



The Torch

The official newsletter for Indiana state employees

How is the state sharing in the cost for employee health care?

For 2011, health care costs for state employees

- A. Are projected to decrease 4%
- B. Are projected to increase \$30 million
- C. Will receive additional funding of \$15 million by the state
- D. Both B and C.

Correct answer: D. Health care costs for state employees in 2011 are expected to increase \$30 million. In spite of the state's declining revenues and budgetary challenges, Governor Daniels and the State Budget Agency have agreed to add an additional



\$15 million to the already significant state contribution to employee health care. This represents one-half of the increase in costs to our employee health care.

Many have questioned the reasons for the increase and in an earlier communication, we listed those

reasons:

- the national health care reform bill
- the fact that there is a general increase in providing health care (new technology, specialty medications
- and personalized health treatments, to name a few)
- our own healthcare claims

The national health care reform bill is projected to increase our total spending of health care coverage by \$4 to \$5 million. The reasons for the increase: coverage has been expanded to include adult children

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The Torch is published monthly by the State Personnel Department and is available online at www.in.gov/spd

Submit your story ideas in an e-mail to: spdccommunications@spd.in.gov



Open Enrollment - Changes in 2011

What's changed about our health care options?

For 2011, the state of Indiana will offer three health care options for its employees. All offer 100% preventive coverage.

The state's contract with Welborn will expire Dec. 31. Any state employees currently enrolled in Welborn HMO will need to make a new health plan selection for 2011 during open enrollment. Failure to sign up for a new health plan during open enrollment will result in loss of coverage.

The 2011 plans include two consumer-driven health plans (CDHPs) and a Traditional PPO (Trad PPO), part of Anthem's Blue Access PPO network. Each plan has differences in premium

costs, deductibles and out-of-pocket maximums.

Premiums, co-insurance, out-of-pocket maximum expenditures and contributions to health savings accounts (HSAs) are all part of the equation to make the best decision with your health care dollars. Take advantage of all the information online and the resources available to help you do the analysis. *(See rate chart on page 2)*

Once you have gathered information from your past medical and dental expenses, use the online Benefits

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Open Enrollment 2011

What's in your plan?

Check your list as you go

A good experience with open enrollment begins before you enroll. Use this checklist to guide you through the steps to a successful open enrollment. So, before you sign on to sign up:

- Educate yourself about changes occurring Jan. 1, 2011, as a result of Health Care Reform.
- Access your PeopleSoft account.
- Review your open enrollment record and carefully read the information.
- Confirm or update your personal information including your home and/or mailing address and phone number.
- Review your eligible dependents and beneficiaries. You will need to enroll all eligible dependents in each plan. Please note: adult dependent children are eligible for coverage up until their 26th birthday.
- Check your current election or make new elections. It is important that you review the dependents enrolled on each of your plans.
- If you have a health savings account or a flexible spending account, you will need to re-elect or re-state your annual contribution amount.
- Accept or decline the Non-Tobacco Use Incentive for 2011.
- Be sure to print an Election Summary after you have submitted your elections.

Enroll in your 2011 benefits selections from now until noon, Nov. 24 (EST)

During this period you can choose to make additions or changes to your benefit selections. Open enrollment communications including carrier information, rates and plan summaries are posted on the State Personnel Department's website at www.in.gov/spd/openenrollment

Contact the Benefits Division with any questions:

Phone: 317-232-1167
(inside 317 area code)
Toll free 877-248-0007
(outside 317 area code)

E-mail: spdbenefits@spd.in.gov



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How is the state sharing in the cost for employee health care?

up to the age of 26 (whether married or single, employed or not) and the elimination of lifetime limits.

The costs for providing health care continue to rise as new technology is made available (DNA testing for the efficacy of medical treatments), expanded specialty medications (new and improved drugs to battle cancer, heart disease and other life-threatening diseases) and personalized health treatments.



Another reason for increased health care costs rests on our shoulders as state employees. Every claim we file is calculated into the cost of health care. Therefore, it is in our best interest to use our health care benefits wisely. That means using the emergency room for genuine emergencies only, comparing services and providers to determine the best and most efficient source and making healthier decisions.

Our money is on the line – as employees and as taxpayers. Therefore, we must partner with our employer, the state of Indiana, to slow down these costs and take better care of our health.

Open Enrollment 2011

What's in your plan?

Plan for your prescriptions

medco®

(Medco) administers the state's prescription drug benefit.

Medco provides easy options to order your prescriptions and manage your health history.

Learn more about your prescription benefit at

www.in.gov/spd/2636.htm



Sign in to sign up for your 2011 health benefits

Now that open enrollment has launched, you can access your options 24 hours a day, seven days a week until noon Wednesday, Nov. 24 (Eastern Standard Time). Keep in mind that there are several of us who need to complete our selections, so you may have trouble accessing PeopleSoft during the workday. You may need to try again at an off-peak time, later in the evening or on the weekend.

You can access your open enrollment event from any computer that allows you access to PeopleSoft. You will need to locate a PC that operates with Windows/Internet Explorer or a compatible internet service. If you are using a MAC you may not be able to complete your online enrollment.

Helpful hints

- If you access the state network, the password used to log on to your computer can be used to log in to PeopleSoft.
- If you do not remember the

password used to log in to your computer, you can use IOT's Self-Service Password Reset to reset your password over the phone anytime. Enrollment is required so if you have not enrolled yet, go to passwordreset.iot.in.gov to get started.

- When making your elections in PeopleSoft, do not use the back/forward arrow buttons at the top of your web browser.
- Keep in mind you must turn off your pop-up blocker in order to print your Benefit Election Summary.

Important: Once you are satisfied with your open enrollment elections, it is essential that you print off a Benefit Election Summary for your records.

IOT Customer Service can be reached at (317) 234-4357 or toll free at 1-800-382-1095.

You can access PeopleSoft at any time during the year to review

your benefits or update contact information. To access PeopleSoft, open a Web browser window and go to <https://hr.gmis.in.gov/psp/hrprd/?cmd=login>

To view current benefit elections you will need to login to PeopleSoft and follow these steps: Click on Self Service, Click on Benefits and Click on Benefit Summary. Your 2011 benefits will not be available to view until Jan. 1.

Open Enrollment - Effective dates

When does it take effect?

Health, dental, vision, health savings accounts and flexible spending accounts changes and/or enrollments will be effective Jan. 1, 2011. Life insurance changes/enrollments that do not require Evidence of Insurability with approval from AUL will be effective Jan. 9 for payroll A and Jan. 16 for payroll B.

Deductions for health, dental and vision will begin:

Payroll A: Dec. 22 (six days at old plans & rates; eight days for new plans and rates)

Payroll B: Dec. 15 (13 days for old plans & rates; one day for new plans and rates)

Deductions for the flexible spending accounts, health savings accounts and life insurance will begin on the first check in January:

Payroll A: Jan. 5

Payroll B: Jan. 12

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What's changed about our health care options?

Calculator to help you determine what plan will best fit the needs of you and/or your dependents: www.in.gov/spd/2527.htm

Pharmacy, vision and dental plans all remain the same for plan year 2011. There will be no change in premiums or coverage for those plans.

Plan	Coverage	*Biweekly employee rate	Biweekly employer rate	Maximum out-of-pocket expenses
CDHP 1	Single	\$3.62	\$139.20	\$4,000
	Family	\$10.16	\$458.28	\$8,000
CDHP 2	Single	\$27.08	\$158.40	\$3,000
	Family	\$61.64	\$476.64	\$6,000
Trad PPO	Single	\$103.76	\$187.32	\$2,000
	Family	\$289.04	\$534.36	\$4,000
Dental	Single	\$1.02	\$9.16	---
	Family	\$2.68	\$24.12	---
Vision	Single	\$0.17	\$1.47	---
	Family	\$2.52	\$1.64	---

**The biweekly premium for each plan includes Non-Tobacco Use Incentive of \$10 per pay; if you do not plan to participate in the incentive, add \$10 to the biweekly employee rate.*



Original artwork by Jerry Williams

Open Enrollment - Non-Tobacco Use Incentive

If you say you won't, then don't

Make sure if you accept the Non-Tobacco Use Incentive for 2011, that you don't use tobacco. Otherwise, it will cost you your job with the state.

Employees can receive a \$10 reduction in their health plan's biweekly premium by accepting the agreement during open enrollment. By accepting the incentive, you agree to not use any form of tobacco in 2011. The key word being "use" – whether you smoke it, chew it, season your food with it or however you use it, the penalty is the same: termination.

The Non-Tobacco Use Incentive does not carry over from year to year. If you would like to participate in 2011 you must access your PeopleSoft record and accept the agreement.

The Non-Tobacco Use Incentive is only available to employees who have enrolled in medical coverage. You will not have access to the agreement if you waive medical coverage for



plan year 2011. The reduction in your group health insurance bi-weekly premium only applies to your employee medical premium and does not apply to your dental, vision or life insurance premiums.

If you accept the Non-Tobacco Use Agreement during open enrollment and later use tobacco, your employment will be terminated. The only exception to the job loss penalty is if you rescind the agreement by logging in to PeopleSoft and completing the self-service process to change your agreement prior to the use of any tobacco product.

This applies to employees who have never used tobacco products, to employees who have refrained from using tobacco products in past years and to those employees who have decided to quit using tobacco products prior to Jan. 1, 2011. Keep in mind, by accepting the incentive you are also agreeing to be subject to testing for nicotine at anytime during the year.

Open Enrollment - Anthem's NurseLine

NurseLine is there to help answer your health questions

One of the features of each Anthem plan is NurseLine. As a state employee enrolled in an Anthem plan, you and your dependents can contact a registered nurse via NurseLine at anytime to assist you with any medical issue.



a nurse before seeking medical attention.

Nurses are highly qualified and maintain strict confidentiality in accordance with HIPAA laws. The nurses do not offer a diagnosis, but will

help you make an educated decision as to whether an office visit or emergency room visit is necessary.

This service is free of charge to you, so be sure to take advantage of it by calling 888-279-5449, morning, noon or night, any day of the week.

The program exists to provide support to help you achieve your health goals by working with you, your doctor and other health care professionals. It was designed to provide employees an opportunity to call and consult with

Open Enrollment - Making Changes

You'll need to qualify any changes after OE

Once the clock strikes noon (Eastern Standard Time) on Wednesday, Nov. 24, you will not be able to make changes to your benefits. This means you must be certain you have made all the best choices and remembered to add all eligible dependents to all plans.

After open enrollment closes, you can only make changes due to a qualifying event. Qualifying events are governed by the IRS. Examples of qualifying events are:

- Changes in your legal marital status (marriage, divorce, separation, annulment or death of spouse).
- Changes in the number of dependents (birth, adoption, placement for adoption or death).
- Changes in employment status for you or your spouse, such as termination of or change in employment, a strike or lockout, start or end of an unpaid leave of absence or a change in worksite.
- Changes in dependent eligibility status (such as attainment of limiting age, becoming a full-time student, or marriage).

Failure to report the qualifying event and complete any necessary paperwork within 30 calendar days means you will not be able to add dependents until the next enrollment period.

Open Enrollment - Other notices

No dollar limits on essential benefits in 2011

Effective with the 2011 plan year, there will be no dollar limits on essential benefits under the state of Indiana's health plans. Individuals whose coverage ended by reason of reaching a lifetime limit on an essential benefit under the plan are eligible to re-enroll.

Employees have the duration of the 2011 Open Enrollment period (30 days) to request enrollment.

Health care reform changes dependent eligibility requirements

Health care reform has caused the dependent eligibility requirements to change for plan year 2011. Coverage can now be extended to individuals under the age of 26.

Adult children

The change now allows individuals over the age of 19 to be covered by a healthcare plan until they turn 26 years of age. They are eligible regardless of student or marital status. Health care reforms refers to these individuals as adult children.

Dependents that lost coverage, were denied coverage or were not eligible for coverage due to prior dependent eligibility requirements, are now eligible to enroll in all benefit plans offered by the state.

Employees may enroll such children during the 2011 open enrollment period. Coverage will be effective Jan. 1. For more information contact the Benefits Division at 317-232-1167 (local) or 1-877-248-0007 (outside the 317 area code).

Adult children may be covered under the state's medical, dental, vision and dependent life insurance plans. For dependent life insurance only, the dependent must be unmarried. A dependent's last day of coverage for all plans will be the day before they turn age 26.

Dependents will still be offered COBRA when they lose eligibility. Spouses of adult children (deemed children-in-law) and grandchildren are not eligible for this coverage.

If you want to add children who are younger than 26-years-old to your health plan, you have a one-time special enrollment right under the law. The enrollment right applies to adult children under age 26 who were denied coverage in the past because they exceeded the maximum dependent age.

The enrollment right also applies to adult children who were enrolled and

lost coverage because they had reached the previous maximum dependent age of either 19-years-old or 23-years-old or did not meet eligibility requirements. The special enrollment period will last for the duration of open enrollment, which is 30 days.

You no longer need to mark dependents over the age of 19 as full-time students in PeopleSoft. Enrollment for adult children affected by health care reform is not automatic. You must access PeopleSoft during open enrollment and edit your dependent information. Keep in mind, you will have to enroll your dependents on each plan (medical, dental, vision, dependent life) for which you desire coverage.

Disabled dependents

In years past, the "Verification of Dependent Disability" form had to be completed and signed for disabled dependents to continue coverage each year. Due to Health Care Reform and the changes that have been made to the dependent eligibility requirements, this form does not need to be completed each year until the dependent turns age 26. If you have a disabled dependent that is under the age of 26, you can enroll that dependent in any of your desired plans during open enrollment.

Once your dependent turns 26-years-old, you will have 120 days from the day of your disabled dependent's 26th birthday to submit the "Verification of Dependent Disability" form (which must be signed and completed by a physician) to the State Personnel Benefits Division. This form is available on State Personnel's website at: www.in.gov/spd/2337.htm.

In order for a disabled dependent to continue coverage past 26 years of age, that dependent child must have been deemed disabled prior to age 19. If a dependent child was deemed disabled after age 19, they will not be eligible to continue coverage past age 26.

Dual coverage not allowed

Dual coverage of the same individual is not allowed under the state's health, dental and vision benefit plans. For example, if both you and your spouse are state employees, you may not cover each other or the same children on family coverage. The same applies if one of you is a state employee and your spouse is a retiree. This also applies to parents of children who are not married to each other.

You do have alternatives. For instance, you may each elect a single plan with one of you carrying family coverage and the other waiving coverage. Another example would be where one would carry family coverage with the children and the other carry single coverage.

Still another example would be an employee who has retired from one area of state employment begins active work in another state position. In this instance, the formerly retired employee has the choice to continue their retiree coverage and waive active employee coverage, or vice versa. However, he/she will not be permitted to carry state retiree insurance and active state employee coverage simultaneously.

Dual coverage is only permitted for dependent life.

Coverage available for uninsured children

Indiana is among those states that use funds from its Medicaid or Children's Health Insurance Program (CHIP) to provide health insurance for uninsured children. CHIP is a part of Hoosier Healthwise, Indiana's health insurance program.

CHIP provides coverage to uninsured children less than 19 years of age who are members of families with annual incomes greater than 150 percent but not more than 200 percent of the federal poverty level.

For more information about CHIP log onto www.in.gov/fssa/ompp/2545.htm

IDEM employee tells her journey to health



Allison's journey to a healthy weight was a rollercoaster of ups and downs. She struggled to understand that weight loss takes time and effort and could never maintain the weight she lost. Over the past two years, Allison has lost 82 pounds and finally lives a healthy lifestyle.

Here are some tips that helped Allison along the way:

- 1. Tracking is vital.** Allison recognized that as soon as she stopped tracking, her weight increased.
- 2. Exercise is key.** Allison lost the most weight the weeks she engaged in physical activity for 30-45 minutes, four or five days a week. She now participates in 5K events and invites friends and family to join, which motivates her to keep going.
- 3. Rid your pantry and refrigerator of unhealthy foods.** Allison identified her trigger foods and replaced them with healthier options, like fruits and veggies.
- 4. Find a support system.** Allison surrounded herself with supportive, motivating people that encouraged her to keep



Allison Fore, director of media relations with the Indiana Department of Environmental Management, has lost 82 pounds over the last two years.

achieving her goals.

- 5. Educate yourself.** Allison referred to resources like INShape Indiana for meal ideas, nutrition and physical activity programming, tips and advice and more.

Allison says, "It's taken me a long time to learn and embrace these basic guidelines, and every day offers a new opportunity to choose to be healthy."

Visit www.inshape.in.gov

2011 State Holidays

New Year's Day	Dec. 31, 2010*
	Jan. 1, 2011**
Martin Luther King, Jr. Day	Jan. 17, 2011
Good Friday	Apr. 22, 2011
Primary Election Day	May 3, 2011
Memorial Day	May 30, 2011
Independence Day	Jul. 4, 2011
Labor Day	Sept. 5, 2011
Columbus Day	Oct. 10, 2011
General Election Day	Nov. 8, 2011
Veteran's Day	Nov. 11, 2011
Thanksgiving Day	Nov. 24, 2011
Lincoln's Birthday	Nov. 25, 2011
Washington's Birthday	Dec. 23, 2011*
	Dec. 24, 2011**
Christmas Day	Dec. 25, 2011**
	Dec. 26, 2011*

* - Operations regularly scheduled Monday-Friday.

** - Operation regularly scheduled Saturday/Sunday



Discounts recently posted at www.in.gov/spd/2439.htm

- Disney Live! presents Mickey's Magic Show at Conseco Fieldhouse
- Indiana Pacers tickets
- Discount tickets for Dreamgirls, CATS & 9 to 5



Governor Mitch Daniels is joined by officials from Cardinal Greenways for the official ribbon cutting of a new 2.2-mile trail connecting the Marion section of the Cardinal Greenway to the Sweetser Switch Trail, creating a total of 13.5 miles of paved trail. In 2006, under the direction of the governor, Indiana published its first trails and greenways plan, *Hoosiers on the Move*, with the goal of having a hiking, biking or equestrian trail available with 7.5 miles of every Indiana resident..

Account for your health by saving

Employees who enroll in a consumer-driven health plan (CDHP) are eligible to enroll in a health savings account (HSA).

To help offset the cost to employees, the state contributes to the HSAs. The contribution for 2011 is equal to 50 % of the cost of the CDHP annual deductible. To further help employees, the state deposits one-half of its contribution into the HSAs on the first check in January.

The initial pre-fund contribution by the state is based on the coverage type (single/family) that is effective Jan.1, 2011. If you change the level of insurance coverage sometime during 2011, it may affect the amount you are

If you have an active HSA with Tower Bank and wish to continue receiving the state's contributions in 2011, you do not need to open a new HSA account with Tower Bank. If you wish to continue contributing to your account or begin contributing for 2011, you need to access your PeopleSoft record and enter your desired contribution. Your contribution amount for 2010 will not carry over to 2011.

If you are electing to participate in a HSA for the first time in 2011, you must edit the online HSA option in PeopleSoft. Then you will need to choose the HSA that corresponds to your medical CDHP election in order to receive the state's contribution.

HSA contributions planned for 2011

HSA Type	Coverage	Initial contribution	Biweekly contribution	Monthly contribution	Maximum annual ER* contribution
HSA 1	Single	\$625.56	\$24.06	\$52.13	\$1,251.12
	Family	\$1,251.12	\$48.12	\$104.26	\$2,502.24
HSA 2	Single	\$375.96	\$14.46	\$31.33	\$751.92
	Family	\$750.36	\$28.86	\$62.53	\$1,500.72

allowed to contribute to your HSA. However, it will not affect how you can use the funds already in your account.

Employees enrolled in a CDHP effective from Jan. 1, 2011, through June 1, 2011, will receive the full pre-fund amount. CDHP's effective after June 1, 2011, but before Dec. 1, 2011, will receive one-half of the initial contribution.

In addition to the state's contribution, you are eligible to contribute to your HSA. Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2011 is \$3,050 for self-only policies and \$6,150 for family policies. Individuals age 55 and over may make an additional catch-up contribution of up to \$1,000 in 2011. The maximum includes the state's contributions and your contributions to your HSA.

In addition to electing the HSA option, you will need to open a HSA account with Tower Bank before Jan. 1. To accomplish this, link to Tower Bank's website from PeopleSoft on your HSA election page or go directly to the Tower Bank website (www.hsa.towerbank.net).

The first page of this online session says: "If you have been instructed by your employer to visit this site to open your Health Savings Account, click this button and insert your employer code below." Enter "100366" in the "employer code" and it will begin the state application.

You will need the following information to complete the HSA application online:

1. Driver's license;
2. Social Security number, date of birth, and address for your

Health care reform impacts HSAs

Health care reform has made a number of changes to Health Savings Accounts (HSAs) beginning Jan. 1. Such as:

Over-the-counter (OTC) medications

Under the terms of the new Patient Protection and Affordable Care Act, OTC medications are no longer considered a qualified medical expense. Therefore, over-the-counter medications are no longer eligible for reimbursement from an HSA or FSA, unless prescribed by a physician. The change applies to medications such as allergy and sinus, cough, cold, flu, anti-gas, pain relief, sleep aids and sedatives and stomach remedies.

The prescription requirement only applies to OTC medications, and not items that are considered OTC medical supplies. Medical supplies include items such as insulin, diabetic supplies, bandages, band-aids, supports/braces, health monitors and contact lenses. These items can continue to be paid for by funds in your HSA without a doctor's prescription.

HSAs and adult children

If you cover dependents up to age 26, you may be unable to use HSA funds for reimbursement on a tax-free basis for medical expenses incurred by your adult children. If you do not claim a dependent on your tax return, you cannot use HSA funds for that dependent's medical expenses.

According to IRS Publication 969, eligible medical expenses can be incurred by the following: you and your spouse, all dependents you claim on your tax return and any person you could have claimed as a dependent on your return. The exceptions to that are if the person filed a joint return, had a gross income of \$3,650+ or you (or your spouse, if filing jointly) could be claimed as a dependent on someone

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Account for your health by saving

- beneficiaries;
3. Social Security number, date of birth and address for your authorized signer (if selected); and
 4. Security passwords for you and your authorized signer (based on the answer to one of the five questions you select during the application process).

HSA and eligible expenses

Your HSA funds are pre-tax dollars set aside to be used for various medical and dental expenses. Eligible expenses include:

- Prescriptions
- Payments for legal medical services by physicians, surgeons, dentists and other medical practitioners
- Vision and dental care expenses
- Certain medical equipment
- Over-the-counter medications, but only if they are accompanied by a prescription
- Refer to IRS 502 publication for detailed information: www.irs.gov/pub/irs-pdf/p502.pdf

HSAs and Medicare

If you elected to receive Social Security benefits at age 62 or older, you will automatically be enrolled in Medicare Part A when you turn age 65. If you enroll in Medicare at any time, with or without receiving Social Security benefits, you may not contribute to a HSA. Enrolling in Medicare will disqualify you from making your own contributions into a HSA.

If you wish to participate in the HSA, you should decline to receive Social Security retirement benefits which will decline Medicare Part A. There are potential consequences if you choose to decline your enrollment once you have started receiving benefits. Please research your options before making your decision.

Although you can no longer make

contributions to your HSA once you enroll in Medicare, the money that has accumulated in your HSA from past years remains yours to spend, tax-free, on eligible expenses including Medicare co-pays or deductibles, vision expenses and dental expenses. If you are age 65 or older, you also have the option to withdraw the money for any purpose and pay only the income tax without penalty.

If your spouse is covered by Medicare and is not covered under your CDHP, you can still use your HSA funds for their eligible health expenses. You can use funds in your HSA to pay for eligible medical expenses your dependents (as defined by the federal regulations) incur even if they are not covered under your medical plan or have other coverage, such as Medicare. Although, if your spouse is on Medicare, she/he is not eligible to contribute to an HSA in her/his name, regardless of whether or not she/he is covered on your medical plan.

The same rules also apply if you receive Social Security disability benefits and are enrolled in Medicare.

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Health care reform impacts HSAs

else's 2010 return.

Therefore, you can cover your adult child until their 26th birthday under your Consumer-Driven Health Plans, but unless you declare your adult child as a tax dependent, you cannot use your HSA funds to cover any of their medical expenses. Typically, this will be most prevalent with dependents age 23-26.

Tax Penalty

Effective Jan. 1, 2011, the tax penalty on withdrawals from an HSA that are not used for qualified medical expenses will double from the current 10% to 20%.

Open Enrollment - Medicare Rx

Medco offers credible coverage

If you are Medicare eligible, there are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.
2. The state of Indiana's Third Party Administrator determined that the prescription drug coverage offered by Medco Health Solutions is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you are considering joining Medicare's prescription drug coverage, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. For more information about Medicare's prescription drug coverage visit:

www.medicare.gov.

Open Enrollment - FSAs

Flexible spending accounts help offset medical expenses

The administrative fee has been reduced to \$2 per pay period for Flexible Spending Accounts (FSAs) for 2011.

FSAs provide employees the opportunity to set aside pre-tax dollars from each paycheck for reimbursement of qualified medical and/or dependent care expenses.

You must re-enroll in medical and dependent care FSAs each year if you wish to continue to participate. If you continue participation in the medical FSA, do not discard the debit card from Key Benefit Administrators. New cards are not automatically issued each year.

FSAs have a use-it-or-lose-it rule which means that money left at the end of the

Open Enrollment - Life Insurance

Make changes to your life insurance anytime

Employees can now acquire or make changes to their life insurance plans anytime throughout the year simply by completing the Evidence of Insurability process. Allowable changes include enrolling in or increasing your coverage level and/or adding eligible dependents to your dependent life insurance plan.

This process applies to all three life insurance plans the state of Indiana offers (basic, supplemental and dependent life). Keep in mind, you must have basic life insurance to be eligible to apply for supplemental life insurance and you must have both basic and supplemental life insurance to apply for dependent life insurance.

The Evidence of Insurability process includes completing a paper application and, if required, an evaluation by a doctor. To initiate the Evidence of Insurability process, visit www.in.gov/spd/2640.htm for more information.

You will need to print, complete and mail the "Group Enrollment Form" and the "Statement of Insurability Form" to American United Life Insurance (AUL). Do not return them to your agency as this may cause delay and/or denial.

plan year is not rolled over or reimbursed. So be sure to plan accordingly.

Just like the HSAs, come Jan. 1, you will not be able to use money in your FSA to purchase over-the-counter (OTC) medications without a doctor's prescription. All of the changes made to HSAs due to Health Care Reform also apply to FSAs.

You will have to purchase OTC medications with another form of payment. If applicable, you can submit a claim and request reimbursement from Key Benefit Administrators along with a doctor's prescription for any OTC medications purchased.

AUL will then review your paperwork and inform both you and SPD Benefits of its decision. If approved, SPD Benefits will make appropriate changes to your life insurance plans and start the deductions with the Auditor's Office.

If you would like to decrease your coverage level or drop any of your life insurance plans during open enrollment, you can complete these actions online using PeopleSoft. You can also make changes to your beneficiary information at any point during the year by accessing PeopleSoft Self-Service. You are the only one who can make changes to your beneficiary information.

Supplemental life insurance is offered to most employees in increments of \$10,000 up to and including \$150,000, regardless of salary level. Employees reaching age 65 or older on or before Dec. 31, 2011, will be limited to \$100,000 of supplemental life insurance coverage. Employees attaining age 65 during the plan year will automatically be reduced to \$100,000 of supplemental life insurance coverage and their payroll deductions adjusted accordingly.

Limited Purpose FSAs

Certain limitations apply to medical FSAs if you elect to enroll in one of the consumer-driven health plans (CDHP) in conjunction with an HSA. If you are enrolled in an HSA, your FSA will automatically become a Limited Purpose FSA. You should carefully review your expenses when electing both an HSA and a medical flexible spending account.

You may use money in your Limited Purpose FSA for eligible medical expenses after the minimum statutory deductible has been satisfied.

The IRS has set the minimum deductible for single coverage at \$1,200 and \$2,400 for family coverage. The minimum deductible is the same regardless if you are covered under CDHP 1 or CDHP 2.

You do not need to meet the minimum deductible to use the funds in your Limited Purpose FSA for dental and vision expenses. You can pay for dental and vision expenses from your Limited Purpose FSA at any point during the year.

Eligible employees to be notified

State employees who have been identified as meeting the requirements for the Retiree Flexible Spending Program should watch their mailbox. The State Personnel Department (SPD) will be sending letters those individuals to notify them that they are eligible to participate in the program.

If you do not receive a letter by Dec. 1, contact the Benefits Division and/or submit the Intent to Participate form (state form 50675) to SPD's Benefits Division for consideration. Payment of leave will be processed at the end of the first quarter of the following year.

More information regarding this program can be found in the Benefiting You booklet: www.in.gov/spd/files/Benefiting_You.pdf

INDIANA GIS DAY

-

November 9, 2010

**Government Center South
Conference Rooms A, B, C
8:30 am - 3:30 pm**



2010 STATE USER GIS CONFERENCE & DAY

November 9, 2010

8:30 am - 3:30 pm

IGC - S

Conference Rooms A, B & C

Topics:

- *Indiana Map*
- *Google and Bing Maps*
- *GIS Consolidation*
- *Data Sharing*
- *HAZUS*
- *ARC Presentation & Tips*
- *Broadband*
- *GIS Helpdesk*
- *Vendor Booths*



Want to learn more about GIS?

Geographic information systems (GIS) have become an integral tool in most large and small local governments where they are used to support decision making in the public interest. Exploring the innovative ways to use GIS to improve local government operations will provide an understanding of the unique capabilities of GIS and also allow the exploration of new avenues for using this increasingly important technology.

Who should attend?

GIS users of all levels and managers of GIS staff and GIS budgets.

Why should you attend?

This is your best chance to learn about a wide range of GIS best practices, tips and tricks, trends and emerging issues. Come listen and talk to local GIS service providers and coworkers in this convenient, free, one-day conference.

For more information, contact:

Jim Sparks - Indiana Geographic Information Officer
Indiana Office of Technology
(317) 234-5889
gjo@iot.in.gov

Jim Hill - GIS Analyst
INDOT, MIS
(317) 232-0225
Jhill@indot.in.gov

The Veterans Day Council of Indianapolis announces its Veterans Day Recognition Events

Thursday
November 11, 2010



The day's events are free and open to the public. Downtown meter parking is free on Thursday, November 11.

Veterans Day Events

November 11, 2010
10:30 a.m., Musical Prelude by the 38th Division Band of the Indiana National Guard. North steps of the Indiana War Memorial.

Includes patriotic music played from World War I, World War II and Korean War eras.

11:00 a.m., Memorial Service - North steps of Indiana War Memorial. Weather permitting, fighter jets from the Indiana Air National Guard will fly over

at the close of the service. Guest speaker will be Robert W. Spanogle, Civilian Aide to the Secretary of the Army.

11:45 a.m., Parade – More than 80 units will march in this year's parade, which begins at Michigan



and Pennsylvania Streets, moves south on Pennsylvania to New York Street, west to Meridian Street, north on Meridian and finishes at North Street.

6:30 p.m. Veterans Day Banquet – Primo Banquet Hall & Conference Center, 2615 National Avenue, Indianapolis. A 5:30 p.m. reception precedes the banquet.

[Download order form for banquet tickets](#)

Chill Ice Skating at the Pepsi Coliseum

SUN	MON	TUE	WED	THU	FRI	SAT
	1 B	2 B	3 B	4 B	5 C,E	6 C,E
7 C	8 B	9 B	10 B	11 B	12 C,E	13 C 7:00 PM
14 C	15 B	16 B	17 B	18 B	19 No Public Skating	20 No Public Skating 7:00 PM
21 No Public Skating	22 B	23 No Public Skating	24 B	25 E	26 A,C,E	27 A,C,E
28 A,C	29 B	30 B	November			

SUN	MON	TUE	WED	THU	FRI	SAT
December			1 B	2 B	3 C 7:00 PM	4 No Public Skating
5 C	6 B	7 B	8 B	9 B	10 C 7:00 PM	11 C 7:00 PM
12 C	13 B	14 B	15 B	16 B	17 A,C 7:00 PM	18 F,G 7:00 PM
19 A,C	20 A,C,E	21 A,C,E	22 A,C,E	23 A,C,E	24 A,C	25 Happy Holidays!
26 A,C,E	27 A,C,E	28 A,C,E	29 A,C,E	30 A,C,E	31 A,C 7:00 PM	

OCTOBER > **APRIL**

Times
A: Noon - 2 pm • **B:** 12:30 - 2:30 pm
C: 2:30 - 4:30 pm • **D:** 5 - 7 pm
E: 7:30 - 9:30 pm • **F:** 11:45 am - 1:45 pm
G: 1:45 - 3:45 pm
 Indiana Ice Games

Times subject to change • Check out indianastatefair.com or call the hotline 317.927.7536 for a complete schedule

Indiana State Fairgrounds • 1202 East 38th Street, Indianapolis, IN 46205 • Pepsi Coliseum Pro Skate Shop 317.927.7622