OFFICE OF MANAGEMENT AND ENTERPRISE SERVICES EMPLOYEES GROUP INSURANCE DEPARTMENT

HealthVoice

A Newsletter Provided by HealthChoice

Spring 2015

Agency Consolidation Prompts New Name for HealthChoice Plan Administrator

As a result of legislation passed in 2011, the Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) was consolidated as a division under the Office of State Finance, now known as the Office of Management and Enterprise Services. The consolidation was part of Oklahoma's modernization plan to condense and streamline state services so they are provided in a more effective and cost efficient manner.

As part of the continuing consolidation process, the Employees Group Insurance Division became a department under the Human Capital Management Division. Our new name is the Employees Group Insurance Department (EGID).

Although EGID has a new name, our responsibilities remain the same and our mission is unchanged. EGID will continue to administer the HealthChoice health, dental, life and disability plans, which provide coverage to nearly 277,000 members and dependents.

OMES Unveils New Logo Design

The Office of Management and Enterprise Services (OMES) recently unveiled two new logo designs for use by the agency and its divisions.

You will see the new logos on communication materials from the Employees Group Insurance Department (EGID) and HealthChoice as part of EGID's new identity as a department of OMES.

The unique HealthChoice logo will not change and will continue to be used on Plan materials.

Below are the new OMES logos:

The Benefits of Using ClaimLink

The HealthChoice website has a valuable feature for you and your covered dependents that provides easy and secure access to your medical and dental claims information. "ClaimLink" provides online access to the status of your claims, deductibles and much more.

You can view and print your claims history and "Explanations of Benefits" (EOBs), order a new ID card, print a temporary one, and confirm eligibility. You can even opt out of receiving paper EOBs by sending a secure message through your "ClaimLink" account.

To access "ClaimLink," go to ***www.healthchoiceok.com*** and select "ClaimLink for Members" in the drop-down menu, then select "To Access ClaimLink click here" at the bottom of the page. This link will take you to the "ClaimLink" website that is owned and maintained by the medical and dental claims administrator.

New users must register with a unique username and password. Due to privacy laws, your adult dependents must register separately; however, they can authorize the claims administrator to allow you to access their information.

"ClaimLink" also provides other resources to help you manage your claims information. Check it out today!

HealthChoice High Deductible Health Plan – Network Benefits

This plan is not available to members enrolled in Medicare.

With participation increased nearly 200% for 2015, more members have enrolled in the HealthChoice High Deductible Health Plan (HDHP) than in previous years, and more questions are being asked about how the HDHP works.

Primarily, the HDHP is a qualified high deductible health plan designed and required for use with a health savings account (HSA), a tax-free savings account eligible members establish and fund to pay for qualified medical expenses. It also has the lowest premium and out-of-pocket maximum of all plans offered to current and pre-Medicare former employees through the Employees Group Insurance Department.

Members must meet the combined medical and pharmacy calendar year deductible before any benefits, other than for preventive services, are paid by the Plan. The deductible for an individual member is $1,500, while a family of two or more shares a $3,000 deductible. Allowable Fees for both Network and non-Network medical and pharmacy services count toward the deductible.

After the deductible is met, members are responsible for the following costs for covered Network services until the out-of-pocket maximum is reached:

- $30 copays for physician office visits/$50 copays for specialist office visits;
- 20% coinsurance for covered medical services;
- $100 emergency room copays; and
- Pharmacy copays for generic and Preferred brand-name medications.

The out-of-pocket maximum of $3,000 for an individual or $6,000 for a family includes the deductible. Only Allowable Fees for Network medical and pharmacy services count toward the out-of-pocket maximum.

After the out-of-pocket maximum is reached, HealthChoice pays 100% of Allowable Fees for covered Network services for the remainder of the calendar year.

You are always responsible for charges that do not count toward the out-of pocket maximum, including non-covered services or charges, amounts above the maximum benefit limitations, cost differences between brand-name and generic medications (unless you have a brand-over-generic prior authorization), pharmacy copays for non-Preferred medications, copays for non-Network inpatient hospitalizations and non-Network emergency room visits, and coinsurance and balance billing charges from non-Network providers and pharmacies.

If you have questions regarding the HDHP medical benefits, call our medical claims administrator 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.

If you have questions regarding the HDHP pharmacy benefits, call our pharmacy benefit manager toll-free at 1-800-903-8113. TDD users call toll-free 1-800-825-1230.

To view the HDHP medical and pharmacy benefits, visit our website at ***www.healthchoiceok.com***.

H.E.L.P.✔ – Healthy, Wealthy and Wise!

Good news! HealthChoice is once again offering its pre-Medicare health plan members* a $200 incentive to promote wellness and face-to-face interaction between you and your physician. The program is called **H.E.L.P.✔** and there are just two easy steps you need to complete:

Step 1: Register online at ***www.healthchoiceok.com***. You will receive an email confirmation along with the proper billing codes for your free comprehensive preventive care visit with a Network Provider.

Step 2: Complete your free comprehensive preventive care visit with a Network Provider by Dec. 31, 2015.

***Only primary HealthChoice members ages 20 and older who are not enrolled in HealthChoice USA or a HealthChoice Medicare supplement plan are eligible.**

Spring Cleaning: Don't Neglect Your Skin

Did you know the skin is the largest organ of the body with a total area of about 20 square feet? Your skin protects you from microbes and the elements, helps regulate body temperature, and permits the sensations of touch, heat and cold.

Your skin takes a beating from all the elements, so taking care of your body includes taking care of your skin. Good skin care and healthy lifestyle choices can help delay the natural aging process and prevent various skin problems.

Now that spring is here and the weather is warming up, clothing choices are changing. Winter boots and sweaters are left in the closet, while sandals and short-sleeved shirts come out, baring your skin to the world—your dry, rough heels, knees and elbows. If you did not take proper care of your skin during winter, then your skin is not ready for its annual debut.

To keep skin healthy and younger looking, moisturize daily. One of the best moisturizers for the very roughest, toughest places, such as heels, knees and elbows, is petroleum jelly. Lather some on your feet, and then put on a pair of cotton socks before going to bed. Overnight, you can see and feel the change.

Another very important part of a good skin regimen is regular exfoliation to remove dead skin cells and reveal smoother, more vibrant skin. White sugar is a great, cheap, natural body scrub; or, for a milder natural ingredient, try brown sugar instead. Mix the sugar with olive or coconut oil and an essential oil for scent, and you are set! To prepare for the best tan, use an exfoliant at least 24 to 48 hours prior to tanning.

Beware of exfoliants that contain walnut shells or apricot pits as they can cause microscopic tears in your skin and make dry skin look and feel worse. Even sugar scrubs may be too harsh for sensitive skin. Safe, gentle cleansers and cleansing cloths as well as pore treatment masks are available at your local retail store. You should know your skin type — oily, dry, combination, sensitive — to choose the right product so you do not worsen your condition.

Remember, for long-term healthy skin, always protect yourself from the sun with sunscreen and shade. Avoid long baths and strong soaps as they remove oils from your skin. Quit smoking as it contributes to wrinkles and makes you look older. Drinking plenty of water along with a healthy diet and stress management are keys to promote fresh, clear skin at any age.

Here are some organic home remedy recipes for your skin:

Brown sugar/olive oil/ginger body scrub: Mix 2 cups of brown sugar with 1 cup of olive oil and add a small amount of ground ginger. Mix well into a paste. Using a circular motion, rub your entire body, paying special attention to elbows, heels and knees. Rinse with a body wash and wet washcloth and towel dry. Results: Softer, suppler and less dry skin.

Milk and honey foot treatment: Pour 2 cups of milk per one cup of honey into a basin large enough to hold both feet. Soak for 15 minutes, lightly massaging the mixture into your skin. Results: Softer, smoother skin without harsh exfoliation. You can also use the milk/honey combo to soak elbows or hands, or pat gently onto the face and massage in. Always rinse with tepid water.

Egg white and citrus face mask: (normal to oily skin) Mix 2 raw egg whites with ¼ cup of fresh orange juice. Apply to skin and let rest for 15 minutes until dry. Rinse well with warm water. Results: Tighter pores and a brighter complexion.

Oatmeal face mask: (sensitive skin) Mix oatmeal with boiling water according to package instructions. Let cool, then apply to skin and let rest for 15 minutes. Rinse well with warm water. Results: A radiant, moisturized glow.

(Sources: WebMD.com, MayoClinic.org)

Help Prevent Whooping Cough: *Get Vaccinated*

Many adults in the United States today are not fully vaccinated against potentially serious diseases. You may need a booster for certain vaccines you received in the past, and new vaccines may have been developed since you were a child. The Centers for Disease Control and Prevention (CDC) recommends multiple immunizations for adults, depending on age and risk of infection, to help protect against many diseases, such as pertussis.

Pertussis, or whooping cough, is a highly contagious respiratory bacterial infection nicknamed for its uncontrollable, violent coughing fits followed by gasps for air. It can last for months and is often fatal to infants under one year old.

No longer a distant memory from the pre-vaccination era, whooping cough has been on the rise in the United States since the 1980s. More than 28,000 cases were reported to the CDC in 2014, an 18% increase from the previous year. Causes for this alarming increase include new vaccines that are safer but wear off by adolescence and missed booster vaccinations by adults, teens and preteens.

The vaccine for adults and adolescents, Tdap, protects against tetanus, diphtheria and pertussis. Because the vaccine doesn't provide lifetime immunity, the CDC recommends a Tdap booster shot for everyone ages 11 and older who were not previously vaccinated and who completed the recommended childhood vaccination series at least five years earlier.

Additionally, the CDC recommends pregnant women get the vaccine during the third trimester of each pregnancy to pass short-term protection to their babies. Pediatricians also recommend the Tdap vaccine for people who will come into contact with babies, like parents, siblings, grandparents and other family members, babysitters, and child care and health care providers, until the child can be immunized.

When it comes to schools and child care centers, the states set their own immunization requirements, not the CDC. A single Tdap booster requirement is mandated by the State of Oklahoma for its secondary schools for the current school year and applies to students entering seventh through tenth grades.

Protect your health as well as the health of those around you through disease prevention. The best way to prevent disease is to get vaccinated. Before receiving any immunization, talk to your doctor about your risk factors to see if the vaccine is right for you.

(Sources: HelpPreventDisease.com, CDC.gov)

HealthChoice Vaccine Coverage

HealthChoice Medicare Supplement Plans

Medicare Part D plans must cover all commercially available vaccines needed to prevent illness, unless they are covered under Medicare Part B.

When you receive a vaccine covered by Part D from a Network health pharmacist, both the vaccine and its administration are included in your pharmacy copay. Your pharmacist electronically files your claim.

If you purchase a vaccine covered by Part D from the pharmacy but your physician administers it, you must file a paper pharmacy claim for reimbursement of the administration fee.

If you are on a Plan without Part D, you are responsible for the administration fee for any vaccine covered under your pharmacy benefits.

HealthChoice High, High Alternative, Basic, Basic Alternative, USA and HDHP

Routine preventive vaccines are covered according to the Centers for Disease Control and Prevention (CDC) guidelines under both the medical and pharmacy benefits at 100% of the Allowable Fees when you use a recognized Network Provider or Network Pharmacy.

For more information on covered preventive vaccines or to locate a Network Provider or Network Pharmacy, visit our website at ***www.healthchoiceok.com***.

Your Explanation of Benefits and the Fight Against Fraud

Many HealthChoice members do not know what an "Explanation of Benefits" (EOB) is or why it is important. It is frequently discarded without a second thought. An EOB is a claim statement sent to you by the medical and dental claims administrator each time a claim for medical or dental services is processed. It explains how your benefits were applied and informs you how much HealthChoice paid your provider and how much you owe your provider.

As a record of past services, EOBs contain a lot of useful information to help you track your medical and dental spending. It is very important to carefully review each EOB for billing errors and question any charges you do not understand. Use your EOB to ensure the services billed were actually performed by the provider indicated and on the date specified.

For example, vaccinations can be billed by providers you don't recognize, which can cause you to think a provider you do not know billed you for services you did not receive. Do not let this deter you from investigating any charges you suspect as possible fraud.

Following are a couple tips if you discover a problem with your EOB:

- If something on your EOB appears inaccurate, contact your provider. The error could be a simple clerical mistake.
- If there is an entry for services or supplies you do not remember receiving or your provider did not order, immediately check with the provider. Your EOB may have entries from other health care providers, like medical equipment suppliers, or for services you received as a patient in the hospital.

Establish a file for your EOBs and keep them for at least a year. Shred/destroy older statements to help prevent identity theft. You do not want your health or personally identifiable information to get into the wrong hands.

If after contacting your provider you still have questions about your EOB, or there is something that your provider could not correct, contact the medical and dental claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218. TDD users call toll-free 1-800-941-2160.

If you suspect fraud, waste or abuse, contact the HealthChoice compliance officer toll-free at 1-866-381-3815 or via email to ***antifraud@omes.ok.gov***.

Get Ready for the Big Day!

You have made the decision to take a big step and retire! If you have not attended a Pre-Retirement Insurance Seminar yet, you should do so to take the stress out of planning for retirement.

The seminars are presented by EGID Group Management and held throughout the state. The scheduled meeting locations, dates and times are listed on the calendar on our website at ***www.healthchoiceok.com***. Registration is not required.

Information presented in the seminars focuses on planning for your insurance needs as a former employee and covers the insurance coverage options for you and your dependents, premium payments, and retirement system contributions. It also includes steps to take for those who work past 65 or will turn 65 after retirement.

You are provided with a packet of information, including premiums, eligibility guidelines, the enrollment process and the insurance forms you need when you leave active employment.

You should still meet with your Insurance/Benefits Coordinator to confirm your eligibility and review your coverage options. Your Coordinator can also provide the required forms and any additional forms, such as to update your beneficiary information, for you to complete and return to EGID.

Take control and enjoy the trip as you travel down the road to retirement. Check out our calendar for seminars currently scheduled through June.

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If you subscribed to receive the electronic version of the *HealthVoice* newsletter but have not received the newsletters by email, you may need to update your email address with HealthChoice. If your email address changed and you have not notified us, we have tried to email the newsletter to you but continue to get non-deliverable notices.

Eventually, HealthChoice removes you from the email list and puts you back on the mailing list. This is why you are now receiving paper issues in the mail.

You can resubscribe to the electronic version of the *HealthVoice* at ***www.healthchoiceok.com***.

Don't miss out on the latest news from HealthChoice! Be sure to keep your email address updated. Email changes to **hvsubscribe@sib.ok.gov**.

HealthChoice ID Cards

HealthChoice issues one ID card for your medical and/or dental benefits and a separate card for your pharmacy benefits.

New members who have not had HealthChoice health or dental coverage for at least 60 days will receive new cards after enrollment. Also, new cards are issued any time a new dependent is enrolled. However, the prior card can still be used by the member and/or covered dependents.

Members and dependents who enroll in a HealthChoice Medicare supplement plan with Part D are issued only new pharmacy cards since information changes on those cards but does not change on the medical/dental cards.

For medical/dental cards, call 1-405-416-1800 or toll-free at 1-800-782-5218. TDD users call 1-405-416-1525 or toll-free 1-800-941-2160.

For pharmacy cards, call toll-free 1-800-903-8113. TDD users call toll-free 1-800-825-1230. Part D members call toll-free 1-800-590-6828. TDD users call toll-free 1-800-716-3231.

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