



# HealthVoice



A Newsletter Provided by HealthChoice

Holiday Issue 2011

## Introducing the HealthChoice High Alternative and Basic Alternative Plans

Each year, tobacco use costs the HealthChoice health plans and their members approximately \$52 million. Because of these costs, HealthChoice is encouraging you to stay or become tobacco-free by freezing the deductibles and out-of-pocket limits of the HealthChoice High and Basic Plans at 2011 amounts for non-tobacco users. The HealthChoice High Alternative and HealthChoice Basic Alternative Plans are being introduced for tobacco users. Individual deductibles and out-of-pocket limits for these two plans are \$250 higher than the High and Basic Plans.

To enroll or remain enrolled in the HealthChoice High or Basic Plan for Plan Year 2012, you had to attest that you and your covered dependents are tobacco-free, show proof of an attempt to quit using tobacco, or provide a letter from your doctor indicating it is not medically advisable for you or your covered dependents to quit tobacco.

If you did not complete the tobacco-free Attestation for Plan Year 2012, you will have an opportunity to complete one during the next annual Option Period for Plan Year 2013.



## Deductibles Begin Again in January

On January 1, 2012, deductibles for the HealthChoice health and dental plans start over. Deductibles will not change for the HealthChoice High, Basic, USA and S-Account health plans for 2012. Deductibles for these plans are as follows:

◆ The calendar year deductible for the High and USA plans remains \$500 per individual and \$1,500 per family in 2012. There is an additional \$100 copay for each emergency room visit regardless of the facility's Network status. This copay is waived only if you are admitted or if death occurs prior to admission. There is an additional \$300 copay for each confinement in a non-Network hospital.

◆ The calendar year deductible for the HealthChoice Basic Plan remains \$500 per individual and \$1,000 per family. The additional emergency room and non-Network hospital confinement copays do not apply to the Basic Plan.

◆ The HealthChoice S-Account Plan deductible remains \$1,500 per individual and \$3,000 per family. The deductible must be met before any health or pharmacy benefits are paid.

Deductibles for the new High Alternative and Basic Alternative plans are as follows:

◆ The calendar year deductible

## 2012 Plan Changes

### HealthChoice High, High Alternative, Basic, Basic Alternative, S-Account, and USA Plans

- ◆ No limit on visits and treatment days for mental health and substance abuse.
- ◆ Non-Network emergency room visits will be covered at the Network benefit level; however, you are still responsible for non-covered services and amounts over Allowed Charges. For more information on the emergency room service, see *Emergency Room Benefits* on page 3.
- ◆ As an enhanced benefit for

HealthChoice members, preventive procedures and many other services will be covered at 100% of Allowed Charges with no out-of-pocket costs when using a Network Provider. This means no-cost access to:

- Blood pressure, diabetes, and cholesterol tests
- Breast, cervical, prostate, and colorectal cancer screenings
- Osteoporosis screening
- Counseling from your health care provider on topics including quitting tobacco, losing weight, eating healthy,

*see 2012 Plan Changes on page 2*

*see Deductibles on page 2*

## 2012 Plan Changes – continued from page 1

- treating depression, and reducing alcohol use
- Prescription tobacco cessation products
- Vaccines for children and adults
- Flu and pneumonia shots
- Screening for obesity and counseling from your doctor and other health professionals to promote sustained weight loss, including dietary counseling from your doctor
- Screening for conditions that can harm pregnant women or their babies, including iron deficiency, hepatitis B, a pregnancy-related immune condition called Rh incompatibility, and a bacterial infection called bacteriuria
- Special, pregnancy-tailored counseling from a doctor to help pregnant women quit smoking and avoid alcohol use
- Counseling to support breastfeeding and help nursing mothers

### HealthChoice High, High Alternative, and USA Plans

- ◆ HealthChoice is implementing a family out-of-pocket limit for the HealthChoice High, High Alternative, and USA Plans. The family out-of-pocket limit for the High and USA Plans will be \$8,400 when using a Network Provider and \$9,900 when using a non-Network Provider. The family out-of-pocket limit for the High Alternative Plan will be \$9,150 when using a Network Provider and \$10,650 when using a non-Network provider.

### HealthChoice S-Account Plan

- ◆ The out-of-pocket limits are being lowered to \$3,000/individual and \$6,000/family.

- ◆ Proof of a Health Savings Account (HSA) is not required to enroll.
- ◆ HealthChoice has contracted with American Fidelity Health Services Administration to make establishing and keeping a Health Savings Account easier and more convenient for S-Account members. HSA deposits are invested in a money market account, and all interest is applied to your account. The monthly maintenance fee is waived as long as you continue to participate through OSEEGIB.

### HealthChoice Life Insurance

- ◆ You must submit a *Life Insurance Application* to enroll in or increase the amount of your life insurance during Option Period.
- ◆ The maximum amount of Supplemental Life insurance you can carry is being increased to \$500,000 regardless of your salary.

## Moving? Let Us Know

If you are a current employee, you should notify your Insurance/Benefits Coordinator of your new address. They will see that your new information is forwarded to HealthChoice.

If you are a former employee, **you must notify HealthChoice in writing.** You can download a *Change of Address Form* from our website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com) or send a letter to OSEEGIB.

Please mail your change of address information to:

**Oklahoma State and Education  
Employees Group Insurance  
Board  
P.O. Box 58010  
Oklahoma City, OK 73157-8010**

## Deductibles – continued from page 1

for the High Alternative Plan is \$750 per individual and \$2,250 per family in 2012. All other copays, and benefits are the same as the High Plan.

- ◆ The calendar year deductible for the Basic Alternative Plan is \$750 per individual and \$1,500 per family. The additional emergency room and non-Network hospital confinement copays do not apply to the Basic Plan.
- ◆ The calendar year deductible for the HealthChoice Dental Plan, when using a HealthChoice Network Provider, remains \$25 per individual and \$75 per family for basic and major services. For services received from a non-Network provider, the deductible also applies to preventive services.

## Register for HealthConnect

*HealthConnect* is an online benefit application designed to give you quick and easy access to your benefit information.

*HealthConnect* provides you with:

- Member and dependent coverage information
- A link to the tobacco-free *Attestation*
- Access to *ClaimLink*
- A secure messaging center
- Access to *Frequently Asked Questions*

In the coming months, we will be adding new features.

You can access *HealthConnect* from our website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com).

## Emergency Room Benefits

An emergency is defined as a sudden and unexpected symptom that you could reasonably expect the absence of immediate medical attention would result in placing your health, or the health of others, in serious jeopardy.

### Non-Network Services

For charges incurred on or after January 1, 2012, non-Network services will be reimbursed and subject to Network provider rates and benefits. All non-Network ancillary services incurred in the emergency room setting on the same day as the emergency room hospital services will also be covered at the Network rate and benefits. **You will still be responsible for non-covered services and amounts over Allowed Charges.**

### High and High Alternative Plans

In addition to the deductible and coinsurance required for the High and High Alternative Plans, there is an additional \$100 emergency room copay for each emergency room visit. This copay is your responsibility regardless of the facility's Network or non-Network status. This copay is waived if you are admitted or death occurs prior to admission. If emergency treatment cannot be provided and you are referred to another emergency room for treatment, the emergency room copay is waived on the emergency room that could not provide treatment.

### Basic and Basic Alternative Plans

The benefits of the Basic and Basic Alternative Plans do

not require you to pay the \$100 emergency room copay.

### USA Plan

Benefits are identical to the HealthChoice High Plan.

### S-Account

In addition to the individual or family deductible required for the S-Account, there is an additional \$100 emergency room copay for each emergency room visit. After you meet the combined medical and pharmacy deductible, you are still responsible for the \$100 emergency room copay.

### All HealthChoice Pre-Medicare Plans

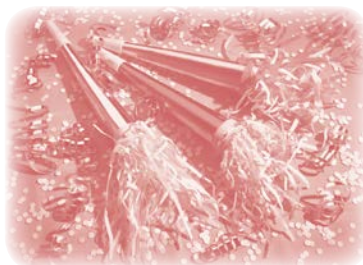
If an inpatient admission occurs as a result of an emergency, you must notify the certification administrator within one working day of the admission.

## Party Responsibly

Drinking is more prevalent during the holidays than any other time of year. Holiday parties are a time to celebrate, but if someone you love gets injured or dies from an alcohol-related accident, your holiday joy may turn to holiday sorrow. Nearly-one third of all traffic fatalities in the U.S. each year are caused by drunk drivers. Worst of all, they could have been prevented. If you are having a holiday party or going to one, here are some tips to protect yourself and others:

- Encourage conversation instead of drinking
- Don't have an open bar – a responsible host needs to monitor guests' drinking
- Pace the drinks – a drink an hour is a good guide
- Push non-salty snacks
- Offer non-alcoholic drinks
- Stop serving drinks an hour before it's time to leave
- Plan group activities like party games, not drinking games
- Men – rethink your third drink  
Women – rethink your second drink
- Don't let your friends drive drunk
- If you are attending a holiday party, designate a sober driver before you arrive

Have a safe and happy holiday season!



## Check Out ClaimLink

Sign on to *ClaimLink* to view your eligibility, benefits, deductible, and claim status; view and print your Explanation of Benefits; request ID cards; print temporary ID cards; and complete the *Health Risk Assessment*.

To access ClaimLink, use the following steps:

**1.** Click *ClaimLink* in the top menu bar of the HealthChoice website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicook.com](http://www.healthchoicook.com).

**2.** Click *To Access ClaimLink* [click here](#) at the bottom of the article about online services for HealthChoice members.

**4.** You will be routed to *ClaimLink* where you can register or sign-in.

**5.** Follow the on-screen instructions to register, and you will be on your way to accessing your claims information.

## Medications Now Available in Generic Form

New generic medications are now available for the brand-name medications listed below. If you take any of these brand-name medications, please note that choosing a generic medication costs you less. If you decide to continue using the brand-name medication, you are responsible for the cost difference between the brand-name and generic medication, in addition to the appropriate medication copay. HealthChoice Medicare Supplement members are not responsible for this cost difference, but they are responsible for the higher, non-Preferred medication copay.

<i>Brand-Name Medication</i>	<i>Generic Medication</i>	<i>Treatment</i>	<i>Launch Date</i>
Alsuma	sumatriptan injection	Migraine/cluster headaches	Aug 2011
Amrix	cyclobenzaprine HCL extended-release capsules	Muscle relaxant	May 2011
Concerta	methylphenidate hydrochloride extended release tablets	ADHD	May 2011
Elestat Ophthalmic	epinastine HCL ophthalmic solution	Allergic conjunctivitis	May 2011
FemHrt 1-5	ethinyl estradiol and norethindrone	Hormone replacement	Feb 2011
Lipitor	atorvastatin	Cholesterol	Nov 2011
Lybrel	levonorgestrel and ethinyl estradiol	Birth control	June 2011
Rythmol SR	propafenone SR 225mg, 325mg, 425mg capsules	Abnormal heart rhythm	Jan 2011
Seasonique	ethinyl estradiol & levonorgestrel	Birth control	Aug 2011
Sular 8.5mg, 17mg, 25.5mg, & 34mg	nisoldipine	High blood pressure	Jan 2011
Uroxatral	alfuzosin hydrochloride	Benign prostatic hyperplasia	July 2011
Vfend	voriconazole 50mg & 20mg	Serious fungal infections	Feb 2011
Zyprexa and Zyprexa Zydis	olanzapine	Schizophrenia	Oct 2011

**Please Note:** The launch dates listed above are subject to change based on new or ongoing legal issues between the brand and generic manufacturers.

## Maternity Benefit

HealthChoice maternity benefits include:

- ◆ Hospital and delivery with prenatal and postnatal care
- ◆ Prenatal lab work
- ◆ The Mommy & Me Program
- ◆ One skilled nurse home health visit if the delivery is at home or in a birthing center; certification is required or a 10% penalty is applied

Newborns have limited coverage for a routine birth for the

first 48 hours following a vaginal delivery or for the first 96 hours following a C-section delivery without an additional premium. A separate calendar year deductible and coinsurance is applied.

There are no benefits for services in addition to the routine hospital stay if the newborn is not enrolled for the month of birth. This means you are responsible for any charges over and above the Plan's payment

of the limited newborn benefit regardless of the facility's Network or non-Network status. To enroll the newborn, you must complete an *Insurance Change Form* within 30 days following the birth.

For more information, call HP Administrative Services, LLC at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.



## It's Flu Season Again – Protect Yourself!

According to the Centers for Disease Control and Prevention, the single best way to protect yourself against the flu is to get vaccinated at the start of each flu season. While the influenza vaccine does not eliminate the risk of the flu, it does decrease the chance of getting the virus. The composition of the flu vaccine changes yearly depending on which strains of the virus are considered to be most prevalent. The Advisory Committee on Immunization Practices recommends getting immunized annually. There are two main types of flu vaccines currently used:

- ◆ “Flu Shot” – uses inactive (killed) viruses which are injected into the body.
- ◆ Nasal Spray Flu Vaccine – or LAIV (“Live Attenuated Influenza Vaccine”). The vaccine was approved by the U.S. Food and Drug Administration for use in healthy people between 5 years to 49 years of age who are not pregnant. It is made with live, weakened strains of the flu.

For flu prevention, anyone over 6 months of age can be given the vaccine. However, the following high-risk groups are strongly urged to be vaccinated and will be given priority status in regards to a limited number of flu vaccines.

They are:

- ◆ Adults over 65 years of age
- ◆ Children between 6-23 months of age
- ◆ All children and adults with underlying chronic medical conditions; i.e., diabetes, heart or lung disease, cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders

- ◆ All children and adults with weakened immune systems due to illness or medication
- ◆ Residents of nursing homes and long-term care facilities
- ◆ Healthcare workers involved in direct-patient care
- ◆ Children on chronic aspirin therapy
- ◆ Women who will be pregnant during the influenza season

When there is ample flu vaccine to treat high-risk groups, vaccination is also highly recommended for adults between 50 to 64 years of age and for caregivers and household contacts of those identified in the high-risk groups listed previously.

People who should not receive the flu vaccine, and are advised to speak with a physician for more information, are:

- ◆ People who have a severe allergy to chicken eggs (the influenza vaccine is currently produced through incubation in fertilized chicken eggs)
- ◆ People who are sick with a fever
- ◆ People who have developed Guillain-Barré syndrome (GBS) within 6 weeks of getting a previous influenza vaccine
- ◆ People who have had a severe reaction to an influenza vaccine in the past
- ◆ Children less than 6 months of age

**HealthChoice High, High Alternative, Basic, Basic Alternative, USA, and S-Account Members:**

All vaccines are covered under your plan’s health benefit at 100% of Allowed Charges. Vaccines must be obtained from a health provider who is recognized by

HealthChoice. Your provider may charge for an office visit or for the administration of the vaccine; these charges are subject to your plan’s copays, deductibles, and coinsurance. If you use a non-Network provider, you can be balance billed for amounts above Allowed Charges.

Certain pharmacists have contracted with HealthChoice to provide health services. Vaccines administered by these pharmacists are covered under your plan’s health benefit. To find a pharmacist that is contracted to provide health services, visit the HealthChoice website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicework.com](http://www.healthchoicework.com). Click *Find a Provider*, then select *HealthChoice Medical and Dental Providers*. Click *Specialty Search*, then choose *Pharmacist* from the list of specialties. You can also contact HealthChoice Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Vaccines obtained at a walk-in clinic, pharmacy, etc., typically are not covered by HealthChoice.

**HealthChoice High, High Alternative, Basic, Basic Alternative, and S-Account Members:**

County health departments throughout Oklahoma are offering flu vaccines to members at no cost. **For All Medicare Members With Part B:**

Flu and pneumococcal vaccines are covered at 100% if your provider accepts Medicare assignment.

The flu vaccine is widely available, so go get yours today!

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3545 NW 58 Street, Suite 110

Oklahoma City, OK 73112

[www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com)

1-405-717-8780 Toll-free 1-800-752-9475

TDD 1-405-949-2281 Toll-free 1-866-447-0436

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## Walking Tale

This is a letter we received from Robert W. of Oklahoma City, one of our HealthChoice Walking Club members, reprinted as it was received.

*Since joining the Health Choice walking club a little over a year ago and I have logged over 1,000 miles. It along with the health mentoring program, sponsored by the state, has enabled me to lose about 20 pounds and improve my numbers in a several important health categories.*

*It is always exciting to get the little rewards that are sent out each time I log another 100 miles, but even*

*more than that, I think it is the accountability of keeping track of my miles walked that makes me successful.*

*Working for the Oklahoma Health Care Authority, here at Shepherd Mall, we have a wonderful opportunity to walk anytime, regardless of weather conditions. That, combined with the treadmill at my fitness center and walking at home has enabled me to log a lot of miles.*

*I am now 68 years old and feel as good as I did when I was 40. I don't take my good health for granted and am thankful God has helped me maintain and improve it.*

*I have recommended the Walking Club to a number of coworkers and plan to keep walking as long as I can. I really enjoy it.*

HealthChoice Walking Club participants receive a logbook to record dates and distances walked. Members send their logbook pages to HealthChoice at the end of each 100 miles walked (up to 1,000 miles) to receive a free gift.

Join the HealthChoice Walking Club like this member did and start improving your health today. It's easy to enroll, just go online to [www.healthchoiceok.com](http://www.healthchoiceok.com) or call toll-free 1-800-318-BEOK (2365) for more information.