



2009 Plan Year Changes

Effective January 1, 2009, the following changes will be made to the HealthChoice Plans:

Health Plans

High Option, Basic, USA, and S-Account Health Plans

1. The number of visits allowed without certification for occupational therapy is being increased from 15 visits to 20 visits. There is a limit of 60 visits per year for each type of therapy. The maximum of three services per visit is being removed.
2. The number of visits allowed without certification for physical therapy/physical medicine is being increased from 15 visits to 20 visits. There is a limit of 60 visits per year. The maximum of three services per visit is being removed.
3. The number of visits allowed without certification for chiropractic therapy is being increased from 15 visits to 20 visits. There is a limit of 60 visits per year. The maximum of three services per visit is being removed.
4. Members will be allowed 20 visits for speech therapy without certification. There is a limit of 60 visits per year.

High Option, Basic, USA, and S-Account Pharmacy Benefits

1. Most prescription antihistamines, decongestants, and cough suppressants will no longer be covered medications. This includes all non-sedating antihistamines such as Allegra and Clarinex.

2. Members who fill specialty pharmacy medications through Accredo Health Group will now pay the applicable copay for every 30-day fill.

Medicare Supplement Plans With and Without Part D

Medicare approved At-Home Recovery Services are now covered under Medicare Part B at 100%.

Dental Plan

1. The coinsurance for Network orthodontia services is being changed to 50% of Allowed Charges.
2. The \$50 orthodontia deductible for Network services and the \$150 orthodontia deductible for non-Network services are being removed.
3. The \$1,800 lifetime maximum for orthodontia benefits is being removed.

Deductibles Begin Again

The HealthChoice health and dental plans' deductibles for Plan Year 2009 did not change. On January 1, 2009, deductibles will begin again.

1. The annual deductible for the High Option and USA plans is still \$500 per individual and \$1,500 per family in 2009. There is also an additional \$100 deductible for each emergency room visit regardless of the facility's Network status. This 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.

2. The Basic Plan annual deductible remains \$500 per individual and \$1,000 per family. Additional deductibles do not apply to the Basic Plan.
3. The S-Account deductible remains \$1,500 per individual and \$3,000 per family. The deductible must be met before any health or pharmacy benefits are paid.
4. The annual deductible for the HealthChoice Dental Plan is \$25 for basic and major services. For services at a non-Network provider, the \$25 deductible also applies to preventive services.

EDS is the New Claims Administrator for 2009

Beginning January 1, 2009, EDS will be the health, dental, and life claims administrator for the Oklahoma State and Education Employees Group Insurance Board.

The 2009 claims administration contract was awarded to EDS Administrative Services, LLC, in November of 2007. Since that time, HealthChoice and EDS staff have been working to make this transition as smooth as possible for our members.

See the article on page 2 for a few things you should know about the transition to EDS.

How the Transition to EDS Will Affect Members

Claims Processing Delay

There will be a short delay in claims processing for claims received between December 13th and January 1st. During this time, HealthChoice will be transferring all claims information to EDS through a secure electronic data exchange. EDS will begin processing all HealthChoice claims on January 1st.

Please note that HealthChoice Network Providers are also aware of this delay in claims processing, so this should not be an issue of concern for you.

ID Cards

In December, all HealthChoice members will be receiving new health/dental ID cards.

The new cards will look similar to your old HealthChoice ID cards, but the back of the card will show the new contact information for EDS. See page 3 for more information.

Contact Information

EDS customer service representatives will be available Monday-Friday, 7a.m.-7p.m., excluding state holidays. An automated telephone answering system is available if you need assistance outside of business hours. If you need to contact EDS, please use the following contact information:

EDS Administrative Services, LLC

For the Oklahoma City area call 1-405-416-1800 or toll-free

1-800-782-5218. TDD users call 1-405-416-1525 in the Oklahoma City area or toll-free 1-800-941-2160.



If you have questions or need more information, please contact 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.

APS is the New Certification Manager for 2009

APS Healthcare has been selected as the new certification manager for plan year 2009. APS will be responsible for certifying inpatient admissions, observation stays greater than 24 hours, some CT/MRI/PET scans, and some outpatient surgical procedures.

While HealthChoice currently requires certification for these services and the certification process remains the same, there will be new contact information for APS.

Contact Information

If you need to contact APS, please use the following contact information:

APS Healthcare
PO Box 700005
Oklahoma City, OK
73107-0005

You can call APS toll-free at 1-800-848-8121. TDD users call toll-free 1-877-267-6367. The FAX is 1-405-416-1755.

APS customer service representatives will be available Monday-Friday, 7a.m.-7p.m., excluding state holidays. An



Payments to Providers

Beginning January 1, 2009, payments that have been assigned to a provider will be made directly to the provider. Any payment you make to your provider that exceeds your responsibility will be refunded to you by your provider.



automated answering system is available to those requiring assistance outside of business hours.



You or your provider must call APS Healthcare to request certification; the following information is required to complete the process:

- ◆ Patient's name and HealthChoice ID number
- ◆ Patient's gender and age
- ◆ The patient's status (i.e., employee or dependent)
- ◆ Diagnosis
- ◆ Scheduled date of hospital admission or service
- ◆ The procedure(s) that are planned
- ◆ Name of the patient's provider
- ◆ Name of the facility where services will be provided

If you have questions or need more information, please contact 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.

New HealthChoice ID Cards

This December, all HealthChoice health/dental plan members will be receiving new ID cards. Your new card will be used to access medical/dental care. Keep your current pharmacy ID card. New ones will not be issued to current HealthChoice members.

If you enrolled in member-only coverage, you will receive one ID card. If your dependents are also covered under your benefits, you will receive two ID cards.

HealthChoice ID cards will contain the following information on the front of the card:

- Your unique 8 digit HealthChoice ID number
- Your first and last name
- The first name of your covered dependents

The back of your ID card will contain contact information for claims, customer service, and certification.

You can request additional ID cards by calling EDS Customer Service 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 may also request additional cards online through the ClaimLink feature of the HealthChoice website.

For all new HealthChoice members, your pharmacy ID card will be issued by Medco. If you need additional or replacement pharmacy ID cards, please contact Medco toll-free 1-800-903-8113. TDD users call 1-800-825-1230. Medicare Part D members call toll-free 1-800-590-6828. TDD users call 1-800-716-3231.

New Provider Network for HealthChoice USA Plan

Beginning with plan year 2009, the HealthChoice USA Plan will have a new provider network, ChoiceCare. The ChoiceCare Network will give USA Plan members access to more than 445,000 providers and nearly 3,000 hospitals nationwide. To participate in the HealthChoice USA Plan you must live and work outside of Oklahoma and Arkansas.

USA plan members will also be receiving new HealthChoice ID cards that will have plan contact information on the back. However, if you would like to verify that your doctor participates in the ChoiceCare Network before your new ID card arrives, you can check your provider's status by calling toll-free 1-877-877-0715, ext. 4059. TDD users call toll-free 1-800-941-2160. You can also check your provider's status online. Simply go to www.choicecarenetwork.com and click on the "Physician Finder" link. Enter the county and state, and either your provider's name or specialty, and then click "Search." If your doctor or provider is a member of the ChoiceCare Network, his/her information will show up in your search results.

If your provider is not a member of the ChoiceCare Network and you would like to nominate him/her for enrollment, go back to the www.choicecarenetwork.com home page and click "Nominate a Provider." ChoiceCare will contact your provider to see if he/she is interested in joining the ChoiceCare Network.

If you have questions or need more information, please contact 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.

Join the OKC Million Weight Loss Challenge!

The One Million Pound weight loss challenge, created by Oklahoma City Mayor Mick Cornett, began as a way to encourage Oklahoma City residents to lose one million pounds as part of a New Year's resolution for 2008.

After expanding the program, it has become a comprehensive health and weight loss challenge to keep all Oklahomans fit and healthy for life.

HealthChoice is encouraging plan participants to join the weight loss challenge as a team. You will be able to track your weight loss and the HealthChoice team's weight loss.

The OKC Million weight loss challenge is free and signing up is easy. Visit the website at www.thiscityisgoingonadiet.com. Create a username and password, fill out the required information under the member registration section, and type in Group Number HCMembers08 as your HealthChoice group code on the personal attributes page.

The OKC Million website provides valuable information on diet and nutrition, exercise, behavior modification, and much more. So don't delay, join today!

2009 Medicare Formulary Changes

The following medications will be **removed** from the formulary as of January 1, 2009:

- ◆ Actonel
- ◆ Altace Caplets
- ◆ Amitza
- ◆ Clarinex & Clarinex D
- ◆ Coreg
- ◆ Fosamax & Fosamax D
- ◆ Lamictal
- ◆ Lunesta
- ◆ Paxil CR
- ◆ Requip
- ◆ Risperdal
- ◆ Rozerem
- ◆ Sonata
- ◆ Toprol XL
- ◆ Xyzal

The following medications will move to non-Preferred status as of January 1, 2009:

- ◆ Boniva*
- ◆ Effexor XR
- ◆ Fosamax Solution

*Members currently using this medication will receive a letter explaining the transition process.

Copay Change for Specialty Medications Does Not Apply to Medicare With Part D

If you fill your specialty medications through Accredo Health, you may be affected by the copay change effective January 1, 2009. Specialty medications will require one copay for each 30-day supply. Following is a listing of the new copay amounts:

Preferred and Generic Specialty Medications

1 – 30 days' supply = \$50.00 copay

31 – 60 days' supply = \$100.00 copay

61 – 90 days' supply = \$150.00 copay

Non-Preferred Specialty Medications

1 – 30 days' supply = \$100.00 copay

31 – 60 days' supply = \$200.00 copay

61 – 90 days' supply = \$300.00 copay

As a reminder, if a generic specialty medication is available and you choose a brand-name medication, you are responsible for the cost difference.

Medications Now Available in Generic Form

New generic medications have or will 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. Should you decide to continue using the brand-name medication, you will be responsible for the cost difference between the brand-name and generic medication in addition to the appropriate medication copay.

Brand-Name Medication	Generic Medication	Treatment	Launch Date
Cipro HC	ciprofloxacin/hydrocortisone solution	Antibiotic	To be announced
Depakote	divalproex	Bipolar/epilepsy	7/29/08
Inspira	eplerenone	Hypertension	7/30/08
Lamictal	lamotrigine	Epilepsy	7/22/08
Prilosec 40mg delayed release capsules	omeprazole 40mg delayed release capsules	GERD	6/02/08
Razadyne	galantamine hydrobromide	Alzheimer's Disease	8/28/08
Risperdal	risperidone	Schizophrenia	June 2008
Sarafem	fluoxetine	Premenstrual Dysphoric Disorder	June 2008
Serevent Diskus and Inhaler	salmeterol	Asthma	June 2008
Yasmin	3mg of drospirenone and .03mg of ethinyl estradiol	Birth Control	June 2008

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.

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 participant or beneficiary 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;
- ◆ Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage is subject to a plan's annual deductibles and coinsurance provisions. These provisions are generally described in the plan's benefit handbook.

2009 HealthChoice Select Medication List Changes (Non-Medicare Members)

Effective January 1, 2009, HealthChoice will no longer cover non-sedating antihistamines and cough/cold medications because equivalent or alternative versions of these drugs are available over-the-counter. Over-the-counter medications are specifically excluded under the plan: These drugs include:

- * Allegra
- * Allegra-D 12-hour
- * Allegra-D 24-hour
- * Clarinex
- * Clarinex-D 12-hour
- * Clarinex-D 24-hour
- * fexofenadine HCL
- * Xyzal

Also effective January 1, 2009, the following cough/cold and decongestant medications will be

excluded under the Plans:

- * Astelin nasal spray
- * brompheniramine
- * Carbinaxamine
- * diphenhydramine
- * Guaifenesin tabs
- * Guaifanex PSE
- * Histinex HC
- * Lusonal
- * Plagic
- * Tussionex
- * Wellbid-D

You will be responsible for the entire cost of the medication(s) if you purchase these medications after January 1.

However, they may be an eligible health expense through your Flexible Spending Account.



New Explanation of Benefits Statements

Once EDS begins processing claims on January 1st, you will begin to receive your new Explanation of Benefits Statements (EOB). The new EOB will look very similar to the current version; however, the new EOB will contain a description of all explanation codes that were

used to process your claim.



If you have a problem with an EOB or need a copy of a previous EOB, please contact EDS Customer Service 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.

Maternity Benefit Information

HealthChoice maternity benefits include:

- ▶ Hospital and delivery with prenatal and postnatal care
- ▶ Lab work associated with prenatal visits
- ▶ One skilled nurse home visit if the delivery is at home or in a birthing center; certification through the HealthChoice Health Care Management Division is required or a 10% penalty will be applied
- ▶ The Mommy and Me Maternity Wellness Program

You must complete a change form within 30 days following the birth to enroll your newborn. Be aware that a separate calendar year deductible applies to the newborn.

For more detailed maternity benefit information, call Fiserv Health Harrington at 1-405-499-4920 or toll-free 1-800-782-5218. TDD users call 1-405-499-4841 or toll-free 1-800-941-2160. After January 1, 2009, call 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.

Information for Tobacco Users

You and your enrolled dependents (who are at least 18 years old) can receive two 90-day courses of any FDA-approved tobacco cessation product per year without prior authorization. The covered medications are listed in the HealthChoice formularies and include:

- Chantix™ (varenicline)
- Nicotrol® Inhaler (nicotine)
- Nicotrol® Nasal Spray (nicotine)
- Bupropion SR 150mg (generic for Zyban®)
- Buproban 150mg (generic for Zyban®)

Over-the-counter products (such as nicotine patches and gum) are not covered.

If you decide to quit, take advantage of the FREE Professional Quit Coaches® available through the Oklahoma Tobacco Helpline at 1-800-QUIT-NOW (784-8669). Their hours of operation are 7 a.m. to 11 p.m. seven days a week.

Mommy & Me

A Maternity Wellness Program

Promoting
Healthy Pregnancies
Healthy Babies
Healthy Families

For online enrollment, log on to:
www.sib.ok.gov or
www.healthchoiceok.com
or

Call for more information
1-405-717-8892
1-800-475-9926

Update to Fitness Center List



Another ten facilities have signed up to provide a special discount to HealthChoice members.

If your favorite center is not listed and you would like HealthChoice to contact them, 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 or www.healthchoiceok.com

New Fitness Centers TEXAS
Premier Fitness of Canyon Lake

1-830-226-7090

OKLAHOMA

Ripped Health & Fitness, Chandler

1-918-248-4454

Pride Fitness, Elgin

1-580-492-6467

Anytime Fitness, El Reno

1-405-422-1190

Anytime Fitness, Lawton

1-580-531-0171

Anytime Fitness, OKC

1-405-722-8800

Fit for Her, Owasso

1-918-639-4351

Access Fitness, Sapulpa

1-918-248-4454

Access Fitness, Wagoner

1-918-248-4454

Crosstrainers Fitness, Yukon

1-405-802-9348



Moving? Let Us Know

If you are a current employee, you should notify your Insurance/Benefits Coordinator of your new address. He/she will see that your new information is forwarded to HealthChoice.

If you are a former employee, you must notify HealthChoice in writing, or you can download a *Change of Address Form* from our website at www.sib.ok.gov or www.healthchoiceok.com.

Please mail your change of address information to:

Oklahoma State and Education Employees Group Insurance Board
P.O. Box 58010
Oklahoma City, OK
73157-8010

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Diabetes Discovery – Via the Eyes

Recent health studies reveal that as many as 24,000 people lose their sight every year to diabetes and diabetic retinopathy, the leading cause of blindness in the U.S.

A routine eye exam can show so many things. Some are run-of-the-mill vision problems while other conditions can be life changing, or even life saving.

When Kathleen Clary, O.D., examined the eyes of her 48 year old patient, she saw blood. Blood and other fluids were seeping out of fragile and tiny vessels in the patient's retinas. The retina is the light and sight-sensing back part of the eye, and without it, you can't see.

"As soon as I noticed the leaking fluids and hemorrhaging, I suspected they were symptoms of diabetes," recalls Dr. Clary. "In my 12 years of experience, that kind of bleeding usually means that a buildup of sugar in the bloodstream has begun to break down the capillaries that feed the retina. The condition is called diabetic retinopathy, and if left untreated it causes damage to retinal tissues and leads to impaired vision or even blindness," Dr. Clary said.

Dr. Clary talked with her patient about what she saw – yellowish fluids and dots of blood showing up on her retinas. The patient had no idea that she might be diabetic. Dr. Clary instructed her patient to immediately get evaluated for diabetes.

A follow-up medical exam confirmed Dr. Clary's diagnosis, and the patient began treatment for

diabetes.

Once the patient's blood sugar levels were under control, Dr. Clary performed a recheck of the eyes. What she found was a much healthier patient. "The retinal bleeding had stopped, and her eyesight had begun to improve. I think her vision was spared because we were able to catch the uncontrolled diabetes in the early stages – before it caused major damage to the retinas." Dr. Clary calls it, "a very positive outcome." This yearly eye exam not only saved the patient's eye sight, it also helped diagnose diabetes. Think about the importance your eyesight, and remember that a yearly eye exam can protect your vision and your health!

Source: VSP



Change in Terminology

The terms *precertification* and *prior authorization* will no longer be used for health and dental services. Services that require those actions will now require *certification*.

The pharmacy program still requires prior authorization for certain medications.

Your provider must contact Fiserv Health Care Management or the HealthChoice Health Care Management Division depending on the services requiring certification. After January 1, 2009, APS Healthcare will replace Fiserv Health Care Management.

Toy Buying Tips For Parents and Grandparents

While toy shopping during the holidays can be fun, it can also be frustrating. With thousands of toys to choose from, it's important to choose wisely. Here are some basic purchasing guidelines:

- Be a label reader.

The manufacturer's age recommendations are a good guide to follow to match a toy to a child's abilities.

■ Eyes, noses, and other small parts on soft toys and stuffed animals should be securely fastened on the toy.

Try to avoid toys with sharp edges.

■ Make sure your child is physically able to operate toys such as tricycles and bicycles. Don't buy a bike that is too big for your child to ride safely.

■ Don't give your children gifts that are customized with their name (backpacks, hats, sweatshirts, bike license plates). Strangers who see their name can pretend to know them and can catch them off guard.

Careful toy selection and proper supervision of children at play is still and always will be the best way to protect children from toy-related injuries.

Source: Consumer Product Safety Commission



HealthVoice

A Newsletter Provided by HealthChoice

3545 NW 58th Street, Suite 110

Oklahoma City, OK 73112

www.sib.ok.gov

www.healthchoiceok.com

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Visit ClaimLink for Claims Information

Along with the transition to EDS Administrative Services, LLC, there will be changes to ClaimLink. It will still be available through the HealthChoice homepage at www.sib.ok.gov or healthchoiceok.com. You can use this online feature to check deductible status, out-of-pocket limits, and claim status, and also request health/dental plan identification (ID) cards. You will also be able to view and print your Explanation of Benefits (EOB) for claims.

Even if you are currently registered for ClaimLink, you will need to register again. Registration is fast and easy, you just need to enter the following primary member information:

- HealthChoice ID number
- First name
- Last name
- Date of birth
- ZIP Code
- The last four digits of your Social Security Number
- Valid email address

Once you are registered, you will be allowed access to view all of your information. After you (the primary member) are registered, you can give permission for your spouse and/or dependents to access the same information.

If you have questions or need more information, please contact 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.