco cessation program, and work with expert quit coaches by telephone to develop a personal quit plan. Receive an 8-week supply of nicotine patches or gum at no cost to you (if appropriate).

For more details, visit www.kdheks.gov/hcf/healthquest/tobaccocessation.html

Health Coaching (5 credits)

Health coaching is designed to support you in making positive lifestyle changes. Participate in telephonic coaching with a personal health coach who will provide the tools, motivation and support to help you reach your goals. Instant message chat and email communication with your coach are also available to help you:

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

For more details, visit www.kdheks.gov/hcf/healthquest/coaching.html

Nurse Line (2 credits)

The nurse line 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.kdheks.gov/hcf/healthquest/nurseline.html

HealthQuest Employee Assistance Program (EAP) (2 credits)

Eligibility

All active, benefits-eligible employees of the State of Kansas and our Non State Employer Groups, their dependents and other family members living in the same household are eligible to use the EAP.

With a single call to **1-888-275-1205 (option 7)**, you and your family members receive confidential assistance 24 hours a day, seven days a week at no cost to you.

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.

Counseling services include:

- Family and parenting concerns
- Work-related concerns
- Marital and relationship issues
- Improving communications and self-esteem
- Grief and loss
- Stress, anxiety and depression

Dependent Care Assistance and 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 care giving.

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 care giving
- 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 details visit: www.kdheks.gov/hcf/healthquest/eap.html

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.