

Benefits News

Open Enrollment and Healthy U Updates

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

April 2009

Health Care Plan Open Enrollment for July 1, 2009 Open Enrollment – April 22 to May 8, 2009

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Time to Review Your Health Care Plan

The State System continues to offer you and your eligible dependents comprehensive medical coverage through various health care options. Open enrollment is your annual opportunity to choose the right health care plan for you and your family and to add or delete dependents from your contract. To determine which plans are available to you, check the Plan Service Areas and Contacts on Page 11 of this newsletter.

For details on each plan, see Page 10 of this newsletter or refer to the “Indemnity Benefit Summary” and “PPO Benefit Summary” at the State System’s website at www.passhe.edu/openenrollment. Keep in mind the Indemnity Plan is “CLOSED” to new enrollments – it is available only for employees who are currently enrolled in the plan.

Reminder of Your Responsibility as a State System Employee

As an employee of the State System, it is your responsibility to ensure accurate information is on file with your Human Resources Office with respect to your dependents, reporting changes as they occur (i.e., marriage, birth or adoption, divorce, full-time student who has graduated or no longer meets the eligibility criteria) in a timely fashion (within 60 days of event).

Failure to notify your Human Resources Office may result in loss of continuation of coverage (COBRA benefits not being offered), and/or loss of retroactive premium refund if the event results in a change to the tier in coverage (i.e., family to 2-party contract). In addition, if claims are incurred and paid on a dependent that was not terminated within 60 days of event (your Human Resources Office was not notified), you as our employee will be liable for any claim payments made that cannot be recouped from the insurance vendor. State System policy requires that active or retired employees, who receive overpayments in employee benefits, whether through administrative error or oversight, refund the amount of overpayment.



IMPORTANT NOTICE

HIGHMARK PPO AND INDEMNITY PLAN PARTICIPANTS

Healthy U Wellness Program Participation Alert Participation Deadline – **May 15, 2009**

Phase 2 of the Healthy U program is now underway. In order to pay the lowest health care plan contributions for the plan year July 1, 2009 to June 30, 2010 you must complete the participation requirements by May 15, 2009. If your spouse or same-sex domestic partner is covered under your health plan, they also must complete program requirements in order for you to pay the lower rates. **It is important for you to be aware of the significant cost savings available by completing the Healthy U Phase 2 requirements – for the upcoming plan year, non-participants will pay twice as much for their health care coverage than Healthy U participants pay.**

Participation requirements are different for members who previously completed the Phase 1 steps than for members who did not. Please refer to Page 12 of this newsletter for more detailed information on participation requirements, or contact your campus Human Resources Office. Additional information is also available on the Healthy U website <http://www.passhe.edu/executive/HR/SystemHR/Benefits/healthyu/Pages/default.aspx>

Coming soon! Phase 3 of the Healthy U program will begin on July 1, 2009. More information will be shared soon regarding the participation requirements. Successful completion of the participation requirements in Phase 3 will ensure that you pay the lowest health care plan contributions for the following plan year of July 1, 2010 to June 30, 2011.

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

Open enrollment period is April 22, 2009 to May 8, 2009.

You must submit a completed State System Enrollment/Change Form no later than May 8, 2009. Forms are available from your Human Resources Office or visit the State System's website at

www.passhe.edu/openenrollment.

The plan you choose is effective July 1, 2009 through June 30, 2010.

To continue with your current plan, no action is necessary.

Employee Contributions

Faculty - Deductions Based on 25 pays

SINGLE CONTRACT	PPOBlue	Indemnity	Aetna HMO-Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES							
Current - 7/2008	\$18.64	\$22.30	\$26.67	\$19.66	\$23.55	\$28.09	\$22.04
Non-Participant Healthy U - 1/1/2009	\$27.96	\$33.44	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED				
New - 7/2009	\$21.92	\$25.73	\$32.05	\$23.44	\$26.49	\$31.11	\$24.60
Non-Participant Healthy U - 7/2009	\$43.84	\$51.45	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED				
PART-TIME EMPLOYEES							
Current - 7/2008	\$102.53	\$122.63	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES				
Non-Participant Healthy U - 1/1/2009	\$107.19	\$128.20					
New - 7/2009	\$120.56	\$141.50					
Non-Participant Healthy U - 7/2009	\$131.52	\$154.36					
TWO-PARTY CONTRACT	PPOBlue	Indemnity	Aetna HMO-Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES							
Current - 7/2008	\$41.33	\$49.43	\$58.73	\$43.33	\$47.96	\$57.68	\$48.82
Non-Participant Healthy U - 1/1/2009	\$62.00	\$74.14	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED				
New - 7/2009	\$48.60	\$57.04	\$70.59	\$51.65	\$53.93	\$63.90	\$54.50
Non-Participant Healthy U - 7/2009	\$97.19	\$114.07	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED				
PART-TIME EMPLOYEES							
Current - 7/2008	\$227.32	\$271.86	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES				
Non-Participant Healthy U - 1/1/2009	\$237.65	\$284.22					
New - 7/2009	\$267.28	\$313.70					
Non-Participant Healthy U - 7/2009	\$291.57	\$342.22					

Employee Contributions

Faculty - Deductions Based on 25 pays

FAMILY CONTRACT	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO	
FULL-TIME EMPLOYEES								
Current - 7/2008	\$50.65	\$60.58	\$72.06	\$53.16	\$69.56	\$79.81	\$59.84	
Non-Participant Healthy U - 1/1/2009	\$75.98	\$90.86	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$59.56	\$69.90	\$86.62	\$63.37	\$78.22	\$88.37	\$66.80	
Non-Participant Healthy U - 7/2009	\$119.11	\$139.80	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$278.58	\$333.17	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$291.25	\$348.31						
New - 7/2009	\$327.56	\$384.45						
Non-Participant Healthy U - 7/2009	\$357.33	\$419.40						



Employee Contributions

Faculty - Deductions Based on 20 pays

SINGLE CONTRACT	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO	
FULL-TIME EMPLOYEES								
Current - 7/2008	\$24.24	\$28.98	\$34.67	\$25.56	\$30.62	\$36.52	\$28.65	
Non-Participant Healthy U - 1/1/2009	\$36.35	\$43.48	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$27.40	\$32.16	\$40.07	\$29.30	\$33.11	\$38.89	\$30.75	
Non-Participant Healthy U - 7/2009	\$54.80	\$64.32	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$133.29	\$159.41	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$139.35	\$166.66						
New - 7/2009	\$150.70	\$176.87						
Non-Participant Healthy U - 7/2009	\$164.40	\$192.95						
TWO-PARTY CONTRACT								
FULL-TIME EMPLOYEES								
Current - 7/2008	\$53.73	\$64.26	\$76.35	\$56.33	\$62.34	\$74.99	\$63.47	
Non-Participant Healthy U - 1/1/2009	\$80.59	\$96.39	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$60.74	\$71.30	\$88.24	\$64.56	\$67.42	\$79.87	\$68.13	
Non-Participant Healthy U - 7/2009	\$121.49	\$142.59	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$295.51	\$353.42	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$308.94	\$369.48						
New - 7/2009	\$334.10	\$392.13						
Non-Participant Healthy U - 7/2009	\$364.47	\$427.78						

Employee Contributions

Faculty - Deductions Based on 20 pays

FAMILY CONTRACT	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO	
FULL-TIME EMPLOYEES								
Current - 7/2008	\$65.85	\$78.75	\$93.68	\$69.11	\$90.43	\$103.75	\$77.80	
Non-Participant Healthy U - 1/1/2009	\$98.77	\$118.12	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$74.44	\$87.38	\$108.28	\$79.21	\$97.78	\$110.47	\$83.50	
Non-Participant Healthy U - 7/2009	\$148.89	\$174.75	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$362.16	\$433.12	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$378.62	\$452.81						
New - 7/2009	\$409.44	\$480.57						
Non-Participant Healthy U - 7/2009	\$446.67	\$524.25						



Employee Contributions

Managers, SPFPA and Nurses - Deductions Based on 26 pays

SINGLE CONTRACT								
	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO		UPMC HMO
FULL-TIME EMPLOYEES								
Current - 7/2008	\$18.64	\$22.30	\$26.67	\$19.66	\$23.55	\$28.09		\$22.04
Non-Participant Healthy U - 1/1/2009	\$27.96	\$33.44	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$21.08	\$24.74	\$30.82	\$22.54	\$25.47	\$29.91		\$23.66
Non-Participant Healthy U - 7/2009	\$42.15	\$49.48	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$102.53	\$122.63	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$107.19	\$128.20						
New 7/2009	\$115.92	\$136.06						
Non-Participant Healthy U - 7/2009	\$126.46	\$148.43						
TWO-PARTY CONTRACT								
	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO		UPMC HMO
FULL-TIME EMPLOYEES								
Current - 7/2008	\$41.33	\$49.43	\$58.73	\$43.33	\$47.96	\$57.68		\$48.82
Non-Participant Healthy U - 1/1/2009	\$62.00	\$74.14	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$46.73	\$54.84	\$67.88	\$49.66	\$51.86	\$61.44		\$52.41
Non-Participant Healthy U - 7/2009	\$93.45	\$109.69	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$227.32	\$271.86	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$237.65	\$284.22						
New - 7/2009	\$257.00	\$301.64						
Non-Participant Healthy U - 7/2009	\$280.36	\$329.06						

Employee Contributions

Managers, SPFPA and Nurses - Deductions Based on 26 pays

FAMILY CONTRACT	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO	
FULL-TIME EMPLOYEES								
Current - 7/2008	\$50.65	\$60.58	\$72.06	\$53.16	\$69.56	\$79.81	\$59.84	
Non-Participant Healthy U - 1/1/2009	\$75.98	\$90.86	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
New - 7/2009	\$57.26	\$67.21	\$83.29	\$60.93	\$75.21	\$84.97	\$64.23	
Non-Participant Healthy U - 7/2009	\$114.53	\$134.42	PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED					
PART-TIME EMPLOYEES								
Current - 7/2008	\$278.58	\$333.17	HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES					
Non-Participant Healthy U - 1/1/2009	\$291.25	\$348.31						
New - 7/2009	\$314.96	\$369.67						
Non-Participant Healthy U - 7/2009	\$343.59	\$403.27						



Employee Contributions

Non-Faculty Athletic Coaches

	PPOBlue	Indemnity	Aetna HMO- Philadelphia	Geisinger Health Plan HMO	Keystone Health Plan Central HMO	Keystone Health Plan East HMO	UPMC HMO
FULL-TIME EMPLOYEES Single, Two-Party and Family Contracts							
Current - 7/2008	1% of salary		PARTICIPATION IN WELLNESS PROGRAM NOT REQUIRED				
Non-Participant Healthy U - 1/1/2009	1.5% of salary						
New - 7/2009	1% of salary						
Non-Participant Healthy U - 7/2009	2% of salary						
PART-TIME EMPLOYEES	Single		HMO COVERAGE NOT OFFERED TO PART-TIME EMPLOYEES				
Current - 7/2008	\$93.21	\$111.48	Plus 1% for employees participating in Healthy U OR 2% if Non-Participant in Healthy U				
New - 7/2009	\$105.38	\$123.69					
PART-TIME EMPLOYEES	Two-Party						
Current - 7/2008	\$206.65	\$247.15					
New - 7/2009	\$233.63	\$274.22					
PART-TIME EMPLOYEES	Family						
Current - 7/2008	\$253.26	\$302.86					
New - 7/2009	\$286.32	\$336.06					

Pennsylvania State System of Higher Education Group Health Program 2009 - 2010 Health Plan Comparison

	Highmark PPOBlue (Preferred Provider Organization)		Health Maintenance Organization (HMO)	Highmark Indemnity (Comprehensive Major Medical Plan)
	In-Network	Out-of-Network		
General Features	In-network providers accept Highmark allowance as payment in full.	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.	Participating providers accept Highmark allowance as payment in full for the service-employee is responsible for the appropriate deductible and co-insurance amounts. Non-participating providers can bill members for charges above the allowance. Covers medically necessary surgery, diagnostic services, therapy, inpatient services, office visits, and medical equipment. Eligible medical expenses are covered at 80% after the deductible. Not necessary to select a primary care physician.
	Covers medically necessary surgery, diagnostic services, therapy, inpatient services and preventive benefits. Not necessary to select a primary care physician.			
Deductibles	No deductible.	\$250 per person/\$500 per family deductible per year.	No deductible.	Applies to all services - \$500 per person/\$1500 per family deductible aggregate per year.
Co-payments and/or Co-Insurance	\$15 for office visits and for physical, speech and 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.	Applies to all services – After deductible employee pays 20% until \$425 per person out-of-pocket maximum is paid.
Lifetime Maximum	Unlimited.	\$1,000,000/person.	Unlimited.	Unlimited.
Physical Exams and Health Guidance	\$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.	Routine adult physical examination are covered at 100%; no deductible. Employee pays 20% for state mandated pediatric immunizations, routine mammograms, and gynecological exams and Pap tests with no deductible.
Emergency Room Services	\$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.	Employee pays 20% after deductible.
Mental Health-Inpatient	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.	Employee pays 20% after deductible. 60 days per benefit period.
Mental Health-Outpatient	\$15 office visit; 60 visits per calendar year.	Employee pays 50% after deductible. 60 visits per calendar year.		Employee pays 50% of allowance up to \$25 per visit after deductible-No limit on visits.
Prescription Drug Coverage- same for all plans	No deductible; \$0/\$15/\$30 co-payment for 30-day supply at retail; \$0/\$30/\$60 co-payment for 90-day supply through mail order.			

Plan Service Areas and Contacts

PPOBLUE (866) 727-4935 www.highmarkblueshield.com	Offered in all counties in Pennsylvania
AETNA HMO (800) 323-9930 www.aetna.com	Offered in the following counties (Plan name in parenthesis): <ul style="list-style-type: none"> • (Philadelphia) Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia
GEISINGER HEALTH PLAN HMO (800) 631-1656 Pre-enrollment questions (800) 447-4000 Current members www.thehealthplan.com	Offered in the following counties: Adams, 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, Somerset, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York ✱ DENOTE PARTIAL COUNTY
KEYSTONE HEALTH PLAN CENTRAL HMO (800) 669-7061 www.capbluecross.com	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 (215) 241-3400 www.ibx.com	Offered in the following counties: Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia
UPMC HMO (800) 644-1046 Pre-enrollment questions (888) 876-2756 Current members www.upmchealthplan.com	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
INDEMNITY (closed to new enrollments) (866) 727-4935 www.highmarkblueshield.com	Offered in all counties in Pennsylvania
PRESCRIPTION DRUG – MEDCO HEALTH (included with all medical plans) (866) 727-4935 (Highmark Customer Service number) www.highmarkblueshield.com	Offered in all counties in Pennsylvania

HIPAA PRIVACY NOTICE

As required by the Health Insurance Portability and Accountability Act (HIPAA), the Pennsylvania State System of Higher Education is required to notify employees of the availability of the HIPAA Privacy Notice. A copy of the HIPAA Privacy Notice can be obtained from your Human Resources Office.

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 co-insurance provisions.



Healthy U Wellness Program For Highmark PPO and Indemnity Plan Participants

What is Healthy U? Healthy U is the Wellness Program negotiated for faculty, non-faculty coaches, police and security personnel, and nurses, and provided through policy to management. PASSHE has contracted with Highmark Blue Shield to provide services for the program. Healthy U is a customized plan for PASSHE employees, spouses and same-sex domestic partners that promotes a phased-in approach to wellness using Highmark's Lifestyle Returns Program, and offers additional voluntary tools and resources to assist in improving your health. ***All personal health information you provide as a participant in the program will be kept strictly confidential and participation is voluntary.***

How do I qualify for the lowest health plan contributions for Phase 2? The requirements are different for members who completed Phase 1 steps than for members who did not. If you are not sure if you have completed the Phase 1 requirements, contact your university benefits representative for confirmation.

If you COMPLETED the steps for Phase 1, you and your covered spouse/same-sex domestic partner must complete the following step before May 15, 2009 to qualify for the lowest health plan contributions from July 1, 2009 through June 30, 2010:

- **Schedule a Preventive Exam:** To receive credit for scheduling your exams, go to the "Lifestyle Returns" section of the Highmark website and enter the date of your preventive exam. Covered spouses/same-sex domestic partners also must schedule and enter a Preventive Exam.

If you DID NOT COMPLETE the steps for Phase 1, you and your covered spouse/same-sex domestic partner must complete the following steps before May 15, 2009 to qualify for the lowest health plan contributions from July 1, 2009 through June 30, 2010:

- **Register on the Highmark Website:** www.highmarkblueshield.com. You will need your Highmark Member ID card number. A PIN number is not required for accessing the portions of the Highmark website necessary for Healthy U participation.
- **Take the Pledge:** On the Highmark website, log in with your user ID and password, select the "Your Health" tab, click on "Lifestyle Returns" and accept the Pledge. This step must be completed before the Wellness Profile and the Preventive Exam steps can be completed. Covered spouse/same-sex domestic partners may be prompted to also complete a Pledge, if they have not previously completed Healthy U participation requirements.
- **Complete the Health Risk Assessment (Highmark's Wellness Profile):** Enter or remain in "Lifestyle Returns" and complete a confidential Wellness Profile. Covered spouses/same-sex domestic partners must ALSO complete the Wellness Profile.
- **Schedule a Preventive Exam:** To receive credit for scheduling your exams, go to the "Lifestyle Returns" section of the Highmark website and enter the date of your preventive exam. Covered spouses/same-sex domestic partners also must schedule and enter a Preventive Exam.

For more detailed instructions and assistance:

Visit <http://www.passhe.edu/executive/HR/SystemHR/Benefits/healthyu/Pages/default.aspx>

Call Highmark Member Services 1-866-727-4935

Contact your campus Human Resources Office



How to Maximize Your Prescription Benefit Plan

Important Things You Should Know

- **\$0 Co-pay for Generic Drugs**
- **\$15 Co-pay for Brand Formulary Drugs (retail)**
- **\$30 Co-pay for Brand Non-Formulary Drugs (retail)**

With prescription drugs becoming more and more expensive, understanding your prescription benefit options can help you maximize two very valuable resources, money and time. Below is a summary of four important things you should consider to get the most out of your prescription benefit.

- Using generic medications if possible
- Using formulary preferred drugs instead of non-formulary drugs
- Ordering maintenance medications through the Medco by Mail Pharmacy
- Utilize www.highmarkblueshield.com

Using generic medications if possible

Although generic drugs have been available for years, many people are not fully aware of all that they have to offer. Generic drugs can provide a less expensive way for people to obtain the medications they need. In addition, it's reassuring to know that generic drugs offer the same safety and effectiveness as their brand-name equivalents. In fact, the U.S. Food and Drug Administration (FDA) *require* that generic drugs meet the same high standards for quality and purity as brand-name drugs.

The following common brand-name medications now have generic equivalents available at no-cost: Flonase, Fosamax, Imitrex, Lotrel, Norvasc, Prilosec, Zocor, and Zoloft.

Using formulary preferred drugs instead of non-formulary drugs

A formulary drug is a brand-name medication that is on our plan's preferred list. These drugs are preferred by the plan because they are safe, effective, and help to control costs. Using formulary drugs will save you money directly (in the form of lower co-pays) and indirectly (the plan pays less for the medication, which in the long term will help keep your benefits more affordable). If you are currently using a non-formulary drug, you can look up the drugs that you are currently taking at www.highmarkblueshield.com to see if there may be preferred alternatives that you can ask your doctor about.

Order maintenance medications through Medco by Mail Pharmacy – Save time, save money, save gas!

Medco by Mail Pharmacy is a pharmacy where you either mail or have your doctor fax in your long term medication prescriptions. Once your prescriptions have been received, a registered pharmacist enters your prescription and checks it for possible interactions with your other medications, including those you fill at your retail pharmacy using your prescription card. Once reviewed, the prescription is filled and mailed to your home in a plain, tamper-evident package. Our benefit plan allows you to save money when ordering prescriptions through the mail – you can receive up to a three month supply for only twice the retail co-pay.

(cont'd on Page 14)

How to Maximize Your Prescription Benefit Plan (cont'd)

Tips for utilizing the Medco by Mail Pharmacy –

- Be sure to ask your doctor to write a prescription for up to a 90-day supply with refills up to one year, as appropriate, not a 30-day supply.
- Your medication will be delivered to your home within 7 to 11 days after you mail your order. When ordering refills or sending in a new prescription, you should have at least a 14-day supply of medication on hand to prevent you from running out.
- When using Medco by Mail, send your prescription and your payment to Medco in a pre-addressed Medco by Mail envelope. These envelopes are included in the Medco by Mail starter packets, which can be obtained from your campus Human Resources Office. Once you begin to receive orders via mail, you will receive additional mailing envelopes along with each prescription order. First time Medco by Mail users should also complete the Medco by Mail Order Form when submitting their first prescription order. This form is also available in the starter packets.
- If you have access to the internet, manage your prescriptions online at www.highmarkblueshield.com.
 - Log in as a member
 - Under the “Your Health” menu, select “Your Prescriptions”
 - Then select “Fill Mail Order Rx” to reach the Medco order center
 - Other tools available include the ability to setup a refill reminder, track recently ordered medications and print order forms
 - In order to perform certain tasks (such as placing orders online or tracking recent orders) members will need to have previously entered a PIN sent to them by Highmark (a one-time process). To request a PIN, please contact Highmark Member Services at 1-866-727-4935.

Utilize www.highmarkblueshield.com

The Highmark website contains a wealth of resources for members to use to maximize the value of their prescription plan benefits. At www.highmarkblueshield.com, registered members can....

- Check formulary status and availability of generic drugs
- Get drug information
- Retrieve up-to-date plan information and medication history for physician visits
- Plus much more!

If you have any questions regarding your prescription drug benefits, contact
Highmark Blue Shield – Member Services
1-866-727-4935

Reminder – Meeting Prescription Needs for Extended Periods Out-of-the Country

Plan early and obtain a 90-day supply through mail order.

Please contact your Human Resources office if prescriptions are required for periods extending more than 90-days. Information on the prescription(s) and length of time out of the country will be required.

State Employees 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 resource to address them.



New Benefit Features (effective July 1, 2009)

In compliance with Act 62, effective July 1, 2009, all PASSHE medical plans will provide expanded benefits for covered dependents under the age of 21 with Autism Spectrum Disorders. These expanded benefits include: diagnostic assessments, pharmacy care, psychiatric care, psychological care, rehabilitative care and therapeutic care. These services will be capped at \$36,000 per year. Please contact the insurer (Highmark Blue Shield or the HMO provider) for more detailed information on covered services.

Also under Act 62, the Colorectal Cancer Screening benefits within the Highmark Indemnity (Comprehensive Major Medical) Plan have expanded. Effective July 1, 2009, coverage for screening tests in accordance with the January 1, 2008 American Cancer Society guidelines for individuals age 50 or older (or at-risk individuals who are under age 50) to include fecal occult blood tests, sigmoidoscopy and/or colonoscopy, will be provided at a frequency consistent with approved medical standards and practices. The colorectal cancer screening benefits will be subject to the annual deductible and coinsurance applicable to this plan.

Did you know.....

Highmark's **Blues on Call** program offers free assistance to all Highmark members? Their Health Guides are registered nurses who are trained to assist members with their general health questions, medical emergencies, chronic conditions and case management needs. After a relationship has been established, members will always speak with the same Health Guide.

Highmark's **Blues on Call** program offers free services that focus on health promotion, disease prevention and care management services that address members' health care needs. If you would like to lose weight, increase your physical activity level, better manage your stress, or stop smoking, the Blues on Call wellness coaches will provide you with one-on-one support.

Blues on Call 1-888-258-3428 (available 24/7)



Employee Update – PASSHE Health Risk Assessment Results

Last fall, the Pennsylvania State System of Higher Education (PASSHE) launched an employee wellness program, Healthy U, designed to provide participating employees with resources, tools and information to help them improve their lifestyle and become more engaged in all aspects of their personal health and well-being. Employees and their covered spouses/same-sex domestic partners who were enrolled in either the PPO or Indemnity healthcare plan were eligible for this voluntary program. We are pleased to announce that **80% of eligible employees chose to participate in Phase 1 of Healthy U**, which is a very strong level of participation for a new program.

Wellness is an important responsibility for all of us. Despite advances in medical technology, our national lifestyle has led to alarming rates of obesity, nearly epidemic rates of type 2 diabetes, increasing incidents of heart disease and cancer, and unparalleled levels of stress. Experts estimated that approximately 70% of hospital admissions are directly related to our lifestyle choices, clearly indicating a need for change.

The first step of any change is to assess where you are, or in this case where we are as a group. Accordingly, the completion of a Wellness Profile, an online health risk assessment, was a key step in Phase 1 of our Healthy U initiative. At PASSHE, **8,790 employees and spouses/same-sex domestic partners completed the Wellness Profile**. The Wellness Profile provides valuable information to both the individual completing it, as well as to PASSHE.

Value to the individual:

- Provides immediate, personalized feedback highlighting suggestions for continued wellness, and prioritizing areas of beneficial lifestyle changes
- Provides a written summary of health and lifestyle risk factors that an individual can share with their physician at their next appointment, to add value to their health discussions with their doctor

Value to PASSHE:

- Guides our selection of future wellness programs and areas of focus – enabling us to deliver the kinds of programs and resources that are most needed by our employees based upon their collective health risks and wellness interest
- Provides a “baseline” against which we can measure our future results in order to gauge how effective our wellness program and initiatives have been

At the individual level, the data provided via the Wellness Profile is kept **confidential – no one at PASSHE or the university has access to this individual health data**. Summary data reporting is provided at the aggregate level only. Initially, we have received this summary reporting for the entire State System, and, in the future, aggregate reporting is planned to be delivered at the university level.

Our Summary Report provides an overview of our population, focusing on modifiable health risks, with a goal of helping individuals improve their health behaviors. Following are the top three health issues we face as a group.

Weight Management, Physical Activity, and Nutrition

Our results in these three areas closely mirror those of the nation as a whole. Our summary report indicates that 36% of PASSHE members are overweight (defined as having a Body Mass Index (BMI) of between 25 and 30). Additionally, on a

Employee Update – PASSHE Health Risk Assessment Results (cont'd)

scale of 1 to 10 (with 10 being “extremely motivated”), our average “score” for motivation for change in these categories was 7. These three areas of focus are highly related – the most effective weight management programs combine education about nutrition with guidance about changing eating behaviors and maintaining an exercise routine. Weight loss is a proven treatment for coronary heart disease, high blood pressure and diabetes. Because most members reported a high desire for change in these areas, we will focus on future wellness programs to support those changes in the area of nutrition, eating behaviors, and exercise.

We also learned that Preventive Care needs to be an area of focus

Preventive care can include various aspects of health management, such as education and resources, self-care, physical exams and preventive screenings. The goal of preventive care is to either prevent health issues, or detect those issues at an earlier, more easily treatable stage. By way of a specific example, through our summary report we learned that we have slightly higher than average incidence rates of two types of cancer – breast and skin cancer. We also learned that we have room for improvement in some specific preventive measures directly tied to these diseases (i.e., only 78% of our female members age 40 or older have received a mammogram in the past year, 24% of our members do not follow the recommended guidelines for protection from excess sun exposure). Future wellness initiatives in the area of preventive care may include education to build awareness of risks, methods of prevention, and the importance of regular exams, screenings, and self-exams.

In recognition of the importance of preventive care, **Phase 2 of Healthy U** contains the participation requirement that the employee and covered spouse/same-sex domestic partner schedule and/or record a preventive exam date that is within the frequency guidelines based upon their gender and age (for men, a preventive exam/complete physical – for women, either a preventive exam or annual gynecological exam will meet the Phase 2 requirements).

We felt it was important for you as participants to have some insight into the group’s health and lifestyle trends so that you can better understand the importance of undertaking these wellness initiatives. We believe that Healthy U offers a win-win situation for both employees and PASSHE, and as such it is considered a high priority. We hope you will share our enthusiasm for this program.

Want to learn more? We are happy to share more aggregate information from the Wellness Profile Summary Report with any employee who has an interest – please contact Brenda Mundell at bmundell@passhe.edu.

Want to get involved? Wellness Committees are either in place or being formed at all 14 university campuses and at the Office of the Chancellor – and they are always looking for people who have a passion or interest in a wellness-related topic, or who have ideas or suggestions for future programs or presentations. Please contact your campus Human Resources Office, and they can put you in touch with the right person on your campus.

Highmark’s **Case Management** program provides free resources to covered members. When you’re recovering from a hospital stay, dealing with multiple medical problems, or facing catastrophic needs, you just want to relax and focus on your recovery. You just want to be taken care of. But you have follow-up visits to schedule, prescriptions to fill, perhaps therapy to arrange. You’re not alone. Highmark Case Management Managers are there to help you.

Highmark **Case Management** 1-800-596-9443 (available 24/7)