

Review Your 2006 Benefit Statement

PEBB members will receive their annual benefit statement this month. It contains all current information in your benefit record, including any plan changes or additions you made during Open Enrollment. If any of the information is incorrect or missing, mark the corrections or missing information on the form, sign and date it, and mail or fax it to PEBB as soon as possible.

- Add any missing contact information, including your home and work phone numbers and e-mail address to help PEBB reach you more quickly.
- Make sure your eligible dependents are listed correctly.
- Ensure the statement reflects the plans and coverage levels you have selected for 2006. Note that if you applied for optional life or long-term care insurance coverage that requires approval by the carrier, it will show only if it has been approved.

PEBB
 775 Court St NE
 Salem, OR 97301-3802
 Fax: (503) 373-1654

Your Beneficiaries

If you haven't entered your beneficiaries into pebb.benefits, they are named only on your original designation form on file with your personnel, payroll or benefits office. To enter, add or change your beneficiaries at any time, go online to www.oregon.gov/das/pebb. Select "pebb.benefits" from the navigation menu on the left; then select "Log In." If you have forgotten your user name or password, select "Forgot User Name/Password?" and follow the instructions on the screen.

Other Benefits

Your benefit statement covers only benefits you have selected through PEBB. If you enrolled for benefits or plans offered by a union or other organization, they will not show on your PEBB statement.

Quit for Love

Do it for someone you love! This Valentine's Day, give a gift of better health, longer life, and increased energy when you decide to give up tobacco for good. The Free & Clear® Quit For Life Program can help you get there, with free nicotine patches, a quit kit of materials, medication recommendations to discuss with your doctor, and one-on-one personal support from a Quit Coach. Call 866-QUIT-4-LIFE (866-784-8454) today to enroll. Be sure to identify yourself as a PEBB member to get the program's full benefits. (Or sign up online at www.freeclear.com/PEBB.)



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Knowledge is Just a Phone Call Away

It's 3 a.m. Your four-year-old is crying. His fever is above 100 degrees, and you don't know what to do. Take him to the emergency room? Wait to call the doctor in the morning? Or give him a cool bath and wrap him in a warm towel?

Regence

Guidance is just a phone call away for members of the Regence BlueCross BlueShield of Oregon PPO plan. You have 24-hour-a-day, seven-day-a-week telephone access to registered nurses with an average of 15 years of hands-on clinical experience.

They'll help you assess the symptoms and decide on the best level of care. You can trust their recommendations based on their access to doctors and advanced information systems. They'll even call back to see how things are going.

Regence is mailing more information about this enhanced benefit to all its PEBB members this month. In the meantime, keep this number handy: (800) 267-6729. Have your Regence ID number at hand when you call.

Did You Know?

Heart Disease Is the #1 Killer of American Women

Heart disease kills more women in the U.S. than the other top four causes of death combined.

February, National Heart Month, is full of reminders to help women pay attention to the health

of their tickers. It all starts February 3 with "Go Red for Women Day." Wear something red that day to help yourself and your co-workers think about heart health, and take these tips to heart:

- ✓ **Don't smoke, and if you do, quit.** People who smoke are two to six times more likely to suffer a heart attack than non-smokers.
- ✓ **Aim for a healthy weight.** It's important for a long, vigorous life. Overweight and obesity cause many preventable deaths.
- ✓ **Get moving.** Make a commitment to be more physically active. Aim for 30 minutes of moderate-intensity activity on most, preferably all, days of the week.
- ✓ **Eat for heart health.** Choose a diet low in saturated fat, trans fat and cholesterol, and moderate in total fat.
- ✓ **Know your numbers.** Ask your doctor to check your blood pressure, cholesterol (total, high-density, low-density and triglycerides) and blood glucose. Work with your provider to improve any numbers that are not normal.

Online Help for Heart Health

- The American Heart Association offers online programs and education to support healthy hearts: www.americanheart.org
- The National Heart, Lung and Blood Institute's Health Information Center provides in-depth heart information: www.nhlbi.nih.gov.

Kaiser

Kaiser Permanente members also have access to an advice nurse at their home medical office during office hours. If they have urgent concerns on evenings, weekends or holidays, they can reach a registered nurse by calling (503) 813-2000 in the Portland metro area or (800) 813-2000 from all other areas. These RNs have immediate access to the member's complete online medical record, which helps target their advice to member needs.

Providence

The Providence RN Medical Advice Line is a free telephone medical advice line available to Providence Choice members. Members can call day or night, seven days a week to speak with a registered nurse. Access the advice nurse by calling the number printed on the back of your Providence member card and providing the ID number on the front of the card.

Welcome to Your Medical Home

The medical home is a key element of the Benefit Board's Strategic Vision for quality, affordable healthcare for PEBB members. It has the potential for increasing value and stabilizing costs in all PEBB medical plans.

The Kaiser HMO and Providence Select medical plans both offer a fully integrated medical home. They make staying healthy much easier by helping members and their dependents get the right care at the right time.

Members in these plans can trust that the primary care provider at their home clinic will become intimately familiar with their health history, profile and risks, and will honor their healthcare preferences.

Both Regence BlueCross BlueShield and Samaritan Select are working to organize their plans around the medical home concept. As they integrate healthcare services and systems, members in these plans can be confident they'll have more help from the healthcare system to get the care they need when they need it.

Teamwork

Through their medical home, members and their dependents have access to a team of healthcare providers. With their team, they learn what health screenings they need and when; what the results mean; and how to make lifestyle changes to improve their health and wellbeing. Sophisticated information systems help both

providers and members keep track of every aspect of their care.

When these members need specialized care, transition to specialists can be quick and almost seamless. The specialists have network access to their full medical record, including their prescriptions and test results, which makes visits easier and more efficient for the member and the provider.

Special Care

A medical home is especially important for people with such chronic conditions as diabetes, asthma and heart disease. They work with their medical home team to develop a personal care plan that helps them to monitor their health, use their medications to maximum effect and avoid complications.

Prescription Exceptions and Prior Authorizations

Medications not in your plan's formulary (the list of generic and preferred-brand drugs created by your plan) are usually considered non-preferred brand drugs. You and your provider can see a list of formulary drugs on each of PEBB's plan Web sites (see Resources, page 4).

You may be able to purchase a non-preferred brand drug at the preferred brand copayment if your provider can show that the generic or preferred brand:

- Failed to treat your condition
- Caused side effects that made you stop taking it.

It's up to you to work with your provider to submit a request for exception.

Part-time and Retiree Plan

Members Please Note: When you get an exception in the Regence plan, the copay for the non-preferred brand drug will not apply to your deductible. The copay for a preferred brand drug will apply to your deductible.

Notification

The plan will notify you and your provider of approval or denial of the exception. In most cases, the plan will fax the decision to the provider, call the member and call the pharmacy within 24 to 48 hours. The plan will also mail a letter to the member, which will include information on the plan's grievance and/or appeal process.

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Prescription Exceptions and Prior Authorizations

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Prior Authorizations

Some drugs not on a plan's formulary require prior authorization to be covered. Typically, these are drugs that:

- May be prone to overuse or have been prescribed for longer use or in higher quantities than recommended
- Have other less expensive medications that may be an option
- Have limited uses based on scientific studies or FDA approval
- May be prescribed for conditions that are not a covered benefit
- Require medical diagnostic tests to ensure a medical benefit.

Your provider can submit a prior-authorization request, describing why you require the drug. The same notification process applies for drugs requiring prior authorization as for the exception process to be able to purchase non-preferred brand drugs at the preferred brand copay level.

Kaiser HMO and Providence Choice

The Kaiser HMO and Providence Choice plans closely coordinate medical treatment with new prescriptions. These usually don't require exception or prior authorization. Instead, the provider verifies the medical need for the drug at the time the prescription is written.

The Bottom Line

Save yourself time, trouble and dollars by ensuring the medication your provider prescribes is on your plan's formulary. Ask the provider to check the formulary online and prescribe a generic or therapeutic equivalent if one is available.

Public Meetings

The Benefit Board and its subcommittees usually meet monthly. Times and locations are subject to change. For schedules, please check the Meetings section of the PEBB Web site: oregon.gov/das/pebb/meetings.shtml.

PEBB Resources

PEBB

www.oregon.gov/das/pebb
Salem: (503) 373-1102
Statewide: (800) 788-0520

BenefitHelp Solutions

(FSA Administrator)
www.benefithelpsolutions.com
(800) 556-2230

Kaiser Permanente

(Medical & Dental Plans)
<http://my.kp.org/nw/pebb>
Portland: (503) 813-2000
Outside Portland: (800) 813-2000
TTY: (800) 735-2900

The ODS Companies

(Dental Plans)
www.theodscompanies.com/pebb
Portland: (503) 265-5680
Outside Portland (877) 277-7280

Providence Choice

(Medical Plan)
www.providence.org/resources/pebb
Portland: (503) 574-6620
Outside Portland: (800) 423-9470

Regence BlueCross BlueShield

(Medical Plans)
www.or.regence.com/pebb
Portland: (503) 220-3849
Outside Portland: (800) 826-9813

Samaritan Select

(Medical Plans)
www.samaritanselect.com
Corvallis area: (541) 768-6900
Outside Corvallis area: (800) 569-4616

The Standard Insurance Company

(Life & Disability Plans)
www.standard.com
Life Benefits (800) 242-1888
Disability Benefits (800) 842-1707

VSP

(Routine Vision Services except Kaiser)
www.vsp.com
(800) 877-7195

Willamette Dental

(Dental Plan)
www.willamettedental.com
Portland: (503) 644-6444, Option 8
Statewide: (800) 460-7644, Option 8

UnumProvident

(Long Term Care Plans)
www.unumprovident.com/enroll/pebb
(800) 227-4165

PEBB Mission

To provide a high quality plan of health and other benefits that are affordable to both the employee and the state.