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School is no longer a life event.

Your child is eligible for your health insurance coverage to age 26 regardless of student status. You may no longer add your adult child upon enrollment in school nor do you need to drop coverage if your child leaves school. Adult children with access to other employer-based coverage are not eligible.

Disclaimer

This newsletter is for informational purposes only and is not a plan document nor is it legal, medical or retirement advice. Consult a qualified professional before making decisions.

Know Your Cards – are you playing with a full deck?

Get the most out of your benefits by understanding your insurance cards and when to use them.

The number of cards each SEGIP member holds may vary, but expect to carry up to four benefit cards.

Medical card: The front of each card includes the participant's name, policy number, and group number. The back or the bottom of the card includes telephone numbers and addresses of your health plan administrator. Also included are co-pay amounts and primary care clinic designations. The card contains the numbers for Advantage Health Advisors (AHA!) and the Employee Assistance Program (EAP). Some cards include contact information for filing claims, hospital and treatment

pre-certification, and customer service. Present your member card at each office visit to ensure your claims are processed appropriately.

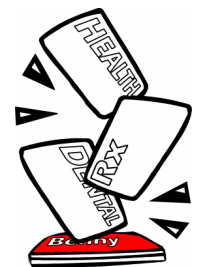
Dental card: Much like your medical card, dental cards include your name, policy and group numbers, and dental provider network. The back or bottom of the card contains pertinent telephone numbers and addresses needed to contact the plan.

Prescription plan (Rx) card: All Advantage plan policyholders receive a Navitus Health Solutions benefit card that must be presented when filling a prescription. The pharmacy benefit card contains your name and identification number, as well as other codes used by pharmacists. The back includes a telephone number and address for correspondence

with Navitus. Copays are not indicated because copays may vary depending on the medication being purchased.

Benny™ Card (debit card): The Benny™ is a MasterCard preloaded with your annual MDEA pre-tax election and any applicable HRA amounts. Using this card will eliminate the need to pay out of pocket for eligible items and then seeking reimbursement. You may still need to substantiate your purchase by providing a receipt. This card displays the MasterCard logo and has an expiration date, much like a credit card.

Like any good card player, you should always know your cards!



Employee health care premium costs remain flat in 2011

Sometimes falling flat is a good thing. The state employee health insurance premium was expected to increase 6.7% in 2011. However, that increase has been eliminated and members will not see an increase for the second year in a row.

The announced 6.7% increase was eliminated because health care benefit costs were not as high as expected. This good performance has held costs down.

By continuing to make wise use of your health care benefits and choosing to live a healthy lifestyle, Advantage members are helping to keep health care costs down. These decisions directly benefit you through this 0% premium increase and the \$125 Health Reimbursement Account that was agreed upon through negotiation between the labor unions representing state employees and the state as the employer.

Employees who receive a full-employer contribution will continue to pay \$130.20 per month for family coverage and no premium for single coverage. If you receive less than the full employer contribution, check the [rate sheet](#) to confirm your monthly premium deduction for 2011.

The premiums for dental and life will change as explained during Open Enrollment.

WELL•NESS (wĕl'nĭs) n. State of being healthy • the condition of being healthy in body, mind and spirit, especially as a result of deliberate effort • mental and physical soundness

Health potential score – know your score

Everyone has a health potential score. Do you know yours?

Your score summarizes the results of your JourneyWell health assessment. It is listed on the home page of your [JourneyWell](#) web account and in your personalized HealthPotentialSM Report. The report reveals lifestyle behaviors you have working in your favor and how much you can gain by making changes. Changes you make now may prevent or delay the onset of diabetes, heart disease or other chronic illness.

The score is a starting point for improving your current health status by making lifestyle behavior changes. To improve your score, follow the pointers that are listed in your personalized HealthPotentialSM Report. For example, if you fall short in diet quality, you can improve your score by eating more fruits and vegetables and whole grains.

Your score is important. It can help guide you to a healthier life. JourneyWell offers a full set of programs to help you achieve your goal and improve your number. Log in

to your account today and take another look.

TIDBIT

Basic and optional life travel benefits

Remember to take your optional life travel benefit with you when you're going to be more than 100-miles from home. Employees with Basic or Optional life policies have access to this coverage at no cost – get the brochure at www.lifebenefits.com and travel with benefits!

Stay active this winter

Exercising during the winter months is easier and more fun than you might think. Winter opens up a variety of both indoor and outdoor activities.

Outdoor winter activities have their own set of advantages. It takes more energy to exercise in cold weather so you will burn more calories. Being active outdoors can help prevent the winter blues. Winter can be beautiful. You may be surprised at how few days the weather is a barrier.

There are steps you can take to make being outdoors comfortable. Dress in layers. Wool, silk or poly-

propylene wick away sweat and keep you dry. Wool and fleece insulate best. When it's really cold, use a facemask or scarf to cover your nose and mouth.

Good footwear matters. Try traction cleats when it's icy. They are inexpensive and fit easily over boots and shoes.

Head into the wind to start a walk or run. Drink water to counter the effects of the dry winter weather.

There are also many indoor exercise options. Where possible, take the stairs rather than the elevator. Walk public indoor areas such as malls, skyways or tunnels.

Exercise at a fitness club. Many offer a variety of exercise equipment as well as weightlifting and a pool for swimming or water aerobics. Some have indoor walking and running tracks.

Exercising at home is another option. Inexpensive second hand exercise equipment is available. Wii and other gaming systems can make exercising fun. Stretching feels good, is good for you, and requires no equipment.

There are endless possibilities to be active throughout the winter.



Making change stick

Changing a personal habit is often difficult. If it were easy, everyone would have the perfect weight, eat well, exercise regularly, get enough sleep and be in touch with the people they love.

Deciding to change is simple. Making change stick can be hard. A New Year's resolution or any commitment to change can have a better chance of sticking if careful thought and support are given to it.

Set realistic and achievable goals. Ask yourself, "What will be gained from changing the behavior?" What difference will the change make? How will I know I'm making progress?"

Create a reasonable plan for achieving your goal. Identify who or what will help and support you in making a lasting change in behavior. For example, identify someone—a friend, family member, mentor, or EAP consultant—who will help you stick to your

plan. Set and celebrate small milestones so that you enjoy success along the way. Consider journaling or otherwise chronicling of your change; you may be surprised by the progress you are making. Do not be afraid to change the plan if it is not working.

Setting realistic goals, having a thoughtful plan of action and finding support will achieve the ultimate goal of making change stick.



Short Term Disability – protect your income

Short Term Disability (STD) protects your income when you cannot work due to a non-work related injury or illness.

STD benefits help replace your lost income beginning on the first day of an accident or on the eighth day of an illness and can continue for up to 26 weeks. A treating physician must document the illness or injury and the anticipated length of time you will be unable to work. Certain conditions have standard periods of disability. For example, abdominal surgeries, including cesarean sections, are typically limited to six weeks of benefits.

STD may be used during your absence from work, whether you are

collecting sick pay or not. The benefit will not be reduced by any other pay such as sick or vacation pay, unless you have a partial return to work, and will continue to provide income if your accrual balances are exhausted.

You have the flexibility to choose the income replacement level that best fits your pocketbook. Replacement income levels range from \$300 per month to a maximum of two-thirds your monthly salary, up to \$5,000. The 2011 monthly premium for \$300 replacement per month is \$5.04.

One great advantage of STD is the paid benefit is tax-free because the premiums are paid on a post-tax basis. Since the average state employee is earning in the 25-30%

income tax bracket, carrying an amount equal to approximately two-thirds of your take home pay will likely replace your net lost wages for the period you cannot work. STD payments are reported as non-taxable wages in Box 7 on a separate W-2.

You may enroll in STD at any time, however, unless you enroll when newly hired or newly eligible for benefits you will be required to provide evidence of good health (or insurability). If your application is declined, you will be provided information about the decision. You may use this information to improve your health and your chances of gaining STD eligibility.

Orthodontia benefit – investing in smiles

You just received the news you'd been dreading: your child is going to need braces.

Both state dental insurance plans, [Delta Dental](#) and [HealthPartners](#), include orthodontia coverage for dependents through age 18. The benefit is covered at 50% of the total treatment amount to a lifetime maximum of \$2400. (The \$50 per person deductible does not apply.)

Members should be aware of some important details:

- To obtain the highest benefit, choose a provider participating in your carrier's network.

- Seek opinions from a number of network providers regarding treatment plans and cost. While costs vary, orthodontic care can be expensive. Treatment plans can be priced from \$5000 and higher.
- For HealthPartners Dental members, the orthodontia benefit is paid monthly throughout the course of treatment and will discontinue when the member turns age 19. For Delta Dental Plan members, orthodontic treatment must have *begun* before the dependent turns 19. Both plans require the coverage to be active throughout the entire course of the treatment.

- Orthodontia treatment for adults is not covered.
- Your medical-dental expense account (MDEA) is a good way to finance the portion of the treatment not covered by insurance, including adult orthodontia.

While providing orthodontic treatment isn't something to be taken lightly, remember that your child's perfect smile will light up your life for a long time!



February is Children's Dental Health Month

Although it's true baby (primary) teeth fall out and are replaced, they are just as important as permanent teeth. Taking good care of all teeth is essential for a healthy smile.

Baby teeth play a vital role. They hold space in the jaw, help give a healthy start to permanent teeth, and are critical for chewing food, speaking clearly, and smiling.

As soon as baby teeth appear, they

are susceptible to decay. Decay occurs when bacteria in the mouth convert sugar from foods and beverages into acid. These acids damage tooth enamel, the tooth's protective coating. Decay and infection in baby teeth can cause dark spots on the permanent teeth developing beneath them. A child with cavities (tooth decay) may experience significant pain and have difficulty eating, smiling and concentrating in school.

Tooth decay is almost entirely preventable with proper care. Clean teeth are critical to a child's dental health. By providing instruction, a positive example, a healthy diet and regular dental visits, parents can help a child develop healthy habits for a lifetime.



Health
Disability
Long-term Care
Retiree Coverage
Dental
Life
Spouse/Dependent Coverage
Pre-tax Accounts

INSURANCE CALL CENTER

400 Centennial Office Building

658 Cedar Street

St. Paul MN 55155

segip.mmb@state.mn.us

HOURS

Monday – Friday

8:00 a.m. – 4:30 p.m.

651-355-0100

Social Security Numbers

Everyone should protect his or her social security number (SSN), but that should not prevent you from using it for its intended purpose—your social security and Medicare benefits.

In response to new federal mandate SEGIP must collect the social security numbers of all enrolled dependents. We will use the SSNs to identify individuals receiving insurance benefits through SEGIP. This will ensure the correct party is paying for the benefits of the correct individual.

We will protect the SSNs of your dependents in the same way we protect the SSN of all state employees. Faxes are received by SEGIP on a secure fax machine and are touched by a limited number of staff. All SSNs are stored in the state’s human resource and payroll system on a page that is accessed by only authorized state employees.

Beginning in March 2009, new employees were required to provide the SSN for all their covered dependents. Recently SEGIP began sending letters requesting SSNs to employees who began state service before March 2009. Over the next year, we will continue to collect these numbers.

If you receive a letter from us, please respond. Doing so will help ensure your claims are paid in a timely manner.

For more information regarding the new law, see this federal website: www.cms.hhs.gov/MandatoryInsRep.

TIDBIT

Don't use Benny™ Card in 2011 to pay 2010 expenses

Don't use your Benny™ in 2011 to pay for 2010 eligible expenses. 2010 Eligible expenses can be reimbursed through February 28, 2011 but only by using either paper or on-line reimbursement requests. Benny™ can be used for your eligible 2011 purchases.

Over-the-counter medication reimbursements using your debit card

The IRS has modified previous requirements.

Since Open Enrollment, the IRS has changed the conditions under which your Benny™ Card may be used to purchase prescribed over-the-counter (OTC) drugs and medicines. Under the revised rules, prescribed OTC drugs and medicines may again be purchased with your Benny™ Card, beginning January 15, 2011.

However, you may do so only from drug stores, pharmacies, non-health care merchants with pharmacies, and mail order or web-based merchants that sell prescription drugs, when the following conditions are satisfied:

1. The cardholder must present the prescription to the pharmacist prior to the purchase
2. The pharmacist must assign a prescription number and dispense the OTC drug or medicine

3. The pharmacy must retain a record of the transaction, including the name on prescription, prescription number, date, and the amount of the purchase, and
4. The pharmacy’s records must be accessible by the employer’s agent and/or flexible benefits vendor

When these requirements are met, the debit card purchase will usually be considered fully substantiated and no additional documentation will likely be requested.

When these requirements are not met, you may only use your Benny™ Card to purchase a prescribed OTC drug or medicine when the merchant’s business is 90% pharmacy. It is likely that the purchase will need to be substantiated by Eide Bailly, the pre-tax plan administrator.

These new requirements do not pertain to insulin or to

non-medicine or non-drug OTC items such as bandages, contact lens solution, blood sugar test kits, and test strips. Your Benny™ Card may still be used to pay for prescriptions from a pharmacist.

Remember—OTC drugs and medicines may only be purchased with a prescription.

TIDBIT

Is there a high deductible health plan in your family?

A key feature of a high deductible health plan (HDHP) is that the individual may have no other health coverage. The HD feature is intended to encourage the wise use of health care. Coupling a HDHP with a supplemental health plan, such as an MDEA or HRA nullifies that feature. Therefore, you may only have a limited use MDEA or HRA if you or your spouse are enrolled in an HDHP.



Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

MINNESOTA – Medicaid	WISCONSIN – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
NORTH DAKOTA – Medicaid	IOWA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562

To see if another State has a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Ext. 61565