For this SEGIP Report, Benny, the state employee insurance debit card mascot, agreed to an interview. Benny started serving state employees in 2009 and has conducted over 737,500 transactions since then. We are pleased to share the highlights of our conversation.

Benny, give us an overview of what function you perform for state employees.

I am a debit card. By using me, employees are able to directly access the money held in their Medical/Dental Expense and Healthcare Reimbursement (MDEA/HRA) accounts. This saves the hassle of paying cash up front and then requesting reimbursement from Eide Bailly.

Do you make the system paperless?

Not entirely. The funds in MDEA and HRA accounts are tax-free dollars. Because these are untaxed dollars the federal government needs to ensure that the fund is used only for allowable expenditures. It’s best to always save your receipt when you use me. You may need to prove that a purchase was eligible—sometimes long after the purchase.

If the purchase was approved at the point of sale what is the purpose of keeping a receipt?

I automatically substantiate about 87% of claims, but if I can’t it’s usually because of federal requirements or technology limitations. Eide Bailly will send a letter asking you to substantiate your purchase by sending them your receipt.

The IRS, may also request proof if you are audited.

Employees may have multiple accounts, how do you decide where to take the dollars from?

I access the employee’s funds in a way that makes dollars go the farthest. First, I take money from the MDEA because those dollars can be forfeited if they’re not claimed by the end of the year. Next, I look to see if an employee has an HRA. HRA dollars carry over from year to year. I take money from the oldest HRA and then a newer HRA. Finally, if the employee has a MNSCU HRA I take money from that account.

Where can you be used?

I work at participating retail stores and pharmacies. I also work at medical offices, hospitals, and medical laboratories. For a list of participating stores and pharmacies, visit www.eidebaillybenefits.com/som and click on the “Debit Card Vendors” link.

Benny, what is your life expectancy?

My life expectancy is five years. If you do not have money in your account one year, you might the next, so you should keep me tucked away someplace safe. It costs $10 to replace me, be I lost, stolen, or—please forbid—cut up and thrown away. Also, I can be used even if your name changes.

What should people do if you can’t be used at the provider’s office or retailer?

You can do a couple of things. Remember, if I’m not working, you can always fall back on the paper reimbursement form. Or, you can contact Eide Bailly for an explanation.

Benny, do you work even if an employee does not respond to Eide Bailly’s request for documentation?

Don’t count on it. If an employee fails to submit the documentation when requested, Eide Bailly will suspend me. In addition, the expense will be considered ineligible and repayment will be sought as allowed by law. To get me working again, an employee needs to contact Eide Bailly and provide the requested documentation or reimburse the ineligible expense amount back to their account so they can use that money later.
Eat well – it matters

**Balance calories: enjoy your food, but eat less**

Increase some foods: make half your plate fruits and vegetables. Switch to fat-free or low-fat (1%) milk.

Reduce some foods: compare sodium in foods like soup, bread and frozen meals—and choose the foods with lower numbers. Drink water instead of sugary drinks.

**Eat a nutrient-dense breakfast**

Eating breakfast is associated with weight loss and weight loss maintenance as well as improved nutrient intake.

These guidelines stress a nutrient-dense diet. Nutrient-dense foods and beverages provide vitamins, minerals and other substances that may have positive health effects, with relatively few calories. All vegetables, fruits, whole grains, seafood, eggs, beans and peas, unsalted nuts and seeds, fat-free and low-fat milk and milk products and lean meats and poultry—when prepared without solid fats or added sugars—are nutrient-dense foods.

A nutrient-dense breakfast might be:
- Low-fat plain yogurt with berries and hardboiled egg
- Eggs, whole grain toast, and an orange
- Peanut butter and banana sandwich on whole grain bread
- Oatmeal or muesli with almonds, fruit and low-fat or skim milk

**Remember that beverages count**

Beverages add substantially to the calorie intake of most Americans. Although they provide needed water, many beverages add calories to the diet without providing needed nutrients. Be sure to consider how your beverages fit into your nutrition and calorie totals each day. Opt for water, low-fat or skim milk, unsweetened coffee and tea and 100% juices.

**Balancing calories to manage weight**

- Prevent and/or reduce overweight and obesity through improved eating and physical activity behaviors.
- Control total calorie intake to manage body weight. For people who are overweight or obese, this will mean consuming fewer calories from foods and beverages.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life—childhood, adolescence, adulthood, pregnancy and breastfeeding, and older age.

**Introducing the Dietary Guidelines for Americans, 2010**

The just-released Dietary Guidelines for Americans, 2010 are based on the most recent scientific evidence, and provide information an advice for choosing a healthy eating pattern—namely, one that focuses on nutrient-dense foods and beverages, and that contributes to achieving and maintaining a healthy weight.

While the guidelines help individuals, they also aid policymakers, educators and health professionals in designing and carrying out nutrition-related programs, such as school lunch programs. We all have a role in reshaping our eating environments.

You can take action on the Dietary Guidelines by making changes by balancing calories, enjoying your food but eating less and avoiding oversized portions. The best place to start is the step with which you feel most likely to succeed. For more: [http://www.cnpp.usda.gov/dietaryguidelines.htm](http://www.cnpp.usda.gov/dietaryguidelines.htm)

**Foods and food components to reduce**

- Reduce daily sodium intake to less than 2,300 milligrams (mg) or 1,500 mg per day for persons who are 51 and older, African American of any age, and anyone with hypertension, diabetes, or chronic kidney disease.
- Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep trans fatty acid consumption as low as possible by limiting foods that contain synthetic sources of trans fats, such as partially hydrogenated oils, and by limiting other solid fats.
- Reduce the intake of calories from solid fats and added sugars.
- Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men—and only by adults of legal drinking age.

**Building healthy eating patterns**

Select an eating pattern that meets nutrient needs over time at an appropriate calorie level.

Account for all foods and beverages consumed and assess how they fit within a total healthy eating pattern.

Follow food safety recommendations when preparing and eating foods to reduce the risk of food borne illnesses.
You’ve got one pair of eyes and they are pretty special.

Most people consider vision their most important sense, yet less than 50% of Americans get eye exams more frequently than every two years. One person in five is at risk for some degree of vision loss, and preventive care could catch many problems. No matter the age, eye exams are vital to productivity.

Even if you don’t need vision corrections.

The eyes have it. They could catch many illnesses ranging from allergies to skin and ear infections and provide health screenings and vaccinations. Check with your convenience clinic for a complete list of available services.

Besides being convenient, these clinics are also inexpensive. Advantage members make only a $10 copayment per visit. The first dollar deductible does not apply, and copayments are credited to your out-of-pocket maximum. There is no copayment for preventive care.

Individuals with illnesses outside the scope of offered services and/or patients with age limitations will be referred to their physicians or, if critical, the nearest urgent care center or emergency room. Patients who can’t be treated are not charged for their visit.

After a hard day at work, Elizabeth found her son was sent home from basketball due to athlete’s foot. He was upset because playoffs started in one week and he could not play until his condition was cleared up. Elizabeth took her son to a convenience clinic for treatment that very night and he was able to play in the finals.

Convenience clinic staff are qualified to evaluate, diagnose and prescribe medications for simple illnesses. They treat many common illnesses ranging from allergies to vision. Many eye and vision problems have no obvious signs or symptoms. As a result, individuals are often unaware that problems exist. An annual eye exam does more than help correct vision problems.

The doctor will look at the eye’s structure and how well they work together. Comprehensive eye exams can reveal the warning signs of more serious undiagnosed health problems such as hypertension, cardiovascular disease and diabetes. Based on the findings of the annual eye examination, your eye doctor will recommend a plan that’s right for you.

The good news is that eye exams don’t hurt, and they typically take less than an hour. Best of all, under the Advantage Health Plan, preventive eye exams are covered at 100%. You pay nothing for an annual eye examination.

The next time you see those eyes looking back at you in the mirror, remind yourself to make an eye doctor appointment. Those baby blues, browns, and greens will thank you!

Pension and insurance benefits questions – who has the answers?

For information on pensions visit the MSRS website at: www.mrs.state.mn.us

Questions concerning pensions, disability pension benefits, Minnesota Deferred Compensation Plan (MNDCP) and Health Care Savings Plan (HCSP) are answered by the experts at MSRS. The HCSP is intended to pay for health care expenses after you retire or separate.

Active employees planning for retirement often have questions and should follow the same guidelines to ensure they can quickly find the answers.

For information on insurance benefits visit the MMB website at: www.mmb.state.mn.us.
March is colorectal cancer awareness month

Colorectal cancer is the second leading cancer killer in the United States, but it doesn’t have to be. If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided. So if you are 50 or older, get screened now.

A colorectal cancer screening test could save your life. Colorectal cancer usually starts from polyps (abnormal growths) in the colon or rectum. Over time, some polyps can turn into cancer. Screening tests can find polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early. Chances of being cured are good when colorectal cancer is found early.

Precancerous polyps and early-stage colorectal cancer don’t always cause symptoms, especially at first. This means someone could have polyps or colorectal cancer and not know it. That is why having a regular screening test is so important.

Several types of tests are available, including colonoscopy, sigmoidoscopy, and stool tests. Talk with your doctor to determine which test is right for you, when you should start, and how often you should be screened.

Colorectal cancer screening tests are a preventive service covered by the Minnesota Advantage Health Plan, your state sponsored health program. There is no out-of-pocket cost for Advantage members for screening tests.

Make an appointment to talk to your doctor about colorectal cancer screening today if you are age 50 or older.

Contact your health carrier to learn about your insurance coverage for colorectal cancer testing www.mmb.state.mn.us/carriers/cont-carr. To learn more about colorectal cancer visit MDH’s Sage Scopes information page or contact Laura.Friedenberg@state.mn.us.

Double check your grandchild!

Grandchildren have limited eligibility for coverage under your insurance plan. In most cases, you may be able to cover your OWN adult child but not their child. Be sure your enrolled grandchild is eligible by calling SEGIP at 651-355-0100 or reviewing eligibility criteria at: www.mmb.state.mn.us/dep.

Post-retirement life insurance benefit

Have you ever wondered what happens to your life insurance coverage when you retire? This is an important question because life insurance may be an important part of your family’s future financial stability.

If you or your spouse participate in the Optional Term Life (OTL) insurance program for the five consecutive years before reaching age 65, or the year of retirement (whichever is later), you’ll receive a permanent death benefit. This benefit comes at no additional cost to you and is an amount equal to 15 percent of the smallest amount of Optional Term Life insurance coverage carried during that five-year period.

Assume you carried $100,000 of OTL insurance during the five years before you retired at age 65. At retirement, you would have $15,000 of Term Life insurance for the remainder of your life without having to pay a penny more in premiums.

Retiring early? In order to qualify for the no-cost, permanent life benefit, early retirees must continue their premium payments, at the same group rate, for themselves and/or their spouse until reaching the age of 65.

Visit your human resource representative to obtain a post-retirement continuation form. This form must be completed within 30 days of your retirement date.

If you have questions about this benefit, you contact your Human Resources office or call Ochs, Inc. at 651-665-3789 or 800-392-7295. Detailed information about the State of Minnesota’s Life and Accidental Death and Dismemberment insurance is available at: www.LifeBenefits.com/plandesign/statemn.