

# HealthVoice

A Newsletter Provided by HealthChoice

Fall 2014

## *S-Account Name Changes to High Deductible Health Plan*

On Jan. 1, 2015, the name of the HealthChoice S-Account Plan will change to the HealthChoice High Deductible Health Plan (HDHP). This name change will have no effect on the Plan itself, and all benefits will remain the same.

### **Important Facts about the HealthChoice HDHP**

- The HDHP is now the plan with the lowest monthly premiums.
- The monthly premiums for the HDHP are significantly less than other plans offered, and with regular contributions of these premium savings to a health savings account (HSA), the funds to pay the plan deductible can accumulate rapidly.
- The HDHP works in conjunction with an HSA, a tax-advantaged health savings account. HealthChoice contracts with American Fidelity Health Services Administration for convenient HSA administration.
- The \$1,500 individual or \$3,000 family deductible for the HDHP must be met before any benefits, other than for preventive services, are paid by the Plan.
- The individual deductible amount of \$1,500 applies only to individual coverage. A family of two or more must meet the entire \$3,000 family deductible, which can be met by one individual or a combination of covered family members. Allowed Charges for both Network and non-Network health and pharmacy services count toward the deductible.
- Covered pharmacy costs are paid by the member until the deductible is met. Then pharmacy copays apply.
- The out-of-pocket maximum is \$3,000 for individual coverage or \$6,000 for a family. Once the out-of-pocket maximum is met, the Plan pays 100% of Allowed Charges for the remainder of the calendar year.
- The out-of-pocket maximum includes the calendar year deductible amount. Allowed Charges for Network health services and Allowed Charges for generic and Preferred medications purchased at Network Pharmacies count toward the out-of-pocket maximum.
- Costs for non-Network services and copays for non-Preferred and excluded medications do not count toward the out-of-pocket maximum.
- The tobacco-free Attestation is not required for the HDHP.

Although the Office of Management and Enterprise Services (OMES) Employees Group Insurance Division (EGID) and the HSA trustee/custodian together provide health insurance benefits, each are independent entities with separate responsibilities. EGID expressly disclaims any fiduciary obligation to manage the member's HSA funds or accounts. HSA account information concerning contributions, IRS determinations, withdrawals or any matters regarding the HSA is the sole responsibility of the HSA trustee/custodian chosen by the member.

Talk with your tax professional about eligibility and the tax consequences of enrolling in a high deductible health plan and HSA.

If you have questions about this or any HealthChoice plan benefit, please do not hesitate to contact our health and dental claims administrator by calling 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.

# Formulary Changes for Medicare Supplement Plans

## Medicare Supplement Plans With Part D

Please review the *HealthChoice Comprehensive Medicare Formulary* for Plan Year 2015. There are a number of changes from the current formulary. HealthChoice has not changed its drug tiers; however, some new drugs have been added, and some previously covered drugs have been replaced with less costly generic alternatives.

Also be aware of restrictions on certain drugs as noted in the formulary, such as Prior Authorization, Step Therapy and Quantity Limits.

## Medicare Supplement Plans Without Part D

Beginning Jan. 1, 2015, members of the HealthChoice Medicare supplement plans without Part D will use the *HealthChoice Select Medication List*. This list shows the medications covered by the Plans. Please review the list online at [www.ok.gov/sib/Member/Pharmacy\\_Benefits\\_Information](http://www.ok.gov/sib/Member/Pharmacy_Benefits_Information). You can also print a copy of the latest version or search for medications online.

## Reminders for Retirees

By now, you should have received your 2015 Option Period materials from EGID. You are also invited to attend one of the Retiree Option Period meetings held throughout the state. To find a meeting near you, please visit [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicook.com](http://www.healthchoicook.com), select *Option Period* from the banner on the front page and then select *Retiree Option Period Meeting Schedule* from the list of options under *Former Employee Pre-Medicare* or *Former Employee Medicare*.



- If you and/or your covered pre-Medicare spouse and/or child(ren) are tobacco-free and members of the HealthChoice High or Basic Plan, you are required to complete the tobacco-free Attestation at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicook.com](http://www.healthchoicook.com). If you are not tobacco-free but want to remain on the HealthChoice High or Basic Plan, you can complete one of the Reasonable Alternatives.
- If you are a former employee and you do not want to make changes to your coverage, you do not need to return your *2015 Option Period Enrollment/Change Form*. However, Pre-Medicare members who are currently enrolled in the HealthChoice High or Basic Plan must complete the tobacco-free Attestation or a Reasonable Alternative, as mentioned above, in order to remain on their current plan for the 2015 plan year.
- If you are a former employee, or an active employee retiring between Nov. 1, 2014, and Jan. 1, 2015, and you want to make coverage changes, you must complete the *2015 Option Period Enrollment/Change Form* and return it to EGID.
- If you are Medicare eligible and want to enroll in a HealthChoice Employer PDP Medicare Supplement plan with Part D for Option Period 2015, you must complete an *Application for Medicare Supplement With Part D*. If you are eligible for and want to enroll in an MA-PD plan for Option Period 2015, you must complete an *Application for Medicare Advantage Prescription Drug Plan*.
- Always keep your address information current with EGID.

If you have not yet received your Option Period materials or have any questions regarding the forms you must complete or the tobacco-free Attestation/Reasonable Alternatives, please call Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users please call 1-405-949-2281 or toll-free 1-866-447-0436.

***The 2015 Option Period deadline for former employees is Dec. 7, 2014.***

# Changes to the HealthChoice Select Medication List for 2015

## Does Not Apply to Medicare Supplement With Part D Plans

As of Jan. 1, 2015, the medications listed below will no longer be covered. To the right of the excluded medications is a list of Preferred alternatives. If you are currently taking one of the drugs that is being excluded from coverage, talk to your doctor to see if a Preferred alternative medication is right for you.

Drug Class	Excluded Medications	Preferred Alternatives
Autonomic & Central Nervous System <i>Medications For Multiple Sclerosis</i>	Betaseron	Avonex, Extavia, Rebif
<i>Long-Acting Opioid Oral Analgesics</i>	Kadian, Zohydro ER	morphine sulfate ER, oxycodone ER, Nucynta ER, Opana ER, Oxycontin
Transmucosal Analgesics	Abstral, Fentora, Subsys	fentanyl citrate, Lazanda
Triptans	Axert, Frova	rizatriptan, sumatriptan, zolmitriptan, Relpax
Cardiovascular	Edarbi/Edarbyclor, Teveten HCT	candesartan/HCTZ, irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
Dermatological	BenzaClin Gel Pump, Veltin	clindamycin/benzoyl peroxide, clindamycin PLUS tretinoin, Acanya, Ziana
Diabetes <i>Blood Glucose Meters and Strips, Additional Diabetic Medications</i>	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	LifeScan (OneTouch)
	Jentaduetto, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
	Tanzeum, Victoza	Bydureon, Byetta
<i>Insulins</i>	Novolin	Humulin
	Apidra, NovoLog	Humalog
Ear/Nose <i>Nasal Steroids</i>	Beconase AQ, Omnaris, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
Otic Antibiotics	Cetraxal	ciprofloxacin otic solution, Ciprodex
Endocrine <i>Growth Hormones</i>	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin
<i>Topical Testosterone Products</i>	Fortesta, Testim, Testosterone 1% Gel, Vogelxo	AndroGel, Axiron
Gastrointestinal <i>Anti-Inflammatory - Anti-Ulcer Agents</i>	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Pancreatic Enzymes	Pancreaze, Pertzeye, Ultresa	pancrelipase DR, Creon, Zenpep
Hematological	Aranesp, Epogen	Procrit
Hepatitis	Incivek	Olysio, Victrelis
Pegylated Interferons	PegIntron	Pegasys
Inflammatory Conditions	Cimzia, Simponi, Xeljanz	Enbrel, Humira, Stelara
Obstetrical & Gynecological	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF
Ophthalmic	Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
Respiratory <i>Pulmonary Anti-Inflammatory Inhalers</i>	Alvesco, Flovent Diskus/HFA	Asmanex Twisthaler/HFA, Pulmicort Flexhaler, QVAR
<i>Pulmonary Anti-Inflammatory/Beta Agonist Combination Inhalers</i>	Breo Ellipta	Dulera, Symbicort
<i>Short-Acting Inhalers</i>	Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
Urological <i>Erectile Dysfunction Oral Agents</i> *These medications will not be covered unless specific clinical criteria are met.	Levitra, Staxyn, Stendra	Cialis*, Viagra*

**Please note:** Generic medications in this chart are in lowercase letters.

If you are unable to take a Preferred alternative medication, your provider can request a Prior Authorization review by calling Express Scripts toll-free at 1-800-753-2851.

# HealthVoice

A Newsletter Provided by HealthChoice

3545 N.W. 58th St., Ste. 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 or toll-free 1-800-752-9475

TDD 1-405-949-2281 or toll-free 1-866-447-0436

Presorted Standard  
U. S. Postage  
PAID  
Okla. City, OK  
Permit #1067

Fall 2014

## *It's Not Too Late To ...*

### **Get Vaccinated**

Pre-Medicare HealthChoice health plan members are covered at 100% for routine immunizations and vaccinations provided at a Network Pharmacy or from a Network Provider. For Medicare supplement plan members, immunizations/vaccinations are covered by Medicare.

### **Receive \$200**

Primary HealthChoice health plan members age 20 and older, who are not enrolled in a HealthChoice Medicare supplement plan or the HealthChoice USA Plan, are eligible to claim a \$200 incentive check through the H.E.L.P. Check program. To qualify, complete these two steps by Dec. 31, 2014:

**Step 1.** Register online at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com). Upon registration, please print a H.E.L.P. Check brochure that lists the billing codes your provider must use.

**Step 2.** Complete a free comprehensive preventive services visit with a HealthChoice Network Provider.

### **Complete the Tobacco-Free Attestation**

If you have been a member of the HealthChoice High or Basic Plan for more than one year and you don't complete the tobacco-free Attestation or one of the Reasonable Alternatives, you will be moved to an Alternative Plan with a higher deductible. The deadline for current employees to complete the Attestation is Nov. 14, 2014, and the deadline for former employees is Dec. 7, 2014.

If you have any questions regarding vaccinations, H.E.L.P. Check or the tobacco-free Attestation, please visit [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com) or call Member Services at 1-405-717-8780 or toll-free 1-800-752-9475. TDD users please call 1-405-949-2281 or toll-free 1-866-447-0436.