



Updater

Georgia Department of Community Health

Division of Public Employee Health Benefits

July 1, 2003

This Updater constitutes official notification to State Health Benefit Plan (SHBP) members of Plan changes and, as such, supersedes any previously published information that conflicts with the material included in this Updater. Please keep this Updater with your Plan documents for future reference. It will be used in conjunction with the SHBP Summary Plan Description (SPD) dated April 1, 2003, plus any Updater published after April 1, 2003, to administer the Plan until new SPDs are published. If you are disabled and need this information in an alternative format, call TDD Relay Service at 800-255-0056 (text telephone) or 800-255-0135 (voice) or write the SHBP at P.O. Box 38342, Atlanta, GA 30334.*

**This is the first Updater published since the SHBP SPD dated April 1, 2003.*

This *Updater* describes material changes to the State Health Benefit Plan (SHBP) and also includes important notices about specific benefits. As SHBP changes indicated herein might not apply to your current coverage option, the *Updater* is divided into numbered sections indicating the affected members. However, all Health Plan members are encouraged to read the entire document to be informed about all Plan options.

Plan changes indicated herein are effective July 1, 2003.

1 FOR PPO AND INDEMNITY OPTION MEMBERS

Changes in the Prescription Drug Program

- The monthly out-of-pocket spending limit for generic and preferred brand-name prescription drugs will become a quarterly (three-calendar months) out-of-pocket spending limit with new maximums as described below:
 - > If your individual combined co-payments for generic drugs and preferred brand-name drugs in any quarter reaches \$300, you will not be charged additional co-payments for generic and preferred brand-name drugs for the rest of that quarter.
 - > If you have family coverage and your family's combined co-payments for generic drugs and preferred brand-name drugs in any quarter reaches \$600, you and your dependents will not be charged additional co-payments for generic and preferred brand-name drugs for the rest of that quarter.

Notes on new quarterly out-of-pocket spending limit:

- 1) Co-payments for non-preferred brand-name medications do not count toward the quarterly out-of-pocket limit.
- 2) If you choose a preferred brand-name drug when a generic is available, only the \$15 generic co-payment will be applied toward the quarterly out-of-pocket limit.
- 3) Quarters coincide with the State's fiscal year, which begins every July 1.

- Prescription drug co-payments that are effective July 1, 2003 may be prorated according to the amount of the drug dispensed if the amount dispensed is less than the “standard supply” for the prescription. The standard supply is the quantity of the prescription the Health Plan covers for one co-payment, which could be based on a specific number of days, pills, vials, inhalers, packages, etc. For example, if your pharmacist dispenses a 10-day supply of a generic drug and the standard supply for the drug is 30 days, then your co-payment will be one-third of \$15, or \$5. You would pay the balance of the co-payment (\$10.00) when you return to the pharmacy to receive the balance of your prescription.
- Effective July 1, 2003, drugs that are classified as **Proton Pump Inhibitors (PPIs) will require a prior authorization (PA) for SHBP coverage.** Except for members who have current PAs, all PPO and Indemnity Option members with PPI prescriptions will require a PA as of July 1, 2003, to receive SHBP coverage for their PPI prescriptions and refills. If you have a question about whether or not you have a current PA, contact Express Scripts member services at 877-650-9342.

PPIs are prescribed for stomach and gastrointestinal disorders. The following are PPI examples:

Preferred Drug Products

PROTONIX®
PREVACID®
PRILOSEC®

Non-Preferred Drug Products

ACIPHEX®
NEXIUM®

Your pharmacist or your physician must contact Express Scripts at 877-650-9340 and obtain a PA before your PPI medication will be covered by the PPO and Indemnity Options of the SHBP. If a PPI prescription is recommended, you and your physician may wish to discuss the appropriateness of generic drug alternatives, which have the lowest co-payment. Examples of generic alternatives include: cimetidine, famotidine and ranitidine.

- Effective July 1, 2003, the PPO and Indemnity Options will cover only those blood glucose testing meters, test strips and lancets (diabetic supplies) that are manufactured by Roche Diagnostics and carry the Accu-Chek brand name. The following lists the meters, test strips and lancets the Plan will cover:

<i>Meters</i>	<i>Test Strips</i>	<i>Lancets</i>
Accu-Chek Active™ Meter	Accu-Chek Active™ Test Strips	Accu-Chek® SoftTouch® Lancets
Accu-Chek Compact™ Meter	Accu-Chek Compact™ Test Drum	Accu-Chek® Softclix® Lancets
Accu-Chek® Advantage® Meter	Accu-Chek® Comfort Curve® Test Strips	
Accu-Chek® Complete® Meter	Accu-Chek Comfort Curve Test Strips	

If you have any questions about Plan coverage for these diabetic supplies, contact Express Scripts member services at 877-650-9342.

- The Georgia Preferred Drug List for SHBP members is subject to change. Prior to purchasing your medication(s) you may contact ESI to get the most current Status on any drug.
- Prescription drug co-payments will change. See the chart on page 4 for detailed information.

Other changes within the PPO and Indemnity Options

- Coverage of specific osseous surgeries for the treatment of periodontal disease will be discontinued. Refer to your dental plan documents for information on available coverage for the treatment of periodontal disease. Also, if you are actively working and if offered by your employer, consider using your Health Care Spending Account to offset any out-of-pocket expense that you may incur for these services.
- Add the following text to the list of excluded medical/surgical services on page 62 of the April 1, 2003 Summary Plan Description (SPD) booklet: “Services associated with cancer clinical trials are not covered, unless the services meet Plan guidelines that have been established by the Georgia Cancer Coalition Agreement.” If you have any questions about the Plan’s coverage guidelines, contact member services at 404-233-4479 (in the Atlanta calling area) or 800-483-6983 (outside Atlanta).

- In the 2003 – 2004 *Health Plan Decision Guide*, delete the sentence regarding deductibles applicable to Behavioral Health Care, which is on page 22 in the active guide and page 26 in the guide for retirees. Replace the deleted text with the following sentence, which reflects 2003 – 2004 Plan year deductibles: “All eligible charges are subject to deductibles (i.e., **\$400 PPO In-network/Georgia; \$400 Indemnity Option**; and \$100 per admission hospital deductible) and to a separate out-of-pocket limit of \$2,500 per person, per Plan year.”
- Effective July 1, 2003, hospital services for newborn care (from birth to discharge) that are covered under the Indemnity Option will not be subject to the hospital deductible or general deductible for the newborn’s expenses. Also, the new per admission hospital deductible under the PPO Option will not apply to the newborn’s expenses.
- Deductibles and selected per-visit co-payments will change. See the chart on page 4 for detailed information.

2 FOR HMO OPTION MEMBERS

- The CIGNA and UnitedHealthcare HMO service areas will change. If you currently have HMO coverage that will not be offered in your area for the new Plan year, you must select another available option. If you do not or did not select another available option during Open Enrollment or the Retiree Option Change Period, your current coverage will be transferred automatically to the PPO Option effective July 1, 2003.
- The BlueChoice HMO co-payment for urgent care will change from \$15 to \$25.

See the *2003–2004 Health Plan Decision Guide*, available from your personnel/payroll office (for active employees) or in your Retiree Option Change Period packet (for retired members) to find more specific information on service area and benefit changes. You may also contact the HMO directly for more information; phone numbers are in the guides.

3 FOR ALL PLAN MEMBERS

The following is an update to addresses and phone numbers given in the Department of Community Health Privacy Notice. The full notice starts on page 90 of the April 1, 2003 SPD.

For More Information and To Make a Complaint about the Plan’s Privacy Practices

If you have questions and would like additional information, you may contact the SHBP at 404-656-6322 (Atlanta calling area) or 800-610-1863 (outside of Atlanta calling area).

If you believe your privacy rights have been violated:

- You can file a complaint with the Plan by calling the SHBP at 404-656-6322 (Atlanta calling area) or 800-610-1863 (outside of Atlanta calling area), or by writing to: SHBP - HPU, P.O. Box 38342, Atlanta, GA 30334.
- You can file a complaint with the Health and Human Services’ (HHS’) Office for Civil Rights by writing to: U.S. Department of Health & Human Services, Office for Civil Rights, Region IV, Atlanta Federal Center, 61 Forsyth Street SW, Suite 3B70, Atlanta, GA 30303-8909. Phone (404) 562-7886; Fax (404) 562-7881; TDD line (404) 562-7884.
- You also may contact the HHS’ Office for Civil Rights by calling: 866-OCR-PRIV (866-627-7748) or 866-788-4989 TTY.

There will be no retaliation for filing a complaint.



Benefit	PPO Option		Indemnity Option	
	Current	Effective July 1, 2003	Current	Effective July 1, 2003
Deductibles				
Hospital Deductible per Admission, Excluding BHS and Transplant Benefits <i>Note: The hospital deductible is separate from the general deductible, but does apply to out-of-pocket spending limits.</i>	\$0	\$250	\$100	\$400
General Deductibles Individual Deductible per Plan Year	In Network/Georgia		\$300	\$400
	\$300	\$400		
	In-Network/Out-of-State and Out-of-Network (Combined Deductibles)			
	\$400	\$500		
Family Maximum Deductible per Plan Year	In-Network/Georgia		\$900	\$1,200
	\$900	\$1,200		
	In-Network/Out-of-State and Out-of-Network (Combined Deductibles)			
	\$1,200	\$1,500		
Co-payments				
Physician Office Visit Co-payment per Visit	\$20	\$30	Not applicable	Not applicable
Emergency Room Co-payment per Visit <i>Note: The co-payment effective July 1, 2003 will be reduced to \$80 if the member is referred by NurseCall 24 before receiving emergency room services.</i>	\$60	\$100	\$60	\$100
Urgent Care Center Co-payment per Visit at Approved Centers	\$35	\$45	Not applicable	Not applicable
Prescription Drug Co-Payments <i>Note: Co-payments effective July 1, 2003 will be prorated if the amount dispensed is less than the standard supply. See p.2</i>				
Generic Drugs	\$10	\$15	\$10	\$15
Preferred Brand-name Drugs	\$20	\$25	\$20	\$25
Non-Preferred Brand-name Drugs	\$35 minimum to a \$75 maximum and is calculated based on 20% of the network price of the drug	\$35 minimum to a \$100 maximum and is calculated based on 20% of the network price of the drug	\$35 minimum to a \$75 maximum and is calculated based on 20% of the network price of the drug	\$35 minimum to a \$100 maximum and is calculated based on 20% of the network price of the drug
Note				
Current Plan rules, limitations, exclusions and co-insurance applicable to these benefits will remain in effect for the Plan Year beginning on July 1, 2003.				