

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

BENEFITS NEWS

Health Care Plan Open Enrollment for July 1, 2008

**OPEN ENROLLMENT MAY 12 TO MAY 30, 2008
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 4 of this newsletter.

For details on each plan, see Page 5 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.

ATTENTION INDEMNITY PLAN PARTICIPANTS – PLAN DESIGN CHANGES

Effective July 1, 2008, your indemnity benefits will be provided under one comprehensive program as explained on page 5. An up-front \$500 individual/\$1,500 family deductible is applied to most services, including hospital services, physician services and most other covered services. In addition to the deductible, a 20% out-of-pocket co-insurance is applied until a \$425 individual out-of-pocket limit is reached. **If you do not complete an enrollment form by May 30, 2008 to enroll in the PPO plan or one of the HMO plans, your benefits will be changed effective July 1, 2008.** These indemnity benefits also apply to retirements on or after July 1, 2008.

IMPORTANT NOTICE – HEALTH CARE MANAGEMENT (WELLNESS) PROGRAM (HCMP) PARTICIPATION ALERT JULY 1, 2008 TO NOVEMBER 1, 2008*

Watch your mailbox in June 2008 for requirements you must complete prior to November 1, 2008 in order to pay the lower health care plan contributions for January 1, 2009 to June 30, 2009. If your spouse or same-sex domestic partner is covered under your health plan, they also must complete the requirements in order for you to pay the lower rates. All information provided to the Wellness Program administrator by the employees and their spouses or same-sex domestic partners is confidential and by law cannot be shared with your University or the State System office. The employee contributions for HMO plans are not affected by Wellness Program participation.

*OPEIU collective bargaining for nurses is on-going and Wellness Program participation is undetermined.

Managers, Faculty, SPFPA and Nurses *
Full-time Employee Contributions

Bi-weekly Cost – 26 pays									
Health Plan Name	Single			Two-Party			Family		
	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009
Indemnity	\$19.91	\$22.30	\$33.44	\$44.13	\$49.43	\$74.14	\$54.09	\$60.58	\$90.86
PPOBlue	\$16.09	\$18.64	\$27.96	\$35.68	\$41.33	\$62.00	\$43.72	\$50.65	\$75.98
Aetna HMO-Berks	\$19.13	\$23.72	7/2008 Rate Continues	\$42.15	\$52.25	7/2008 Rate Continues	\$51.71	\$64.11	7/2008 Rate Continues
Aetna HMO-Central	\$25.99	\$32.33		\$57.22	\$71.19		\$70.22	\$87.36	
Aetna HMO-Philadelphia	\$21.48	\$26.67		\$47.31	\$58.73		\$58.05	\$72.06	
Geisinger Health Plan HMO	\$19.69	\$19.66		\$43.37	\$43.33		\$53.21	\$53.16	
Keystone Health Plan Central HMO	\$22.09	\$23.55		\$44.90	\$47.96		\$65.31	\$69.56	
Keystone Health Plan East HMO	\$25.49	\$28.09		\$52.31	\$57.68		\$72.46	\$79.81	
UPMC HMO	\$21.49	\$22.04		\$47.61	\$48.82		\$58.36	\$59.84	

* OPEIU collective bargaining for nurses is on-going and Wellness Program participation is undetermined.

20-Pay Faculty

Health Plan Name	Single			Two-Party			Family		
	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009
Indemnity	\$25.88	\$28.98	\$43.48	\$57.37	\$64.26	\$96.39	\$70.31	\$78.75	\$118.12
PPOBlue	\$20.92	\$24.24	\$36.35	\$46.38	\$53.73	\$80.59	\$56.84	\$65.85	\$98.77
Aetna HMO-Berks	\$24.87	\$30.84	7/2008 Rate Continues	\$54.79	\$67.92	7/2008 Rate Continues	\$67.23	\$83.34	7/2008 Rate Continues
Aetna HMO-Central	\$33.78	\$42.03		\$74.39	\$92.55		\$91.29	\$113.56	
Aetna HMO-Philadelphia	\$27.92	\$34.67		\$61.50	\$76.35		\$75.46	\$93.68	
Geisinger Health Plan HMO	\$25.59	\$25.56		\$56.37	\$56.33		\$69.17	\$69.11	
Keystone Health Plan Central HMO	\$28.71	\$30.62		\$58.37	\$62.34		\$84.91	\$90.43	
Keystone Health Plan East HMO	\$33.14	\$36.52		\$68.01	\$74.99		\$94.19	\$103.75	
UPMC HMO	\$27.94	\$28.65		\$61.89	\$63.47		\$75.86	\$77.80	

Managers and SPFPA
Part-time Employee Contributions

Health Plan Name	Single			Two-Party			Family		
	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009
Indemnity	\$109.49	\$122.63	\$128.20	\$242.73	\$271.86	\$284.22	\$297.44	\$333.17	\$348.31
PPOBlue	\$88.51	\$102.53	\$107.19	\$196.23	\$227.32	\$237.65	\$240.48	\$278.58	\$291.25

Faculty Part-time Employee Contributions

Bi-weekly Cost – 26 pays									
Health Plan Name	Single			Two-Party			Family		
	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009
Indemnity	\$109.49	\$122.63	\$128.20	\$242.73	\$271.86	\$284.22	\$297.47	\$333.17	\$348.31
PPOBlue	\$88.51	\$102.53	\$107.19	\$196.23	\$227.32	\$237.65	\$240.48	\$278.58	\$291.25

Faculty Part-time Employee Contributions

20 pay Faculty									
Health Plan Name	Single			Two-Party			Family		
	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009	Current 7/2007	New 7/2008	Non-Participant Wellness Program 1/1/2009
Indemnity	\$142.33	\$159.41	\$166.66	\$315.55	\$353.42	\$369.48	\$386.72	\$433.12	\$452.81
PPOBlue	\$115.06	\$133.29	\$139.35	\$255.09	\$295.51	\$308.94	\$312.62	\$362.16	\$378.62

Nurses Part-time Employee Contributions

Bi-weekly Cost – 26 pays									
Health Plan Name	Single			Two-Party			Family		
	Current 7/2007	New 7/2008		Current 7/2007	New 7/2008		Current 7/2007	New 7/2008	
Indemnity	\$119.44	\$133.77		\$264.80	\$296.58		\$324.52	\$363.46	
PPOBlue	\$96.55	\$111.85		\$214.06	\$247.98		\$262.34	\$303.91	

Non-Faculty Athletic Coaches

Health Plan Name	Full-Time Employee			Part-Time Employee					
	Contributions for health and prescription drug coverage are based on a percentage of bi-weekly gross salary								
	Single	Two-Party	Family	Single		Two-Party		Family	
Indemnity	1% or 1.5% after 1/1/09 if Non-Participant in Wellness Program			Current 7/2007	New 7/2008	Current 7/2007	New 7/2008	Current 7/2007	New 7/2008
PPOBlue				\$99.53 *	\$111.48	\$220.67 *	\$247.15	\$270.43 *	\$302.86
All HMOs currently offered				\$80.46 *	\$93.21	\$178.39 *	\$206.65	\$218.62 *	\$253.26
*Plus 1% or 1.5% after 1/1/09 if Non-Participant in Wellness Program									

Plan Service Areas and Contacts

INDEMNITY – Closed to new enrollments

(866) 727-4935

www.highmarkblueshield.com (For provider directory, reference "ClassicBlue")

Offered in all counties in Pennsylvania

PPOBLUE

(866) 727-4935

www.highmarkblueshield.com (For provider directory, reference "PPOBlue")

Offered in all counties in Pennsylvania

AETNA HMO (All Plans Offered)

(800) 323-9930

www.aetna.com

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

(800) 631-1656 Pre-enrollment questions

www.thehealthplan.com

(800) 447-4000 Current members

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, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York

*DENOTES 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

www.upmchealthplan.com

(888) 876-2756 Current members

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

PRESCRIPTION DRUG - MEDCO HEALTH (ALL PLANS)

(866) 727-4935 (Highmark Customer Service number)

www.medcohealth.com


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.

Pennsylvania State System of Higher Education Group Health Program 2008 - 2009 Medical/Hospital Plan Comparison

	Highmark Indemnity (Comprehensive Major Medical Plan)	Highmark PPO Blue (Preferred Provider Organization)		Health Maintenance Organization (HMO)
		In-Network	Out-of-Network	
General Features	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.	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	Applies to all services –\$500 per person/\$1500 per family deductible aggregate per year.	No deductible.	\$250 per person/\$500 per family deductible per year.	No deductible.
Co-payments and/or Coinsurance	Applies to all services - -After deductible employee pays 20% until \$425 per person out-of-pocket maximum is paid.	\$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.
Lifetime Maximum	Unlimited	Unlimited.	\$1,000,000/person.	Unlimited.
Physical Exams and Health Guidance	Routine adult physical examinations 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.	\$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	Employee pays 20% after deductible.	\$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	Employee pays 20% after deductible. 60 days per benefit 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	Employee pays 50% of allowance up to \$25 per visit after deductible – 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	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.			

How to Maximize Your Prescription Benefit Plan Important Things You Should Know

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 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) *requires* that generic drugs meet the same high standards for quality and purity as brand-name drugs.

Using formulary preferred drugs instead of non-formulary drugs

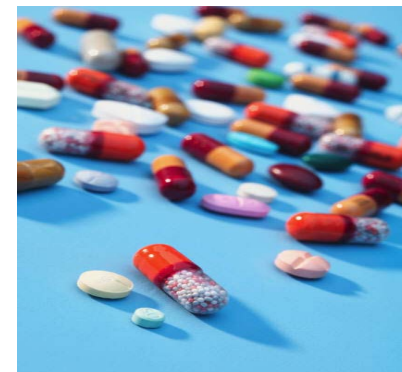
Many classes of drugs on the market today have different drugs, often referred to as “me too” drugs, that act the same in your body. Due to a lack of uniqueness of these drugs some are labeled, within a prescription plan, as preferred and some non-preferred. You are provided a financial incentive to use a preferred agent over a non-preferred. 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

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. Many benefit plans allow you to save money when ordering prescriptions through the mail every 90 days. You also can save time by managing your prescriptions online at www.highmarkblueshield.com.

Maximize the benefits of home delivery 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. Avoid requesting 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 14 days of medication on hand to prevent you from running out.
- If you have access to the internet, manage your prescriptions online at www.highmarkblueshield.com.
 - Log in as a member
 - Click on “Fill Mail Order Rx” under “Pharmacy Resources”
 - Then follow instructions to register



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

Medco by Mail

- Set up a refill reminder
- Order refills
- Track recently ordered medications
- Print order forms
- Plus much more!



HEALTH CARE MANAGEMENT PROGRAM (HCMP)

Effective July 1, 2008, the new Health Care Management Program (HCMP) will begin for all active members and their spouses/same-sex domestic partners. There are two main components to the new HCMP:

Lifestyle Returns is an on-line program available through the Highmark Blue Shield website that will allow members to easily complete the steps necessary to qualify for the lower premium contributions in January, 2009. Lifestyle Returns will provide members with access to numerous wellness, preventive and lifestyle improvement programs.

Blues on Call is telephonic wellness and health coaching tailored to your specific needs and offered as part of your Highmark Blue Shield health care program. You can take advantage of Blues on Call, a comprehensive health information and decision support program focused on your total healthcare needs. Blues on Call is your direct line to information about medical procedures, treatment options and medications, so you can make more knowledgeable health care decisions. Health and Wellness Coaches (health professionals such as nurses, dieticians, and exercise physiologists) can assist you in deciding what to do about a specific concern regarding your health, frame questions before a doctor visit, or answer questions you may have following the visit. They can direct you to hundreds of educational resources, including video tapes and DVD's on a variety of health and wellness related topics. To help you stay healthy, you can take advantage of on-line and telephone-based wellness coaching programs on nutrition, physical activity, weight management, smoking cessation, and stress management. Any health information that you share with a coach is completely confidential and will not be shared with your employer, your manager, or other employees. 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.

Communication materials and welcome packets will be issued in June to provide detailed information on this new program.

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 finding the right resources to address them.

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.

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

Open enrollment period is May 12, 2008 to May 30, 2008.

You must submit a completed State System Enrollment/Change Form no later than May 30, 2008. 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, 2008 through June 30, 2009. To continue with your current plan, no action is necessary.



PENNSYLVANIA STATE SYSTEM OF HIGHER
EDUCATION

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Please visit us on the Web! www.passhe.edu/Benefits