



Oklahoma State and Education Employees Group Insurance Board

HealthVoice

A Newsletter Provided by HealthChoice

Spring Issue 2010

Claims Requiring Additional Information and Using Correct Claim Forms

Effective February 1, 2010, if additional information is needed from you or your provider to process your claim, your Explanation of Benefits will identify the specific information needed. In some instances, a letter will also be sent further explaining what information is required to complete processing. Be aware that your claim will be pended until the needed information is received. If the information is not received within 60 days, your claim will be denied; however, your claim will automatically be processed without

resubmitting the claim once the information is received.

Remember, improper claim forms are no longer accepted. Improper claim forms include, but are not limited to, cash register receipts, pull-apart forms, and accounts receivable billing statements. HealthChoice Network Providers are required by contract to submit claims on your behalf using the appropriate form. Non-Network providers do not have this requirement and might not use the appropriate form. If this is the case, ask if they will submit the

claim for you using the appropriate form or if they will provide you with a completed form so you can file the claim yourself. 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 or appropriate claim forms, 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.

Receive Your Newsletter Via Email



Don't miss out on the latest news from OSEEGIB.

To receive this newsletter via email, send your name, address, email address, and your member ID number to:

hvsubscribe@sib.ok.gov

Be sure to keep your email address updated. Please email any changes to the address listed above.

Online subscribers will receive all future newsletters via email. As an added bonus, OU Physicians will answer three medical questions submitted by our members in each electronic issue.

Join the HealthChoice Walking Club!

In 1996, HealthChoice introduced the Walking Club. Membership is open to all HealthChoice members and dependents.

Walking doesn't require a gym membership or a lot of expensive equipment, so it's an exercise most of us can easily do. All you need is a good pair of shoes and a safe place to walk.

Walking reduces the risks of heart disease, type 2 diabetes, and osteoporosis. Regular exercise can also be helpful in managing mild to moderate depression and anxiety. Other advantages of walking include:

- Walking can be done almost anywhere. It's convenient.
- Walking can be done alone or with a group

- Walking is a weight-bearing exercise which promotes strong bones
- Walking has one-fifth of the impact to joints compared to jogging or high-impact aerobics
- Walking is easier to stick with, the dropout rate for walkers is only 25%; other types of exercise programs have a 50 – 60% dropout rate

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.

It's easy to enroll, just go online to www.healthchoiceok.com or call toll-free 1-800-318-BEOK (2365) for more information.

How to Tell if Your Child Needs Vision Correction

How do you know if your child needs vision correction? Don't just assume all is well because you don't see them squinting or complaining about their eyes.

According to children's eyecare specialist, Carol Marusich, O.D., even a six-month old should have an eye exam because early exams are not just about vision.

The six-month exam is also to make sure the baby's eyes are developing normally. An eye doctor can spot a condition commonly known as "lazy eye" (the medical term is amblyopia) very early in a child's life, and early treatment can stop bigger problems down the road. Another exam should be done when your child is three to four years old, because by that time, children's eyes have basically done their growing and developing. A pre-kindergarten exam is a must, and then visits to the eye doctor at least every two years, unless your eye doctor recommends more frequent visits, to keep tabs on young, fast-changing eyes.

Eye exams also focus on classic vision problems such as nearsightedness (myopia), farsightedness (hyperopia), structural irregularity in the eye (astigmatism), and other conditions, too.

In between those yearly eye exams, watch for symptoms of eye problems. Children's eyes can change seemingly overnight. Here are some things to watch for:

- Squinting – the classic symptom of either nearsightedness (not seeing well far away) or farsightedness (not seeing well close-up). Glasses are probably in order.
- Alignment problems – if one eye keeps "drifting off," it could be "lazy eye" or amblyopia. Treatment consists of a corrective eye patch placed over the normal eye forcing the weaker eye to work harder and improve. The earlier lazy eye is detected the better.
- Closing one eye – if your child closes one eye and it helps him or her see better, this could indicate a structural problem like astigmatism.
- Rubbing the eyes – if your child rubs his or her eyes or complains of headaches, there could be some eyestrain going on that glasses can help.



Source: Vision Service Plan (VSP)

2010 Changes for Insulin and Diabetic Supplies

Non-Medicare HealthChoice Members

Beginning January 1, your limit on diabetic supplies such as test strips, lancets, needles, and syringes changed to a 34-day supply or 200 units, **whichever is less**.

All HealthChoice Medicare Supplement Plan Members

Beginning January 1, quantity limits were applied to insulin and diabetic supplies. The chart below illustrates the quantity limit per copay 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 45ml – whichever is less
Needles and syringes	Up to a 34-day supply or 200 units – whichever is less
Test strips and lancets	Covered under your Medicare Part B benefits

Note: Most members will not be impacted by these new limits. Be aware that your benefits depend on how your prescription is written by your physician.

If you have any questions, call Medco Member Services toll-free at the numbers listed below:

- 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.

Medications Now Available in Generic Form

New generic medications became, 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, are 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 Medicare guidelines, HealthChoice Medicare Supplement members are not responsible for this cost difference.

Brand-Name Medication	Generic Medication	Treatment	Launch Date
Aceon Tablets 2mg, 4mg & 8mg	perindopril erbumine 2mg, 4mg & 8mg	High blood pressure	November 2009
Acular 0.5%	ketorolac tromethamine ophthalmic solution 0.5%	Eye pain following surgery	November 2009
Acular LS Solution	ketorolac tromethamine ophthalmic solution 0.4%	Eye pain following surgery	November 2009
Axid Oral Solution 15mg/ml	nizatidine oral solution 15mg/ml	Acid Reflux	November 2009
Iopidine 0.5%	apraclonidine ophthalmic solution 0.5%	Intraocular pressure	September 2009
Lorazepam Intensol 2 mg/ml	lorazepam 2mg/ml oral concentration	Anxiety	December 2009
Mirapex all strengths (except 0.75mg)	pramipexole dihydrochloride	Parkinson's disease	January 2010
Optivar 0.05%	azelastine ophthalmic solution 0.05%	Eye allergies	December 2009
Phenytek 200mg & 300mg	phenytoin 200mg & 300mg	Epilepsy	January 2010
Prevacid delayed-release caps 15mg & 30mg	lansoprazole 15mg & 30mg	Acid reflux	November 2009
Subutex SL 2mg & 8mg	buprenorphine 2mg & 8mg	Opiate withdrawal	November 2009
Trileptal Suspension 300mg/5ml	oxcarbazepine	Epilepsy & seizure disorders	December 2009
Ultram ER 100mg & 200mg	tramadol ER 100mg & 200mg	Chronic pain treatment	November 2009
Valtrex Tablets	valacyclovir hydrochloride	Genital Herpes	November 2009

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.

Wigs and Scalp Protheses



HealthChoice provides a benefit for wigs or other scalp prostheses for pre-Medicare members who lost their hair due to radiation or chemotherapy treatment for a covered medical condition. Coverage is subject to annual deductibles and coinsurance. The maximum annual benefit through an approved provider is \$150.

Complete Fitness Center List

You've made the big decision to join a fitness center. Did you know that HealthChoice contacts fitness centers throughout Oklahoma and the surrounding states and asks them to provide a special discount to HealthChoice members and dependents? All you have to do is present your HealthChoice identification card at any of the participating fitness centers to receive your special discounted rate. Please contact the facility for the services and discounts offered to HealthChoice members. If your favorite center is not listed and you would like for us to contact them about providing a discount, please call the HealthChoice H.E.L.P. line at 1-405-717-8991 or toll-free at 1-800-318-BEOK (2365).

Regular physical activity helps build strong bones, muscles, and joints. It aids in reducing the risk of developing many types of illnesses and lowers your risk for heart disease and stroke.

There are also psychological benefits to regular physical activity as well. It reduces the symptoms associated with anxiety and depression, improves your mood, and promotes a sense of well-being. Now is your chance to reap the rewards!

PLEASE NOTE: 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 out of participating in this program.

HealthChoice does not endorse the use of tanning beds.

Only facilities that provide

aerobic exercise are asked to join this program.

Participating Fitness Centers:

Arkansas

Holiday Island

Island Health and Fitness

Fort Smith

Marvin Altman Fitness Center
Sparks Regional Medical Center

Hot Springs Village

Physical Therapy Plus

Oklahoma

Ada

Cristelli Fitness/Gym

Alva

Northwestern Oklahoma State
University

Bethany

Curves of Bethany

Broken Arrow

All American 24-hour Fitness
Fitness Xpress

Chandler

Ripped Health & Fitness

Chickasha

Anytime Fitness

Choctaw

Choctaw/Harrah Curves

Claremore

Curves

Coweta

Fitness 24-7

Durant

Butterfly Life of Durant, Inc.

Edmond

All American Fitness Xpress
Anytime Fitness
Aspen Athletic Club
Curves of Edmond
Results Fitness and Nutrition
Center
University of Central Oklahoma
Wellness Center

Elgin

Pride Fitness

Enid

Curves of Enid

Finer Physiques Fitness Center

Grove

Curves of Grove

Guymon

Curves for Women
Texas County Family YMCA

Henryetta

Curves of Henryetta

Lawton

Curves NW
Curves East

McAlester

Dave's Fitness Plus
Get Fit Girl

Miami

Curves of Miami

Midwest City

All American 24-hour Fitness

Moore

Anytime Fitness
Shape Fitness

Mustang

Anytime Fitness

Newcastle

Curves of Newcastle

Norman

All American Fitness Xpress
Athletic Loft
Cleveland County Family YMCA

Oklahoma City

All American 24-hour Fitness—
SW 104th
All American 24-hour Fitness—
NW Expressway
All American 24-hour Fitness—
Quail Creek Rd
Anytime Fitness—W Hefner Rd
Anytime Fitness—NW 164th
Anytime Fitness—SW 74th
Anytime Fitness—S Sooner Rd
Aspen Athletic Club—Glade Ave
Aspen Athletic Club—Penn
Square Mall
Curves—NW Expressway
Fit For Her—S Western Ave
Fit For Her—NW Expressway

continued on page 5

fitness center list continued

Fit For Her—N May

Fitness Xpress

Lighthouse Sports and Fitness
Center

Mademoiselle Fitness—NW 63rd

Mademoiselle Fitness—S Penn

Santa Fe Fitness & Racquet Club

Shape Fitness

Southern Athletic Club

Owasso

All American 24-hour Fitness

Fit for Her

Owasso Fitness Zone, Inc.

Piedmont

Life Gym

Ponca City

Curves of Ponca City

Poteau

Curves of Poteau

Pryor

Pryor Creek Recreation Center

Sand Springs

Anytime Fitness

All American Fitness Xpress

Shawnee

Curves of Shawnee

Fitness Xpress

St. Gregory's Mabee Aerobic
Center**Stillwater**

Curves of Stillwater

Gym One Fitness

Sulphur

Curves of Sulphur

Tulsa

All American 24-hour Fitness

All American Fitness Center

Aspen Athletic Club—E 61st

Aspen Athletic Club—E 103rd

Health Zone

Hillcrest Fitness Center

The Grand Health and Racquet
Club**Tuttle**High Velocity Fitness & Apex
Martial Arts**Wilburton**

Curves of Wilburton

Woodward

Curves for Women

Yukon

Crosstrainers Fitness

Curves of Yukon

Tennessee**Jacksboro**

Curves

This list is also available on our website at www.sib.ok.gov or www.healthchoicook.com.

Thinking About Retirement?

If you are thinking about retirement, there are some things you should know.

Contact your Insurance/Benefits Coordinator or the appropriate retirement system to confirm your eligibility and ask about any contribution to your insurance premium that your retirement system may offer.

Attend one of the Pre-Retirement Seminars offered by HealthChoice Member Services. The Pre-Retirement Seminar will provide you with most of the information you'll need to make an informed choice about your insurance at retirement. The Pre-Retirement Seminar also provides information about premiums, eligibility, dependent coverage, and premium billing.

It's important that you continue all of the insurance coverage you think you will need in your retirement, because after you retire, you can only decrease or drop coverage. The exception to this

rule is vision coverage.



Retiring is not a qualifying event that allows a change in plans; however, if you move out of your plan's HMO ZIP Code service area at retirement, a plan change is required. Otherwise, you must wait until the annual Option Period to change plans.

You can keep all or part of the life insurance you have in effect prior to your retirement or you can decrease your life insurance in \$5,000 increments. Additionally, you can keep all or part of any dependent life coverage you have in effect in increments of \$500.

If you have a spouse who works for an employer covered by OSEEGIB, you can defer (transfer) your health, dental, and vision coverage to your spouse's coverage. Your spouse must contact his/her employer to add you to their coverage as a dependent. Any life insurance you elect to keep must remain in your retirement account.

When your spouse retires, you can transfer your coverage back to your own account.

You must complete an *Application for Retiree/Vested/Non-Vest/Defer Insurance Coverage*. This application is available on the OSEEGIB website or from your Insurance/Benefits Coordinator who can also assist you in completing the application.

The completed application must be received by OSEEGIB at least 30 days prior to the date of your retirement. If you have a 30-day break in coverage, your insurance is cancelled and you can't pick it up later.

Additional information can be found on the OSEEGIB website in the *Planning for Retirement* section.

If you have any questions, please call 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.

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Current Employees – Using HealthChoice Network Providers is Important

HealthChoice allows you to seek care from a HealthChoice Network or non-Network provider; however, plan benefits are reduced when you use a non-Network provider. With a statewide and multi-state network consisting of over 15,000 physicians, hospitals, and other health care professionals and facilities, you should be able to find a HealthChoice Network Provider that can meet your health care needs.

Network Providers have agreed to accept HealthChoice Allowed Charges for the services and equipment they provide. They have agreed not to bill you for amounts greater than the amount allowed by the Plan. You

are responsible for deductibles, coinsurance amounts, and copays.

On the other hand, non-Network providers are **not contracted** with HealthChoice and are not required to accept HealthChoice Allowed Charges. This means you are responsible for paying the difference between what the provider bills and the Allowed Charges (also known as balance billing), which can be quite a large amount of money. Even after reaching your out-of-pocket maximum, you are still responsible for the difference between the Allowed Charges and the charges billed by a non-Network provider.

As an example, let's say you receive services from a

non-Network provider who charges \$100,000; however, the HealthChoice Allowed Charges are \$30,000. Under the High Option Plan, you will be responsible for 50% non-Network coinsurance until the out-of-pocket maximum is reached, plus the \$70,000 difference between the billed charges and the HealthChoice Allowed Charges. The financial impact would be even greater under the Basic Plan. The cost of using a non-Network provider could financially ruin many of our members and demonstrates the importance of using HealthChoice Network Providers to keep out-of-pocket costs as low as possible.

