

# HealthVoice

A Newsletter Provided by HealthChoice

Spring 2014

## Don't Trash Your Cash!

### Don't Overlook Your \$200!

Did you register for **H.E.L.P. ✓**, have your preventive office visit, but then did not receive your \$200 check?

### Be Aware - Open Your Envelope!

You may have misplaced or thrown away your \$200 incentive check because you did not realize the envelope containing your *Explanation of Benefits* (EOB) also included your check.

It is also possible your check was sent to the wrong address. Always verify your address to ensure proper receipt of HealthChoice mailings.

### Don't Miss Out!

It is a new year, which offers you another chance to choose a healthy lifestyle. Use this \$200 to buy a new pair

of walking shoes or apply it toward a gym membership, fitness classes or trainer fees. You can use it as you please!

Take advantage of this health initiative, which promotes wellness through preventive health care and a positive doctor-patient relationship.

Primary HealthChoice health plan members, age 20 or older, who are not on a HealthChoice Medicare Supplement or the HealthChoice USA Plan, are eligible to participate in **H.E.L.P. ✓** 2014.

You must register online at [www.healthchoiceok.com](http://www.healthchoiceok.com) each plan year before you can successfully complete the program. Then, schedule an appointment with a HealthChoice Network Provider and complete your free comprehensive preventive care visit. Don't wait—register today!

## HealthConnect....One Click Away - HealthConnect/OU HRA

What do the tobacco-free Attestation, the health risk assessment, and **H.E.L.P. ✓** all have in common? They can all be accessed through HealthChoice HealthConnect! When you register for HealthConnect, as a HealthChoice member, you can also track claims history, review your health benefits, and have quick and easy access to the *Frequently Asked Questions*.

High blood pressure, high cholesterol, and/or a family history of heart disease, stroke, or diabetes are all serious health risks that can be reduced through a healthy lifestyle. HealthChoice is here to help. We are proud to announce the new health risk assessment (HRA) offered to HealthChoice members through its partnership with the University of Oklahoma Health Sciences Center.

The voluntary assessment informs you of any risks you have and also helps you live a healthier lifestyle through education, resources, and individualized plans to get you on the right track for a healthier you. Some features of the HRA include a personal profile, preventive services history, health risk appraisal, wellness plan, activity log and medication list.

Register for HealthConnect at [www.healthchoiceok.com](http://www.healthchoiceok.com) and start living a better tomorrow, today!

## APS Healthcare Receives URAC Health Utilization Management Accreditation

APS HealthCare, Inc., HealthChoice's certification administrator since January 2009, has been awarded Health Utilization Management Accreditation from Utilization Review Accreditation Commission (URAC). URAC standards provide assurance to patients

and providers that the practices of the organization performing these services are fair and equitable for all parties. This demonstrates a commitment to quality and accountability for utilization management services for all HealthChoice members. Congratulations to APS!

## HealthChoice Tobacco-Free Attestation and Reasonable Alternatives



Every year at Option Period, to remain enrolled in the HealthChoice High or Basic Plan for the new plan year, members must attest that they and their covered dependents age 18 and older are tobacco-free by completing the HealthChoice tobacco-free Attestation or one of the reasonable alternatives.

These Attestations are only required during the annual Option Period and notices are included with members' Option Period packets.

If an Attestation or a reasonable alternative is not completed, tobacco use is assumed, and these members are involuntarily moved to the comparable HealthChoice alternative plan, which has a deductible that is \$250 higher per individual.

New for 2014, new employees and current HMO members have a grace period. This grace period ends the next plan year following the member's one-year anniversary in the HealthChoice plan.

Only during Option Period, members can access the Attestation on the EGID website at [www.healthchoiceok.com](http://www.healthchoiceok.com) or [www.sib.ok.gov](http://www.sib.ok.gov). Pre-Medicare former employees, survivor members, and COBRA participants all receive a personalized Attestation form with their *Option Period Enrollment/Change Form*.

**Reminder:** If you are a Medicare member, but one or more of your adult dependents is pre-Medicare, the Attestation or a reasonable alternative must be completed.

If you cannot complete the Attestation because you or

your adult covered dependents are not tobacco-free, you can still qualify for the HealthChoice High or Basic Plan if one of the following reasonable alternatives is provided:

- Proof of an attempt to quit using tobacco by enrolling in the quit tobacco program available through the Oklahoma Tobacco Helpline and Alere Wellbeing at 1-800-QUIT-NOW AND completing three coaching calls; or
- A letter from your doctor indicating it is not medically advisable for you or your covered dependents to quit tobacco.

The goal of the QUIT program is to successfully assist you in giving up tobacco use — for good. Through Alere Wellbeing and the Oklahoma Tobacco Helpline, you can receive free nicotine replacement therapy products,



including lozenges, patches or gum. You can also receive two free 90-day courses per plan year of prescription tobacco cessation products through a Network Pharmacy. Additionally, the program provides tobacco cessation counseling with

Helpline Quit Coaches, and one free annual tobacco cessation/tobacco-related disease counseling visit with a HealthChoice Network Provider.

For more information, contact EGID Member Services at 1-405-717-8780 or toll-free 1-800-752-9475 or visit the *Be Tobacco Free* page on the EGID website. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

## 2014 Excluded Medications for All Plans Except Medicare Part D

As of Jan. 1, 2014, many health insurance plans, including HealthChoice, stopped covering certain prescriptions due to rising manufacturing costs. HealthChoice removed 48 unique drugs from the select medication list, all of which have covered alternatives available that offer the same clinical value.

For a list of excluded medications, please refer to the HealthChoice website at [www.healthchoiceok.com](http://www.healthchoiceok.com) and follow this path:

*Member/Pharmacy Benefits Information/  
HealthChoice Medication Partial List-Printable Version.*

The document lists the excluded medications and their covered alternative medications.

If you are not able to take the Preferred alternative medication, a prior authorization review can be requested by your physician. Please have your physician contact Express Scripts toll-free at 1-800-753-2851 for a possible Plan exception.

## UPDATE TO PREVENTIVE SERVICES

In 2012, HealthChoice adopted benefits for preventive services covered at 100% of Allowed Charges. Participants must meet clinical criteria and use a HealthChoice Network Provider. Since that time, benefits have been added and expanded. The complete list of preventive services can be found at [www.healthchoicetok.com](http://www.healthchoicetok.com).

Effective Jan. 1, 2014, the following language was added to the preventive services benefits:

**6a. Genetic Risk Assessment and BRCA Mutation Testing Prophylactic chemo for women with breast cancer**—this service is handled on a case-by-case basis and certification is required.

**10. Colorectal Cancer, Screening**—2 fills of a single sourced, generic and over-the-counter (OTC) medication for cleansing the bowels are covered through pharmacy benefits when prescribed by a physician.

**37. Pediatric Routine Immunizations and 38. Adult Routine Immunizations**—are covered under both health and pharmacy benefits.

**48. Contraceptive Methods and Counseling**—over-the-counter contraceptives, specifically female non-spermicidal condoms and spermicidal products, such as gels, suppositories, films, and sponges are covered under the pharmacy benefit.

### Getting the Most Out of Your Office Visit: Part 1

In the next few issues of the *HealthVoice* newsletter, there will be a series of articles focused on assisting you in getting more out of your physician's office visits. This information applies to a majority of physician office visits and may not apply to certain specialist or emergency visits.

This first article provides tips on what you should do when you make your appointment and prepare for your office visit.

Before your office visit:

- Know yourself. Your physical and mental health and your family history are unique, and your doctor depends on you to provide that information. If your or your family's health history is extensive, keep a journal.

- Plan ahead. Make a list of your concerns and symptoms then rank them in the order of importance.
- Don't be afraid to ask for a longer appointment. If you have several issues to discuss, ask the receptionist when you make the appointment if you can schedule a longer visit.
- List your medications. Make a list of your medications and include the name, strength, dosage and prescribing physician. Include over-the-counter medications, vitamins and herbal supplements.
- Dress appropriately. Use common sense. If you're having problems with your feet, don't wear hard-to-remove boots to your appointment. Loose fitting clothing is the best choice in most cases.
- Be an active participant in your health care. Your doctor can't provide you with a magic pill that solves all your health issues; you must do your part for your health, such as:
  - Follow your doctor's instructions.
  - Take your medications as prescribed.
  - Schedule regular health screenings.
  - Perform regular self-exams as recommended.
  - Eat a healthy diet.
  - Get regular exercise.

## Get Healthy

Spring is in the air and it's not too early to put a spring in your step, too. No matter if you walk, run or join a fitness center to improve your health, any type of movement or activity is beneficial.

While HealthChoice does not cover fitness center fees, select fitness centers\* throughout the state have agreed to provide discounts to HealthChoice members. Only facilities that provide aerobic exercise are asked to join this program. A list of participating fitness centers can be located at [www.healthchoicetok.com](http://www.healthchoicetok.com).

Be sure to consult your physician before starting an exercise program.

Get up! Get moving! Get healthy!

\*Please note the Silver Sneakers program and the Tulsa and Oklahoma City metro area YMCAs have declined to participate.

## HealthChoice Medicare Supplement Plans with Part D Medicare Coverage Gap Discount Program

Some members of the HealthChoice Medicare Supplement Plans with Part D may have noticed they are paying lower copays for some prescription drugs. That could be due to Medicare's Coverage Gap Discount Program.

Part D plan members who do not receive Extra Help (a Social Security program) and reach total drug costs of \$2,850 are provided a discount on certain Part D drugs purchased at Network Pharmacies. Prescription drug manufacturers provide a discount on brand-name drugs, and HealthChoice provides a discount on generic drugs.

High Option Plans with Part D: After your total drug costs reach \$2,850, brand-name manufacturers provide a 50% discount\* toward your copay amounts for covered brand-name medications.



Low Option Plans with Part D: After your total drug costs reach \$2,850 (\$310 deductible plus \$2,540 in additional drug costs), brand-name drug manufacturers provide a 52.5% discount\* toward the cost of covered brand-name medications, and HealthChoice pays 28% toward the cost of generic drugs.

\*The brand-name discount is available only for brand-name drugs whose manufacturers have agreed to participate. If a brand-name manufacturer has not agreed to offer the discount, medications made by that manufacturer are not eligible for the savings.

## Criteria for the Disabled Dependent Assessment Form

Disabled children over age 26 can continue coverage through EGID as long as they meet EGID's criteria for disabled dependent status. A disabled child is defined as a dependent, regardless of age, who is incapable of self-support due to a disability that was diagnosed prior to age 26. A dependent is defined as your daughter, son, stepdaughter, stepson, eligible foster child, adopted child, or child legally placed with you for adoption up to age 26, whether married or unmarried.

For disabled children currently covered under EGID, the Disabled Dependent Assessment form must be submitted at least 30 days prior to your dependent turning 26. This 30-day time frame allows for no lapse of coverage. No exceptions can be made. The following criteria must be followed when completing the application:

- New applicants must supply two years of medical records and the previous year's tax records. Be aware that any costs related to obtaining the records are your responsibility. Page one must be completed by you, and page two must be completed and signed by a licensed US medical provider.
- If you are reapplying, you must complete page one and page two must be completed and signed by a licensed US medical provider. The assessment form must be submitted to EGID before the last day of the month your dependent's disabled status expires.

The *Application for Disabled Dependent* is available from the Insurance/Benefits Coordinator at your place of employment, online at [www.sib.ok.gov](http://www.sib.ok.gov), or by calling EGID Member Services at 1-800-752-9475.



## Benefit Chart for Pre-Medicare Members

Prescription Drugs	30-Day Supply	31-90 Day Supply	If you choose a brand-name medication when a generic is available, you are responsible for the difference in the cost in addition to the copay.		
Generic Drugs - Best Value	Up to \$10	Up to \$25			
Preferred Drugs	<i>Up to \$45</i>	<i>Up to \$90</i>			
Non-Preferred Drugs	<i>Up to \$75</i>	<i>Up to \$150</i>			
Specialty Drugs	<i>Preferred drugs - \$100 Non-Preferred drugs - \$200 Copays are for a 30-day supply</i>	N/A	HealthChoice S-Account Plan Pharmacy benefits are available only after the combined health and pharmacy deductible is met.		
Office Visit Copays	High Plan/USA Plan	High Alternative Plan	Basic Plan	Basic Alternative Plan	S-Account Plan
Primary Physician*	\$30	\$30	N/A	N/A	\$30**
Specialist	\$50	\$50			\$50**

\*Applies to general practitioners, internal medicine physicians, OB/GYNs, pediatricians, physician assistants, and nurse practitioners.

\*\* You pay 100% of Allowed Charges until deductible is met.

Deductible	High Plan/USA Plan	High Alternative Plan	Basic Plan	Basic Alternative Plan	S-Account Plan
Individual	\$500	\$750	\$500*	\$750**	\$1,500***
Family	\$1,500	\$2,250	\$1,000*	\$1,500**	\$3,000***

\* Deductible applies after Plan pays first \$500 of Allowed Charges.

\*\* Applies after Plan pays first \$250 of Allowed Charges.

\*\*\* The individual deductible does not apply if two or more family members are covered. The combined health and pharmacy deductible must be met before benefits are paid.

Out-of-Pocket Maximum	High Plan/USA Plan	High Alternative Plan	Basic Plan	Basic Alternative Plan	S-Account Plan
Individual (Network)	<i>\$3,300*</i>	<i>\$3,550*</i>	\$5,500	\$5,750	\$3,000***
Individual (Non-Network)	<i>\$3,800**</i>	<i>\$4,050**</i>	N/A		
Family (Network)	\$8,400*	<i>\$8,400*</i>	\$11,000	\$11,500	\$6,000***
Family (Non-Network)	\$9,900**	<i>\$9,900**</i>	N/A		

\* Emergency room and office visit copays apply.

\*\*Does not include amounts over Allowed Charges.

\*\*\* Pharmacy copays apply. Non-Network charges do not apply.

Items that are ***bold italics*** indicate a change for 2014.

### Transition Supply of Medication (Medicare Plans with Part D)

A transition supply of medication is made available to provide enough time for you to make a transition to a formulary drug or to request a prior authorization. This one-time supply is for at least a 30-day supply and it is available when:

- Your physician writes a new prescription for a drug that is non-formulary.
- Your newly prescribed medication requires a prior authorization or has quantity limits.
- Your medication is removed from the formulary.
- You enter or leave a hospital or other setting such as a long-term care facility.

Other situations may qualify for a transition supply, and under some circumstances, this supply can be extended. In rare instances, such as when a medication is excluded or when a medication is covered under Part B, a transition supply is not available.

For more information on how to obtain a transition supply of medication, have your pharmacy contact Express Scripts at the Pharmacy Help Line 24 hours a day, 7 days a week including holidays, toll-free at 1-800-922-1557 or toll-free TTY/TDD 1-800-825-1230.

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## Get Ready for the Big Day!

You've made the decision to take a big step and retire!

Take the stress out of planning for your insurance needs at retirement by following these easy steps:

1. Attend a Pre-Retirement Meeting.
2. Meet with your Insurance/Benefits Coordinator to confirm your eligibility and review your options.
3. Call your retirement system to discuss the steps necessary for retirement.
4. Complete your retirement paperwork with your retirement system.
5. Complete, sign and return your *Application for Retiree/Vested/Non-Vest/Defer Insurance* to EGID.

If you are Medicare eligible and enrolling in a plan with Part D, you must also complete a separate enrollment application for the plan you select. This application must be received by EGID at least 30 days prior to your employment termination to avoid paying a higher premium for your first month's coverage.

You have 30 days from the date you terminate employment to elect to continue or begin your insurance. If you do not elect coverage within this time frame, your eligibility for the plans offered through EGID ends. To avoid enrollment delays, submit your paperwork at least 30 days before you terminate employment.

While you can continue or begin most benefits your employer participates in through EGID, life insurance must be in place prior to retirement. Keep all the insurance coverage you think you need. After you terminate employment, you can reduce your benefits, but you can never add health, dental, or life insurance.

Take control and enjoy the trip as you travel down the road to retirement.