

Health Care Plan Open Enrollment For July 1, 2006

Open Enrollment Period – April 24 – May 5, 2006

For Eligible Managers; Faculty; Security, Police, and Fire Professionals of America (SPFPA); Nurses; and Non-Faculty Athletic Coaches

Managers, Faculty, SPFPA and Nurses Check Your Premium Contributions*

	Current 2005 (Rates are based on 26 pays)	New 2006 (Rates are based on 26 pays)
	PPO	
Individual	\$15.12	\$15.68
2-Party	\$33.52	\$34.77
Family	\$41.08	\$42.62
	INDEMNITY	
Individual	\$18.28	\$19.63
2-Party	\$40.54	\$43.52
Family	\$49.68	\$53.34
	HMO	
Individual (range)	\$15.06-\$20.73	\$16.86-\$23.12
2-Party (range)	\$33.18-\$43.48	\$37.14-\$50.31
Family (range)	\$40.70-\$58.86	\$45.57-\$65.70

*Does not apply to Non-Faculty Athletic Coaches who pay a percentage of salary.

- ✓ HMO premium contribution rates by plan are shown on page 6 of this newsletter. If you are enrolled in an HMO plan, please refer to the Plan Service Areas on page 5 of this newsletter because changes have been made in the plans offered.
- ✓ If you have checked the rates that you will be charged effective July 1, 2006 and are satisfied with the plan you are in, no action is required.
- ✓ To make changes to your health care plan effective July 1, 2006, you must complete a State System Enrollment/Change Form no later than May 5, 2006. Forms are available from your human resources office or visit the State System's web site at www.passhe.edu, keywords "PASSHE Enrollment/Change Form."

Tips For Selecting Your Health Plan

Selecting a health plan can be an overwhelming task. To assist you with this process there are questions you may want to ask.

1. Which plan includes the doctors and hospital I (and/or my family) use?
2. What is our current health condition? Will the plan cover my (and/or my family) needs?
3. Will I have a choice if I (and/or my family) need a specialist?
4. How much will I have to pay out of my pocket for the plan and the services that I (and/or my family) may need?

APRIL 2006

Special Interest Articles:

- Premium Contributions Effective July 1, 2006
- Tips for Selecting Your Health Plan
- Cost Comparison of Out-of-Pocket Expenses (Indemnity vs. PPO)
- SSHEGHP 2006-2007 Medical/Hospital Plan Comparison
- Glossary of Terms
- Employee Contributions
- Medco Rx Website is a Helpful Tool and Can Save You Time and Money!
- Health Care Coverage Notification for Breast Cancer
- Extended Medical Coverage for Full-Time Students Called to Military Duty
- Complementary Wellness Discount Program for Highmark Members
- Blues on Call
- State Employee Assistance Program (SEAP)



Cost Comparison of Out-of-Pocket Expenses – Indemnity vs PPO*

Single Coverage		
Low Usage – 2 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$510.38	\$407.68
Deductible	\$100.00	\$0.00
Coinsurance/Co-Pay	\$0.00	\$30.00
Total	\$610.38	\$437.68
Medium Usage – 10 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$510.38	\$407.68
Deductible	\$500.00	\$0.00
Coinsurance/Co-Pay	\$0.00	\$150.00
Total	\$1,010.38	\$557.68
Catastrophic Scenario – Major surgery (\$300,000); 10 \$50 office visits; ambulance (\$1,200); and durable medical equipment (\$800)		
	Indemnity	PPO
Annual Employee Contribution	\$510.38	\$407.68
Deductible	\$500.00	\$0.00
Coinsurance/Co-Pay	\$350.00	\$150.00
Total	\$1,360.38	\$557.68

Two-Party Coverage		
Low Usage – 1 st person - 2 \$50 office visits; 2 nd person 2 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$1,131.52	\$904.02
1 st person Deductible	\$100.00	\$0.00
1 st person Coinsurance/Co-pay	\$0.00	\$30.00
2 nd person Deductible	\$100.00	\$0.00
2 nd person Coinsurance/Co-pay	\$0.00	\$30.00
Total	\$1,331.52	\$964.02
Medium Usage – 1 st person 10 \$50 office visits; 2 nd person 10 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$1,131.52	\$904.02
1 st person Deductible	\$500.00	\$0.00
1 st person Coinsurance/Co-pay	\$0.00	\$150.00
2 nd person Deductible	\$500.00	\$0.00
2 nd person Coinsurance/Co-pay	\$0.00	\$150.00
Total	\$2,131.52	\$1,204.02
Catastrophic Scenario – 1 st person major surgery (\$300,000), 10 \$50 office visits, ambulance (\$1,200), and durable medical equipment (\$800); 2 nd person 10 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$1,131.52	\$904.02
1 st person Deductible	\$500.00	\$0.00
1 st person Coinsurance/Co-pay	\$350.00	\$150.00
2 nd person Deductible	\$500.00	\$0.00
2 nd person Coinsurance/Co-pay	\$0.00	\$150.00
Total	\$2,481.52	\$1,204.02

Family Coverage		
Low Usage – 1 st person - 2 \$50 office visits; 2 nd person 2 \$50 office visits; 3 rd person 2 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$1,386.84	\$1,108.12
1 st person Deductible	\$100.00	\$0.00
1 st person Coinsurance/Co-Pay	\$0.00	\$30.00
2 nd person Deductible	\$100.00	\$0.00
2 nd person Coinsurance/Co-Pay	\$0.00	\$30.00
3 rd person Deductible	\$100.00	\$0.00
3 rd person Coinsurance/Co-Pay	\$0.00	\$30.00
Total	\$1,686.84	\$1,198.12
Medium Usage – 1 st person 10 \$50 office visits; 2 nd person 10 \$50 office visits; 3 rd person 10 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$1,386.84	\$1,108.12
1 st person Deductible	\$500.00	\$0.00
1 st person Coinsurance/Co-Pay	\$0.00	\$150.00
2 nd person Deductible	\$500.00	\$0.00
2 nd person Coinsurance/Co-Pay	\$0.00	\$150.00
3 rd person Deductible	\$500.00	\$0.00
3 rd person Coinsurance/Co-Pay	\$0.00	\$150.00
Total	\$2,886.84	\$1,558.12
Catastrophic Scenario – 1 st person major surgery (\$300,000), 10 \$50 office visits, ambulance (\$1,200), and durable medical equipment (\$800); 2 nd person 10 \$50 office visits; 3 rd person 10 \$50 office visits		
	Indemnity	PPO
Annual Employee Contribution	\$1,386.84	\$1,108.12
1 st person Deductible	\$500.00	\$0.00
1 st person Coinsurance/Co-Pay	\$350.00	\$150.00
2 nd person Deductible	\$500.00	\$0.00
2 nd person Coinsurance/Co-Pay	\$0.00	\$150.00
3 rd person Deductible	\$500.00	\$0.00
3 rd person Coinsurance/Co-Pay	\$0.00	\$150.00
Total	\$3,236.84	\$1,558.12

*Assumes all services in PPO plan provided by in-network providers and services in the indemnity plan provided by participating providers.

Pennsylvania State System of Higher Education Group Health Program 2006–2007 Medical/Hospital Plan Comparison

	Highmark Classic Blue Basic/Traditional Indemnity		Highmark PPO Blue (Preferred Provider Organization)		Health Maintenance Organization (HMO)
	Single	\$19.63	Single	\$15.68	Single (range) \$16.86-\$23.12
	2-Party	\$43.52	2-Party	\$34.77	2-Party (range) \$37.14-\$50.31
	Family	\$53.34	Family	\$42.62	Family (range) \$45.57-\$65.70
			In-Network	Out-of-Network	
General Features	Participating providers accept Highmark allowance as payment in full. Non-participating providers can bill employees for charges above allowances. Covers medically necessary surgery, diagnostic services, therapy, and inpatient services. Major medical covers office visits and other eligible medical expenses at 80% after a deductible. Not necessary to select a primary care physician.		In-network providers accept Highmark allowance as payment in full. Covers medically necessary surgery, diagnostic services, therapy, inpatient services and preventive benefits. Not necessary to select a primary care physician.	Services performed by out-of-network providers are paid at 80% of allowance after a deductible. Providers can bill employees for charges above allowances.	Payment in full to participating providers for medically necessary surgery, diagnostic services and inpatient services. Services must be authorized by HMO primary care physician. Covered services vary by HMO. No payment for services out of the HMO network. Must select a primary care physician.
Deductibles	Only applies to Major Medical--\$500 per person/\$1500 per family deductible per year.		No deductible.	\$250 per person/\$500 per family deductible per year.	No deductible.
Co-payments and/or Coinsurance	Only applies to Major Medical--After deductible employee pays 20% until \$350 per person out-of-pocket maximum is paid.		\$15 for office visits and for physical, speech & occupational therapy and chiropractic visits.	After deductible, employee pays 20% until \$1500 per person/ \$3000 per family out-of-pocket maximum is paid.	\$2 to \$15 for primary care physician visit. Co-payments for other services vary by HMO.
Lifetime Maximum	\$1,075,000/person Major Medical.		Unlimited.	\$1,000,000/person.	Unlimited.
Wellness	Routine physical examinations are not covered. Covers state mandated pediatric immunizations, routine mammograms, and gynecological exams and Pap tests.		\$15 office visit co-payment. Includes routine physical examinations for adults and children along with certain diagnostic screenings. Pediatric immunizations, gynecological exams and Pap tests are covered.	Employee pays 20% after deductible for adult and pediatric exams and certain preventive care. Deductibles do not apply for gynecological exams, Pap tests, and pediatric immunizations.	Preventive care is covered after office visit co-payment and includes routine physical examinations for adults and children, pediatric immunizations, gynecological exams and Pap test. Diagnostic screenings vary by HMO.
Emergency Room Services	Paid in full.		\$50 co-payment. Co-payment waived if admitted.		Co-payments vary by HMO. Covered if considered a medical emergency as defined by the HMO. Co-payment may be waived if admitted.
Mental Health - Inpatient	60 days per 12-month period.		30 days per calendar year.	Employee pays 20% after deductible. 30 days per calendar year plus 30 more if serious mental illness.	Coverage varies by HMO. See HMO literature.
Mental Health - Outpatient	50% of allowance up to \$25 per visit after Major Medical deductible met. No limit on visits.		\$15 office visit; 60 visits per calendar year.	Employee pays 50% after deductible. 60 visits per calendar year.	
Prescription Drug Coverage - same for all plans	\$100/person/year deductible; maximum of 3 deductibles per family; \$5/\$10/\$20 co-payment for 30-day supply at retail; \$10/\$20/\$40 co-payment for 90-day supply through mail order.				

Glossary of Terms

Brand Drug – a trade name drug product, usually the innovator product for new drugs still under patent protection or a more expensive product marketed under a brand name

Coinsurance – the percentage of the provider's reasonable charge for covered services which must be paid by the employee and which will be subtracted from the provider's reasonable charge

Co-payment – a specified dollar amount of covered medical expenses an employee must pay *in addition to* what is paid by an insurance plan for covered expenses

Deductible – a specified amount an employee must pay each year (per person or family) for covered medical services before the plan begins to pay claims

Formulary - a listing of drugs selected by the plan based on analysis of clinical efficacy, value, and safety

Formulary Prescription Drug - any drug included on a formulary

Generic Drug - a drug available from more than one manufacturer and accepted by the FDA as a substitute for products having the same active ingredients as a brand drug

Health Maintenance Organization (HMO) Plan – a managed care plan that has arrangements with physicians, hospitals, and other healthcare providers who together form a provider network. HMO members are required to use only providers within this network. If a member receives care outside of this network, the HMO will not pay for these services unless the care was pre-authorized or deemed an emergency. Members choose a primary care physician (PCP) who coordinates all aspects of the member's healthcare. To receive benefits, a member must receive a referral from their PCP before they can see a specialist

In-Network Provider – a facility and/or professional provider who has an agreement with the plan pertaining to payment as a network participant

Indemnity Health Plan – a fee-for-service plan that has arrangements with physicians, hospitals or other healthcare providers to provide medical, hospital, and major medical services and who will accept the plan's allowance as payment in full. Major medical is subject to an annual deductible (\$500 individual/\$1,500 family) and 20 percent coinsurance up to an out-of-pocket maximum (\$350 individual)

Out-of-Network Provider – a facility and/or professional provider who does not have an agreement with the plan pertaining to payment as a network participant

Out-of-Pocket Maximum – a specified amount of coinsurance an employee must pay each year for covered medical services before the plan begins to pay claims at 100 percent

Preferred Provider Organization (PPO) Plan – a plan that has arrangements with physicians, hospitals and other healthcare providers (called a network) who have agreed to accept the plan's allowable charge for covered medical services as payment in full. Employees and family members will not be required to select a primary care physician (PCP). Employees can receive services from a provider who is not in the PPO network (out-of-network provider), but will receive the lower level of benefits subject to an annual deductible (\$250 individual/\$500 family) and 20 percent coinsurance to an out-of-pocket maximum (\$1,500 individual/\$3,000 family)

Provider's Reasonable Charge (PRC) – the allowance or payment that the plan has determined as reasonable for covered services provided to an employee. The PRC is the portion of the provider's billed charge that is used by the plan to calculate payment to that provider and the employee's liability

Plan Service Areas

Highmark ClassicBlue Indemnity Plan and Highmark PPOBlue Plan

Offered in all counties in Pennsylvania

Aetna HMO

Offered in the following counties:

- (Philadelphia) Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia
- (Berks) Berks, Carbon and Monroe
- (Central) Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, Schuylkill and York

Geisinger Health Plan HMO

Offered in the following counties:

*Bedford, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, *Cumberland, Dauphin, *Elk, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, *Perry, Pike, *Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York

*Denotes partial county

Keystone Health Plan Central HMO

Offered in the following counties:

Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union and York

Keystone Health Plan East HMO

Offered in the following counties:

Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton, and Philadelphia

UPMC HMO

Offered in the following counties:

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington and Westmoreland

Plan Contacts

Highmark ClassicBlue Indemnity Plan		
ClassicBlue	(866) 727-4935	www.highmarkblueshield.com For provider directory, reference "ClassicBlue"
Highmark Preferred Provider Organization (PPO) Plan		
PPOBlue	(866) 727-4935	www.highmarkblueshield.com For provider directory, reference "PPOBlue"
HMO Plans		
Aetna HMO (all plans)	(800) 323-9930	www.aetna.com
Geisinger Health Plan HMO	(800) 631-1656 Pre-enrollment questions (800) 447-4000 For current members	www.thehealthplan.com
Keystone Health Plan Central HMO	(800) 669-7061	www.capbluecross.com
Keystone Health Plan East HMO	(215) 241-3400	www.ibx.com
UPMC Health Plan HMO	(800) 644-1046 Pre-enrollment questions (888) 876-2756 For current members	www.upmchealthplan.com
Prescription Drug Plan		
Medco Health (all plans)	(866) 727-4935 (Highmark Customer Service number)	www.medcohealth.com

Bi-Weekly Employee Contributions

Managers, Faculty, SPFPA and Nurses continue to contribute 10 percent of the premium for their health and prescription drug coverage. Costs are calculated on the type/size of contracts. Rates are based on the following categories: single, two-party, or family. All contributions will be made through bi-weekly pre-tax payroll deductions. Employee contributions will be taken over 20 or 26 pays depending on your work schedule and the pay option you selected.

Below are employee costs for participation in the health and prescription drug plan in the Pennsylvania State System of Higher Education Group Health Program. These contribution rates are effective July 1, 2006, through June 30, 2007. For most employees, the first payroll deduction will be reflected in the pay you receive on July 7, 2006.

Managers, Faculty, SPFPA and Nurses Full-Time Employee Contributions

Health Plan Name	Biweekly Cost - 26 Pays			Biweekly Cost - 20 Pays		
	Single	Two-Party	Family	Single	Two-Party	Family
ClassicBlue Traditional Indemnity	\$19.63	\$43.52	\$53.34	\$25.52	\$56.58	\$69.34
PPOBlue	\$15.68	\$34.77	\$42.62	\$20.39	\$45.21	\$55.40
Aetna HMO – Berks	\$16.86	\$37.14	\$45.57	\$21.91	\$48.28	\$59.24
Aetna HMO – Central	\$22.85	\$50.31	\$61.74	\$29.70	\$65.41	\$80.26
Aetna HMO – Philadelphia	\$18.91	\$41.65	\$51.10	\$24.58	\$54.14	\$66.43
Geisinger Health Plan HMO	\$18.52	\$40.81	\$50.07	\$24.08	\$53.05	\$65.09
Keystone Health Plan Central HMO	\$21.85	\$44.37	\$64.69	\$28.41	\$57.69	\$84.10
Keystone Health Plan East HMO	\$23.12	\$47.45	\$65.70	\$30.05	\$61.68	\$85.41
UPMC HMO	\$20.29	\$44.96	\$55.11	\$26.38	\$58.45	\$71.64

Part-Time Employee Contributions*

Health Plan Name	Biweekly Cost - 26 Pays			Biweekly Cost - 20 Pays		
	Single	Two-Party	Family	Single	Two-Party	Family
ClassicBlue Traditional Indemnity	\$117.79	\$261.14	\$320.03	\$153.13	\$339.48	\$416.04
PPOBlue	\$94.11	\$208.64	\$255.69	\$122.34	\$271.23	\$332.40

*HMOs are not available to part-time employees

Non-Faculty Athletic Coaches

Contributions for health and prescription drug coverage are based on a percentage of bi-weekly gross salary on a pre-tax basis.

	Full-Time Employee			Part-Time Employee		
	Single	Two-Party	Family	Single	Two-Party	Family
Effective 1/1/06	.05%					
Classic Blue Traditional Indemnity				\$98.16*	\$217.62*	\$266.70*
PPOBlue				\$78.42*	\$173.87*	\$213.08*
				* Plus .05% of bi-weekly gross salary		
Effective 1/1/07	1%					
Classic Blue Traditional Indemnity				\$98.16**	\$217.62**	\$266.70**
PPOBlue				\$78.42**	\$173.87**	\$213.08**
				** Plus 1% of bi-weekly gross salary		



Medco Rx Website is a Helpful Tool and Can Save You Time and Money!

The Medco website can save you time because you can order refills on-line when using the mail order pharmacy, and your physician will be contacted to provide a new prescription when no refills exist. The Medco website can also suggest alternative drugs for treatment of your condition that will save you money through lower co-pays.

To enter the Medco website (www.medcohealth.com), you will need to create a secure log-in by entering your e-mail address and creating a password. Once you are registered with Medco, you have the ability to:

- ❖ Print forms necessary to submit your initial mail order prescription.
- ❖ Order refills via the website for mail order prescriptions previously filled. If the prescription has no refills remaining, Medco will contact your physician to request a new prescription.
- ❖ Check the status of your order.
- ❖ Review claims and any balances due, with the ability to print an annual statement which can be used for reimbursement from your Flexible Spending Account.
- ❖ Price a medication. The Pricing Result considers the patient's annual deductible (\$100 individual/\$300 family). Using this tool not only allows you to be pro-active with your medications, it also can save you money. For example, if your physician prescribes a medication for acid reflux, the prescription could be brand formulary (Prilosec) or brand non-formulary (Prevacid). The pricing result is shown below:

PRICING RESULT	EMPLOYEE'S COST (assuming annual deductible has been satisfied)	
	Medco by Mail (90-days supply)	Retail pharmacy (30-days supply)
Prilosec Caps 40mg (Brand Formulary)	\$20.00	\$10.00
Prevacid Caps 30mg (Brand Non-formulary)	\$40.00	\$20.00

- ❖ Print a Benefit Information Kit which includes a history of your medications.
- ❖ Locate a participating pharmacy.

Important Health Care Coverage Notification

The Women's Health and Cancer Rights Act requires that health care plan members receive annual notification of the coverage provided for mastectomy patients who elect reconstructive surgery.

Your State System coverage provides benefits for reconstruction of the breast on which the mastectomy is performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications for all states of mastectomy, including lymphedemas. These services are elective and should be chosen by consulting your physician. Benefits are subject to any deductible and coinsurance provisions.



Extended Medical Coverage for Full-Time Students Called to Military Duty

TO MAKE CHANGES TO YOUR HEALTH CARE PLAN, WAIVE COVERAGE, OR ADD DEPENDENTS:

You must complete a State System Enrollment/Change Form no later than May 5, 2006. Forms are available from your human resources office. The plan you choose is effective July 1, 2006 through June 30, 2007. To continue with your current plan, no action is necessary.

Effective February 21, 2006, a state law was enacted that extends medical and supplemental insurance coverage for returning Pennsylvania National Guardsmen and Military Reservists who were full-time students when they were called to active duty. Students who meet certain eligibility conditions are eligible to be covered under their parent's health insurance coverage for an additional time after discharge from military and after they re-enroll as a full-time student. The coverage is extended for a period of time equal to the duration of the active military service or until they are no longer a student.

If you have a dependent that could be covered by this provision, contact your Human Resources Office to obtain the paperwork necessary for continued coverage.

Complementary Wellness Discount Program - Savings on Health-Related Products and Services

The Complementary Wellness Discount Program, which is available without cost to employees enrolled in the Highmark Blue Shield Indemnity and PPO Plans, offers complementary and alternative medicine products and services discounts up to 30%. The program includes over 35,000 practitioners and facilities nationwide offering discounts on products and services such as:

Fitness Centers
Acupuncture
Herbal Consults
Spas
Yoga

Massage and Body Work
Nutrition Counseling
Mind/Body Therapies
Holistic Practitioners
Pilates

Tai Chi
Health Magazines
Vitamins
Personal Trainers
Chiropractic

Practitioners offering discounts are part of American WholeHealth Networks, Inc. You can find any practitioner in the discount program by logging onto www.highmarkblueshield.com, clicking on MemberPerks and then clicking on "Enter American WholeHealth Web site." Or you can call 1-877-243-3013, Monday through Friday, from 8:00 a.m. to 5:00 p.m. EST for help locating a practitioner.

When you obtain services from the practitioner you choose, all you need to do is show your ID card to get your discount. You are responsible for paying the practitioner directly at the time the service is rendered. The Complementary Wellness Discount Program is separate and distinct from your health plan.

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(717) 720-4162

Please visit us on the Web!
www.passhe.edu
Search the Site "Benefits"

Blues on Call

Blues on Call is a free service provided by Highmark Blue Shield where employees enrolled in the Indemnity or PPO Plan can call a 24-hour, toll-free health decision support line to speak with a nurse regarding health-related problems or questions.

The toll-free number is 1-888-258-3428 (1-888-BLUE428). Employees can also view information online by logging on the Highmark website www.highmarkblueshield.com, and registering for a password.

State Employee Assistance Program (SEAP)

As an employee of the Pennsylvania State System of Higher Education, you and your family members can receive no-cost, confidential help for stress, relationship problems, financial or legal concerns, depression, work-related problems, and chemical dependency. SEAP can provide up to three free sessions to evaluate your concerns and issues and refer you for continued counseling services. You may reach SEAP by calling **1-800-692-7459**. SEAP counselors are available 24 hours every day and are experienced in helping people identify the nature of their problems and find the right resources to address them.