



# HealthVoice



A Newsletter Provided by HealthChoice

Holiday Issue 2009

## Administrator Bill Crain to Retire

As I prepare to retire effective January 1, I reflect on the fact that I would not have been given nor taken the opportunity to serve as Administrator were it not for the dedicated men and women who serve on our Board and as employees of the agency – their time and talent have been invaluable to me and for that I am deeply grateful.

I also wish to express my sincere appreciation to you, the members of HealthChoice, who have served the public in so many important ways, for your support and friendship. Notwithstanding the challenges that have come (and will continue to arise), you have a very valuable asset in your state insurance benefit package that I believe will only grow more significant in its value to each of you in the years ahead.

I truly believe the best days of this program are in its future. Thanks to all for allowing me the privilege to work with and for you.

Sincerely,  
Bill Crain, Administrator

## Copay and Plan Changes for 2010

Last July, the Oklahoma State and Education Employees Group Insurance Board was presented the preliminary rate study for current and pre-Medicare HealthChoice members. Actuaries for the Board recommended a 12% overall increase in premiums for the 2010 plan year.

The Board was concerned that an increase of 12% would likely require other cost cutting measures by employers, such as job layoffs. After reviewing several options, including raising the deductible from \$500 to as much as \$1,000, it was decided that copays for office visits and other services will increase from \$25 to \$50.

Pharmacy copays for Preferred medications costing \$100 or less

will increase from a maximum of \$25 to \$30. Copays for Preferred medications costing more than \$100 will be 25% of the cost of the drug up to a maximum of \$60 (currently \$50).

Pharmacy copays for non-Preferred medications costing \$100 or less will increase from a maximum of \$50 to \$60. The copays for non-Preferred medications costing more than \$100 will be 50% of the cost of the medication up to a maximum of \$120 (currently \$100).

The Board also directed its pharmacy benefits manager to contract for deeper discounts on pharmacy reimbursements.

With these plan design

*continued on page 2*

## Deductibles Start Over for Plan Year 2010

Although the HealthChoice health and dental plan deductibles will not change for Plan Year 2010, deductibles begin again January 1st at the start of the new plan year.

◆ The annual deductible for the High Option and USA plans remains \$500 per individual and \$1,500 per family in 2010. There is also an additional \$100 deductible for each emergency room visit regardless of the facility's Network status. This deductible is waived only if the patient is admitted or if death occurs prior to admission. There is an additional \$300 deductible for each confinement in a non-Network hospital.

◆ The annual deductible for the HealthChoice Basic Plan remains \$500 per individual and \$1,000 per family. Additional deductibles 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.

◆ The annual deductible for the HealthChoice Dental Plan, when using a HealthChoice Network Provider, is \$25 per individual and \$75 per family for basic and major services. For services received from a non-Network provider, the \$25 deductible also applies to preventive services.

*continued from page 1*

and reimbursement changes, the Board was able to lower the overall premium increase to approximately 7.6%.

While this decision was difficult, the Board believed it was necessary given the realities of tight budgets and increasing health care costs.

### **Other 2010 Changes**

Effective January 1, 2010, there will be changes to the HealthChoice Medicare Formulary. You should be aware that many brand-name drugs have been removed from the formulary, because generic versions of the drugs have become available. You will be responsible for the full cost of these non-formulary, brand-name drugs unless you file an appeal and it is approved. If access to the brand-name medication is granted, you will pay the higher, non-Preferred copay.

Additionally, due to new CMS requirements, HealthChoice Medicare Supplement members will no longer be responsible for the cost difference between a brand-name product and its generic alternative.

### **Dental Plan Changes**

Effective January 1, 2010, the age guidelines for coverage of prophylaxis and fluoride treatments for children ages 0 through 12 will be as follows:

- ◆ Prophylaxis: 2 treatments per calendar year
- ◆ Fluoride: 2 treatments per calendar year



Fluoride treatments for members over age 12 will not be covered.

## **Use Correct Billing Forms**

In order to increase the efficiency and accuracy of claims processing, you and your providers must use the appropriate type of form when submitting claims. HealthChoice stopped accepting non-standard claims from providers on September 1, 2009. This change will be effective for members on January 1, 2010.

Improper claim forms include, but are not limited to, cash register receipts, pull-apart forms, and accounts receivable billing statements. All claims that are submitted on improper claim forms or forms that are incomplete will be returned to either you or your provider depending on who submitted the claim.

If you use a Network Provider, it is your provider's responsibility to ensure that claims are filed properly; however, you need to be aware that any non-compliant claims will be returned to your provider which will delay the processing of your claim. Additionally, non-compliant claims will not be entered into the claims processing system so there will be no record of your claim if you inquire about its status either by telephone or through ClaimLink.

If you file your claim, either by choice or because you used a non-Network provider, you must submit the appropriate type of claim form which should be available from your provider. Dental services should be billed on an ADA 2006; physician services should be billed on a CMS 1500; and hospital

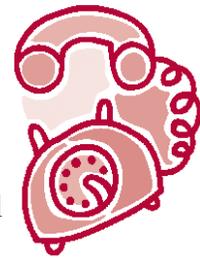
and outpatient facility services should be billed on a UB-04. By following the guidelines below, you will help speed the processing of your claim and ensure that it is not returned:

- ◆ Claim forms completed in red ink will not be accepted. Please use black ink.
- ◆ Your member ID number must be listed on your claim.
- ◆ All charges should have an amount listed. A charge with an amount of \$0.00 is not acceptable.
- ◆ All information should be legible with no writing or typing outside the boxes.
- ◆ A procedure code and diagnosis must be listed on your claim.
- ◆ Only original claim forms can be accepted.
- ◆ Hand written claim forms will not be accepted.
- ◆ Faxed claim forms will not be accepted.

For faster processing, your claims should be sent to:

EDS  
P.O. Box 24870  
Oklahoma City, OK 73124

If you have questions or need further information concerning the return of your claim(s), please call EDS at 1-405-416-1800 or toll-free 1-800-782-5218. TTD users call 1-405-416-1525 or toll-free 1-800-941-2160.



## Preventing Vision Loss from Diabetes

Diabetic retinopathy is an eye disease that harms the blood vessels in the retina causing swelling or bleeding into the fluid-filled center of the eye. It is also the major cause of blindness in people with diabetes. Unfortunately, diabetic retinopathy has no symptoms.

According to the American Diabetes Association, most patients who have had type 1 diabetes for about 20 years will have some diabetic retinopathy. They also estimate that about 21% of people newly diagnosed with type 2 diabetes already have retinopathy while the remaining group will eventually develop some degree of retinopathy.

Some patients may also develop a condition called macular edema. This condition causes the damaged blood vessels to leak fluid and lipids (fats) onto the macula (the part of the eye that lets us see detail) which causes the macula to swell, blurring vision.

The steps to prevent vision loss from diabetic retinopathy are:

- ◆ Keep blood sugar levels as close to normal as possible. The *Diabetes Control and Complications Trial*, a 10 year study, proved that this reduces damage to the eyes by 76%.
  - ◆ Have regular physical checkups.
  - ◆ Have a dilated eye exam yearly.
- Thanks to several new



treatments, people with diabetes can now do more to protect their eye health. The new treatments that have been successful in reducing vision loss or restoring lost vision from retinopathy are:

- ◆ Laser photocoagulation, a laser treatment that helps seal off leaky retinal blood vessels and stop new ones from forming.
- ◆ Vitrectomy, a surgical technique that removes the blood between the eye's lens and retina, which can restore lost vision.
- ◆ Intraocular steroids, steroids that are injected right into the eye. This treatment helps reduce swelling and tissue inflammation for many patients.

If you are diabetic, remember that regular eye exams and early detection are the keys to preventing blindness caused by diabetes.

**Sources:** *VSP, American Diabetes Association, and Prevention of Blindness*



## HealthChoice Maternity Benefit

The HealthChoice maternity benefit includes:

- Hospital and delivery with prenatal and postnatal care
- Prenatal lab work
- The Mommy and 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 will be applied

Newborns are covered for the first 48 hours following a vaginal birth or the first 96 hours following a cesarean section birth without enrollment. This coverage is subject to all policy provisions. To enroll your newborn, you must complete a Change Form within 30 days following the birth.

A separate calendar year deductible and out-of-pocket maximum apply to the newborn.

For more information, call EDS Administrative Services 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.

## Appealing a Claim or Reporting Fraud

If you or your physician receive an Explanation of Benefits (EOB) that appears to be incorrect, you may promptly appeal the claim decision by submitting a personal letter to EDS Administrative Services at the address shown on the EOB (HealthChoice, PO Box 24110, Oklahoma City, OK 73124). The letter should include a copy of the EOB or sufficient information to identify you and your claim.

By law, all existing appeal rights expire one year from the date the EOB was first issued. This includes written requests from members for Grievance Panel hearings. To request a grievance hearing, you may call 1-405-717-8701 or toll-free 1-800-543-6044. TDD users call 1-405-949-2281 or 1-866-447-0436.

Also, if you suspect any form of insurance/benefit fraud, please call our fraud hotline at 1-800-782-5218 and select Option 7.

## Women's Health Cancer Rights Act of 1998 Notice

Under the Oklahoma Breast Cancer Patient Protection Act, group health plans that provide medical and surgical benefits for a mastectomy must provide benefits for certain reconstructive surgeries.

In the case of a member or dependent who is receiving benefits in connection with a mastectomy and who elects breast reconstruction, Oklahoma law requires coverage in a manner determined in consultation with the attending physician and the patient for:

- ◆ Reconstruction of the breast on which the mastectomy was performed
  - ◆ Surgery and reconstruction on the other breast to produce a symmetrical appearance
  - ◆ Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas
- This coverage

is subject to a plan's annual deductible and coinsurance provisions.

These provisions are generally described in your plan's benefit handbook.



## Administrator Offers Thanks

I would like to thank all of our HealthChoice members for persevering with OSEEGIB through the difficult transition to EDS. The transition has been more problematic than anyone could have anticipated, and I deeply appreciate the patience and understanding demonstrated by our members.

Although there is still work to be done, EDS has made significant progress in resolving the computer issues that caused much of the delay in claims processing. As of October 9, 2009, EDS has processed more than 2.8 million claims totaling more

than \$440 million in payments. EDS is committed to resolving the remaining claims issues and delivering the efficient claims processing service it has contracted with OSEEGIB to provide and our members deserve.

For assistance with any outstanding claim issues, you can contact EDS 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. You can also send an email containing the details of your issue to [EDSResolution@sib.ok.gov](mailto:EDSResolution@sib.ok.gov).

Sincerely,  
Bill Crain, Administrator

## Update to Fitness Center List

We are excited to add eight more facilities to the list of fitness centers that provide a special discount to HealthChoice members.

If your fitness center is not listed and you would like HealthChoice to contact it, please call the H.E.L.P. line at 1-405-717-8991 or 1-800-318-BEOK (2365). For a complete list of fitness centers, visit the HealthChoice website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoiceok.com](http://www.healthchoiceok.com)



### New Fitness Centers

**OKLAHOMA**  
Curves of Claremore  
1-918-342-9884  
Fitness 24-7, Inc., Coweta  
1-918-486-4247  
Butterfly Life of Durant Inc.  
1-580-745-9844

Texas County Family YMCA,  
Guymon  
1-580-468-9622  
Dave's Fitness Plus, McAlester  
1-918-426-3725  
Fit for Her, OKC  
1-405-759-7575  
Lighthouse Sports and Fitness  
Center, OKC  
1-405-751-3344  
Curves of Ponca City  
1-580-765-9999

- ◆ This is a discount program. HealthChoice does not cover your fitness center fees.
- ◆ Despite repeated attempts, the metro area YMCAs and Silver Sneakers have opted not to participate in this program.
- ◆ HealthChoice does not endorse the use of tanning beds.
- ◆ Only facilities that provide aerobic exercise are eligible to join this program.

## Coordination of Benefits (COB)

If you or your enrolled dependent(s) have medical or pharmacy costs that are covered by another group health plan, HealthChoice benefits will be coordinated so that the total benefits received are not greater than the charges billed, benefits allowed, or your responsibility.

If you have questions about coordination of your benefits, please contact EDS 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.

Pharmacy benefits are also subject to COB if you have another group health plan that has pharmacy benefits. If your other group health plan is primary, your pharmacy claims can still be filed electronically with HealthChoice.

If your pharmacy cannot file your claim electronically, you will need to file a paper claim with Medco. When filing a paper claim, you must include a copy of the Explanation of Benefits from your primary plan or a copy of your pharmacy statement that shows the actual cost of your medication, your copay, or your out-of-pocket expense.



If you have questions about how your pharmacy benefits are affected by Coordination of Benefits or to obtain a paper claim form, contact Medco Health toll-free at 1-800-903-8113. TDD users call toll-free 1-800-825-1230.

## Coordination of Benefits Secondary Payment Calculation

There has been a change in the way benefits are determined when you have other group health coverage in addition to your HealthChoice benefits.

***If you use a HealthChoice Network Provider, the Plan pays the lesser of:***

- ◆ Your financial obligation. This amount is based on your primary insurer's allowed charge, less the amount paid by your primary insurer. Please note that the HealthChoice Allowed Charge is not a consideration, or
- ◆ The amount payable by HealthChoice without coordination of benefits.

***If you use a non-Network provider, the Plan pays the lesser of:***

- ◆ Your financial obligation. This is the amount billed by your provider, minus charges that are not allowed by your primary insurer, less the amount paid by your primary insurer, or
- ◆ The amount payable by HealthChoice without coordination of benefits.

If you have any questions regarding your Coordination of Benefits, please contact EDS.

## 2010 Changes for Insulin and Diabetic Supplies

### ***Non-Medicare HealthChoice Members***

Currently, members are able to obtain diabetic supplies such as test strips, lancets, needles, and syringes for up to a 34-day supply. As of January 1, 2010, the limit on this benefit will be a 34-day supply or 200 units, whichever is less.

### ***All HealthChoice Medicare Supplement Plan Members***

Beginning January 1, there will be quantity limits applied to insulin and diabetic supplies; however, the majority of members will not be impacted by the new quantity limits. The chart below illustrates how insulin and diabetic supplies will be paid in 2010.

Insulin vials	Up to a 34-day supply or 4 vials - whichever is less
Insulin pens, cartridges, or pre-filled syringes	Up to a 34-day supply or 45 ml - whichever is less
Needles and syringes	Up to a 34-day supply or 200 units - whichever is less
Test strips, lancets, and needles	Covered under your Medicare Part B benefits

Call Medco Member Services toll-free at the numbers listed below if you have questions.

HealthChoice High Option, Basic, USA, S-Account, or HealthChoice Medicare Supplement Plans Without Part D: 1-800-903-8113 or TDD 1-800-825-1230.

HealthChoice Employer PDP Medicare Supplement Plans With Part D: 1-800-590-6828 or TDD 1-800-716-3231.

## **Vaccine Coverage for Members with HealthChoice High Option, Basic, USA, and S-Account Plans**

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

All vaccines are covered under your plan's health benefit at 100% of Allowed Charges. Vaccines are not covered under your plan's pharmacy benefit. Vaccines must be obtained from a recognized health provider to be covered 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 may be balance billed for amounts above Allowed Charges.

Certain pharmacists have contracted with HealthChoice to provide health services. Vaccines administered by these pharmacists are still covered under your plan's health benefit. To find a pharmacist that is contracted to provide health services, go to our website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicework.gov](http://www.healthchoicework.gov), click on *Provider Directories, HealthChoice Medical and Dental Providers, Specialty Search*, then choose *Pharmacist* from the list of specialties.

In the event your provider does not have the vaccine you need, please call the HealthChoice Health Care Management Division at 1-405-717-8879 or toll-free 1-800-543-6044 ext. 8879 for other alternatives covered under the health benefit. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Vaccines obtained at a walk-in clinic, pharmacy, etc., such as those giving the flu vaccine, typically will not be covered by HealthChoice.

## **Vaccine Coverage for Medicare Supplement Members**

### **For All Medicare Members With Part B:**

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

### **HealthChoice Employer PDP Medicare Supplement With Part D Members:**

You must obtain vaccines such as Zostavax, Tetanus, and Hepatitis A and B at your local pharmacy. The cost will be covered under your pharmacy benefit and the appropriate copays will apply. The vaccine administration fee, if given by either your physician or a pharmacist certified to administer (inject) vaccines, will also be reimbursed under your pharmacy benefit. This is how it works:

- ◆ If the vaccine is obtained and administered by a certified pharmacist, the pharmacist will electronically submit a claim to Medco for both the vaccine and the administration fee.
- ◆ If you obtain the vaccine from your pharmacy and take it to your physician's office for its administration, your pharmacy will electronically submit a claim to Medco for the vaccine; however, you will have to file a paper claim with Medco for reimbursement of the administration fee.



To obtain a paper claim form, you may contact OSEEGIB Member Services or go to our website at [www.sib.ok.gov](http://www.sib.ok.gov) or [www.healthchoicework.com](http://www.healthchoicework.com) and click on *Medicare Members, Forms and Applications*, then *Vaccine Claim Form*. Print the form and follow the step-by-step instructions. You can also contact Medco Member Services at 1-800-590-6828 or TDD 1-800-716-3231 to obtain the required claim form.

### **HealthChoice Medicare Supplement Without Part D Members:**

Vaccines such as Zostavax, Tetanus, and Hepatitis A and B must be purchased at your pharmacy to be covered by your pharmacy benefit. Once you obtain the vaccine from your pharmacy, the pharmacist will electronically submit a claim for the vaccine to Medco.

Typically, Medicare Part B covers the administration fee for all vaccines. The administration fee is **not** covered under the pharmacy benefit; it will be covered under your Medicare supplement plan's health benefit.

## **2010 Pharmacy Copay Changes**

### **HealthChoice Medicare Supplement High Option, HealthChoice High Option, Basic, S-Account, and USA Plans**

HealthChoice pharmacy copays will be increasing as of January 1, 2010. The chart below illustrates the current benefit as well as the changes that are scheduled to take place for the new plan year. Costs stated below are based on the use of a HealthChoice Network Pharmacy.

	<b>Current Benefit</b>	<b>2010 Benefit</b>
Preferred Medications (under \$100)	You pay up to \$25 or cost of medication, whichever is less	You pay up to \$30 or cost of medication, whichever is less
Preferred Medications (over \$100)	You pay 25% up to \$50	You pay 25% up to \$60
Non-Preferred Medications (under \$100)	You pay up to \$50 or cost of medication, whichever is less	You pay up to \$60 or cost of medication, whichever is less
Non-Preferred Medications (over \$100)	You pay 50% up to \$100 maximum	You pay 50% up to \$120 maximum

**Note:** Non-network benefits will not change

## **Medications Now Available in Generic Form**

New generic medications have or will soon become available for the brand-name medications listed below. If you take any of these brand-name medications, please note that choosing a generic medication will cost you less. HealthChoice High Option, Basic, USA, and S-Account members, who decide to continue using the brand-name medication, will be responsible for the cost difference between the brand-name and generic medication in addition to the appropriate medication copay. Effective January 1, in accordance with CMS guidelines, HealthChoice Medicare Supplement members will not be responsible for this cost difference.

<b>Brand-Name Medication</b>	<b>Generic Medication</b>	<b>Treatment</b>	<b>Launch Date</b>
Benzaclin	clindamycin 1% and benzoyl peroxide 5% gel	Acne	8/27/09
Catapres TTS Patch	clonidine TDS patch	Hypertension	8/18/09
Cellcept	mycophenolate mofetil 500mg tablets and mycophenolate mofetil 250mg capsules	Prevent rejection of transplant(s)	5/04/09
Depakote ER 250/500 mg	divalproex sodium extended release	Seizure disorders	1/30/09
Prograf	tacrolimus capsules	Prevent rejection of transplant(s)	8/11/09
Starlix	nateglinid	Type 2 diabetes	9/09/09
Tegretol XR 200 & 400mg	Carbamazepine extended release tablets	Anticonvulsant	4/13/09

**Please Note:** The anticipated “generic” launch dates listed above are subject to change based on new or ongoing legal issues between the brand and generic manufacturers. Check with your pharmacist about the availability of your medication in a generic alternative.

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Hearing Impaired 1-405-949-2281

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## ***Breakfast Each Day May Help Keep Cavities at Bay***

Did you know that children aged 2 to 5 years old who skip breakfast are four times more likely to get cavities than children who eat breakfast regularly? Why such a dramatic impact to children's teeth? A study by dentist Bruce A. Dye and colleagues at the Centers for Disease Control and Prevention indicates that children who skip breakfast or don't eat their fruits and veggies have a higher chance of developing cavities. These kids will also need to see their dentist more frequently than children who practice better eating habits.

These findings reinforce the notion that good dietary habits promote good oral health. Encouraging your children to build

good eating habits, such as eating a healthy breakfast every day, along with the appropriate use of fluoride, could further reduce the number of cavities children experience.

When it comes to the "typical" children's breakfast, most of us think of a sugary cereal and milk. How could this possibly prevent cavities? Dr. Dye notes that children who eat breakfast tend to eat fewer sugary snacks, and regardless of the amount added to the cereal, milk is a tooth-healthy food. When sugary cereals are eaten with milk, he says, the effect of the sugar on your child's teeth seems to be reduced.

The study also found that children who don't eat the

recommended five servings of fruits and veggies every day increase their risk of developing cavities by more than three times!

Help protect your children from cavities by following these tips:

- ◆ Eat a nutritious breakfast each morning
- ◆ Brush twice a day and floss each night after brushing
- ◆ Avoid sugary snacks and foods
- ◆ Eat five servings of fruits and vegetables each day
- ◆ See your dentist for routine cleanings and check-ups

Fewer cavities: Another reason that breakfast is the most important meal of the day!

**Source: CIGNA Dental Care Plan**

