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Don't get short changed. See the 2013 Minnesota Advantage Health Plan Schedule of Benefits at www.mmb.state.mn.us/doc/ins/oe/ee/benefits-schedule.pdf for your out-of-pocket costs.

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.

New box on your W-2 – health care coverage reporting 2012

Your 2012 W-2 (Wage and Tax Statements Form) has a new box—its box 12 DD. It shows the cost of your medical coverage premium in 2012, including the contributions you and your employer made during the calendar year. The amount in the box will not affect your taxable income.

The purpose of this box is to help you better understand the cost of your coverage. This information is being reported to meet the requirements

of the *Patient Protection and Affordable Care Act of 2010* (health care reform).

You will not be taxed on this amount. It is for informational purposes only. It is not taxable, and does not impact your tax liability.



The reported dollar amount represents only the cost of your medical coverage. It does not include your other insurance benefits.

You will see a dollar amount in this box only if you received health coverage through your employer and are an active employee.

To learn more, go to www.irs.gov/uac/Form-W-2-Reporting-of-Employer-Sponsored-Health-Coverage or watch the IRS video at www.youtube.com/watch?v=TFepqFnEj5I&feature=youtu.be.

What is the Transit Expense Plan?

Your employee benefits include a Transit Expense Plan that will help you save money. It allows you to pay for qualified transportation expenses with pre-tax dollars.

Because the dollars you use in this program are tax-free, the plan is governed by Internal Revenue Service rules. "Qualified transportation expense" means that only certain types of expenses qualify.

The Transit Expense Plan has three components: Payroll Deduction Account (PDA) and two Transit Expense Accounts (TEA) one for parking and one for mass transit (e.g., bus pass, vanpool, and light rail).

The PDA is for parking and bus pass expenses that are automatically deducted from your paycheck. You do not need to enroll or submit reimbursement forms. The PDA is administered through your agency.

The TEA-Parking and the TEA for mass transit cover out-of-pocket parking and mass transit fees not paid through your PDA.

The TEAs are administered by Eide Bailly Employee Benefits. You may enroll anytime prior to incurring an expense you want reimbursed.

The combined monthly maximum for these accounts is \$245 and there is a \$50 minimum. The

\$245 maximum for parking including both TEA-parking and PDA parking expenses. A separate \$245 maximum is applied to mass transit through the TEA for mass transit and the Metro Transit PDA.

A transit claim is eligible once it has been incurred. Submit your eligible reimbursements to Eide Bailly at www.eidebaillybenefits.com or fax them to 612-253-6622.

Claims must be submitted for reimbursement within 180 days of the date on which the expense was incurred or paid.

For more information, and forms see Eide Bailly's website or contact SEGIP.

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

Know your numbers: understanding your blood pressure numbers

Do you know your numbers and what they mean?

Your numbers matter because they can tell you if you are at risk for disease. Knowing your numbers can help you maintain or improve your health. With over 70% of health costs related to lifestyle choices, making even small changes may improve your health and decrease your out-of-pocket health care costs.

One of your numbers is blood pressure, which consists of two numbers: systolic and diastolic. The systolic number shows how hard the blood pushes when the heart is pumping. The diastolic number shows how hard the blood pushes between heartbeats, when the heart is relaxed and filling with blood.

Someone with a systolic pressure of 120 and a diastolic pressure of 80 has a blood pressure of 120/80, or "120 over 80." Adults should have a

blood pressure below 120/80.

Blood pressure normally fluctuates during the day. If it stays at 140/90 or higher, it could mean high blood pressure, also called "hypertension." About one in three adults in the United States has hypertension. The category in between normal and high is called "prehypertension."

One of high blood pressure's effects can be damage to the blood vessels, heart, and kidneys. This can lead to heart attack, stroke, and other problems. Hypertension is called a silent killer—often there are no symptoms while the damage is occurring.

In most cases, doctors can't pinpoint the cause of hypertension. Several factors, including being very overweight, drinking too much alcohol, having a family history of high blood pressure, eating too much salt, and getting older, can raise blood pressure. It may also rise if you are not

very active or don't eat enough potassium and calcium.

People with pre-hypertension need to make lifestyle changes to bring blood pressure down and help prevent or delay the onset of hypertension.

Pre-hypertension can be addressed by losing extra weight, eating less salt and salty

foods, and by getting regular exercise. Limit alcohol to two drinks a day for men and one drink a day for women.

JourneyWell and your health plan can help you understand what your numbers mean and how to make changes to improve your health.

Numbers to Know

Weight
Height
Blood pressure
Total cholesterol
LDL – cholesterol
HDL – cholesterol
Triglycerides
Glucose

The art of the health coach – what about me?

JourneyWell offers health coaching for employees who have completed the health assessment (HA).

Q: How will health coaching help me?

A: It supports you in making behavior changes that are important to you. You'll work with a health coach as often as you need to achieve your health goals.

Q: What typically happens during a health coaching call?

A: During your first call with a coach, you'll talk about your lifestyle and health goals. It's a great time to discuss your HA. The coach helps you identify areas of focus (nutrition, stress, exercise, sleep, etc.). Together you will determine what support and resources you need to meet your goals.

Each follow up call is unique to your situation and includes a discussion about:

- Short-term goals: Since your last call, were your goals met? What went well? What was challenging?
- Are your current goals moving you towards your long-term health goals? When is it time to build on your goals to keep you moving forward?
- Education, recommendations and resources to keep you excited and engaged in your progress towards becoming a better you.

Q: Who will coach me?

A: Depending on your goals, you may work with a registered dietitian, health educator, or exercise specialist.

Q: What topics are covered in health coaching?

A: Health coaching focuses on the core areas of physical activity, tobacco cessation, stress, weight management and other health-related areas such as healthy pregnancy and blood pressure. You have 24/7 access to resources at www.journeywell.com/segip including virtual coaching and online programs.

Q: When will I receive a call from a health coach?

A: A health coach will call you if you show risk for disease on your HA. If you didn't receive a call and would like to participate, call 952-967-5128 (Outstate MN 1-866-977-5128 and TTY 1-877-222-2794) to get started.

New for 2013 – Summary of Benefits and Coverage

An easy-to-understand summary of your employee medical plan benefits and coverage is now available online. The Summary of Benefits and Coverage's (SBC) format is a specific requirement of health care reform. The SBC was designed to help you better understand and evaluate your health insurance options.

The SBC is a standard format that all health insurance companies and health plans are required to use. It was designed after the Nutrition Facts label on packaged foods which helps us make healthy and informed decisions about diet. The SBC's standardized and easy-to-understand information about

health plan benefits and coverage allows you to make an "apples to apples" comparison among insurance options.

The new format features a short, plain language SBC and a dictionary of words commonly used in health insurance such as "deductible" and "copayment."

The SBC has comparison tools that describe what the plan will generally cover. Examples are provided for two common medical situations—the normal delivery of a baby and services to help control type 2 diabetes.

There is an SBC for each Primary

Care Cost Level (1-4) in the Advantage and Advantage Consumer Directed Health Plans and for each health plan administrator (Blue Cross, HealthPartners, and PreferredOne). They are available on the websites of the plan administrators:

Blue Cross: www.bluecrossmn.com/oaca/eConsumer/portal/segip

HealthPartners: www.healthpartners.com/segip/benefits/

PreferredOne: www.preferredone.com/SEGIP/PlansInformation.aspx



Avoid donut holes: select your retirement insurance wisely

The state offers its retirees medical insurance

plans that coordinate with Medicare at age 65 or older. These plans offer advantages to retirees who stay in the SEGIP group until they gain Medicare eligibility at age 65 or beyond.

SEGIP offers three plans that coordinate with Medicare. These plans offer comprehensive medical coverage for hospitalization and medical services after Medicare pays primary for claims. They differ from private market supplemental plans by providing comprehensive Medicare Part D prescription drug coverage.

All three plans eliminate the infamous "donut hole" during which participants pay a large percentage of or the full retail cost. Participants in the state plans pay minimal copays to obtain their prescription drugs. This

can add up to significant savings.

Additionally, there are very few individual Medicare supplemental plans or prescription drug plans with lower premiums and the same comprehensive set of benefits as the SEGIP group plans. Our lowest priced plan has a \$240 monthly premium for single coverage. Premiums will be slightly higher in our other plans. Spousal coverage, of course, will mean an increased premium.

However, one should not base the decision to purchase a plan on premium costs alone. Along with cost, consider the benefits, the out-of-pocket cost potential, and your risk tolerance.

Selecting a plan can be complex. Picking one that meets your needs can take time. You can make a wiser decision by learning more about your options, including those offered through the state's retiree group plan.

A path to understanding disability benefits – help is here!

Trying to make sense of your employment benefits when you face a disability can be confusing. Now there is a map to guide you.

Minnesota State Retirement System (MSRS) and the State Employee Group Insurance Program (SEGIP) partnered to bring insurance and pension disability options together in one easy-to-understand map. It's available at: www.msrs.state.mn.us/info/disabilityBrochure.pdf

The brochure walks you through pension options, explores the difference between Retiree and the Former Employees with Disabilities (FEWD) insurance groups, and shows possible income and insurance resources that may be available to you.

No matter where your life leads, MSRS and SEGIP can help you choose the path that is right for you and your family.

JourneyWell success story

"I've used feedback from each annual HA to make at least one lifestyle change and find the HA very useful to review how I'm managing my health.

From past HAs, I started strength training, managed portions, and over this year have lost thirteen pounds."

– State of Minnesota employee



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

2013 HRA Admin Fees – a good thing to avoid

A fee is coming your way if you have a balance in either your 2009 or 2011 HRA. The monthly administrative fee of \$2.73 will be deducted by Eide Bailly from your HRA balance. Until now, the state has paid this fee for you.

There is good news. If you have a balance in both your 2009 and 2011 HRAs, there will be only one \$2.73 administrative fee. This administrative fee only applies to the 2009 and 2011 HRAs. The state will continue to pay the administrative fees for the Medical/Dental Expense Account (MDEA), Dependent Care Expense Account (DCEA), and the Transit Expense Accounts. The administrative fee does not apply to the MnSCU HRA.

To help avoid the fee, the order in which reimbursements will be drawn is changing. Beginning January 2013, reimbursements will first be drawn from 2009 and 2011 HRAs, next from the MDEA, and finally from active MnSCU HRAs, if applicable. This order will be used for debit cards as well as paper and online reimbursement submissions.

2012 Pre-tax Reimbursement – the deadline is near

2012 is over and so is your 2012 pre-tax Medical-Dental Expense Account (MDEA). All requests for 2012 pre-tax reimbursements and the accompanying substantiation documentation must be received by Eide Bailly Employee Benefits by Thursday, February 28, 2013.

This deadline applies to both online and paper reimbursement submissions. **Be sure to keep copies of all documents submitted.**

If you are mailing your reimbursements close to the deadline, you may want to consider certified mail so that you can be assured that your reimbursement request is received timely. If your reimbursement request is faxed, be sure the fax is successful and save the fax confirmation sheet.

Reimbursement submissions received after February 28, 2013 will not be processed. Any dollars remaining in your account after the deadline will be forfeited.

Chronic disease

What's the word?

A disease that persists for a long time (usually at least three months) with generally slow progression. A chronic disease generally cannot be prevented by vaccines or cured by medication. It is not unusual to have more than one chronic disease.

Chronic diseases have a big impact on the U.S. They account for 7 of every 10 deaths. Almost 1 out of every 2 adults has at least one chronic disease. 88% of Americans over age 65 have at least one chronic health condition and these conditions become more common with age.

Managing a chronic health issue? – help when you need it

When you receive a new diagnosis or have difficulty managing a health condition, the Advantage Health Plan can help you. Your coverage includes a service called disease management.

Disease or chronic illness management can help you learn how to stick to your treatment plan or to improve your self-care. Personal support and education may also help reduce complications and medical crises. It can complement the care you receive from your doctor.

This service is available to Advantage members with a wide variety of chronic conditions including

cancer, diabetes, depression, rheumatoid arthritis, coronary artery disease, multiple sclerosis, Parkinson's disease, pregnancy, lupus and low back pain. Don't see your condition? Contact member services at your health plan to see if your condition is covered.

You can receive this assistance through a method that meets your lifestyle. You can choose phone, on-line or mail—or a mixture of all three.

Your plan typically invites you to participate. But don't hesitate to self-refer. Just call your health plan at the number listed on your membership card.

TIDBIT

New year, new cards

Check your new insurance cards for the 2013 plan year. Take a quick peek to see if they list the primary care provider clinic and cost level you wanted. If there is a problem, contact member services at the number on the back of your membership card.

Remember: having a card does not mean your dependent has coverage. Dependents enrolled during Open Enrollment have not completed the enrollment process until their eligibility has been verified.