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Pre-Sorted
Standard
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Baton Rouge, LA
Permit 266



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Office of Group Benefits

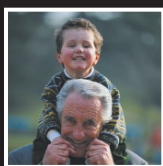
Vision

OGB envisions itself as a leader in improving and preserving quality of life.

Mission

OGB will offer an employee benefits system that meets or exceeds industry standards and/or benchmarks.

Area Customer Service Offices



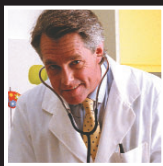
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For Your BENEFIT

STATE OF LOUISIANA • OFFICE OF GROUP BENEFITS
PPO • EPO • MCO • HMO

OGB Offers Help for Hurricane Victims

The Louisiana Office of Group Benefits is reaching out to thousands of plan members—state and school employees, retirees and their families—and OGB health care providers displaced by the devastation resulting from Hurricanes Katrina and Rita. Many of you lost family members, friends and homes. A large number also lost valuable documents and records.

OGB implemented several changes to make it easier for displaced plan members in our four health care plans (PPO, EPO, MCO and HMO) to access the health care they need—wherever they are—from providers there.

PPO, EPO and MCO plan members can view and print a two-year history of medical claims for all covered family members via the OGB website. This claims information, including lab tests, X-rays and prescriptions filled, aids plan members seeing new medical care providers and providers whose records may not be accessible.

Plan members who lived in areas affected by Hurricanes Katrina and Rita who want to switch to the PPO or EPO plan can do so through November 30. The EPO has a nationwide network of physicians and hospitals. Plan members interested in switching can contact their agency headquarters or call OGB at 800-272-8451 for information or assistance in determining their new premiums.

PPO, EPO and MCO plan members who use out-of-network pharmacies will not pay a penalty until further notice.

Plan members in the EPO, PPO and MCO plans can refill prescription drugs without the usual 30-day restrictions through November 30.

All OGB members in any plan who have behavioral issues or need a list of disaster relief assistance resources in their area can call United Behavioral Health's toll-free hotline at



866-615-8700. More resources are available at liveandworkwell.com, the UBH website.

FARA MCO plan members can call 800-427-4511 toll-free for help. FARA has moved customer service operation to Lafayette.

EPO plan members can call UnitedHealthcare toll-free at 866-336-9374 for assistance.

Humana HMO plan members can reach the customer service center toll-free at 866-427-7478.

Plan members who have relocated are urged to send OGB your new address. We cannot mail to post offices that are closed, so explanations of benefits and other correspondence will be held until OGB receives an address change form or your post office resumes operation.

As our plan members struggle to rebuild their lives, OGB is committed to doing everything we can to assist you. If you have questions about this or other issues, please call the nearest OGB Customer Service office listed on the back of this newsletter.

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The Tapestry of Our Lives

Sharon Runyan, OGB Public Information Director

Justice Sandra Day O'Connor once said, "We don't accomplish anything in this world alone...and whatever happens is the result of the whole tapestry of one's life and all the weavings of individual threads from one to another that creates something."

Katrina and Rita have taught us that the threads of all Louisianans are forever woven together. We are all from New Orleans, Chalmette, Slidell, Lake Charles, Erath. More than 75,000 OGB plan members have been temporarily or permanently displaced, many of whom will have to seek new health care providers.

On page one, you can see the policy changes we have established to make health care a bit easier.

Fortunately, our New Orleans service office building once again has a roof and is open. Our staff members from that area are no longer working in Baton Rouge.

Your OGB colleagues have been working tirelessly to help those more directly affected by the hurricanes.

Here are some of the things we have done:

- Staffed the telephones soon after the storms, giving advice and referrals to other agencies;
- Helped find housing for OGB staff who have lost their homes;
- Collected a roomful of clothes, food and bedding for staff members housing scores of displaced family members;
- Donated items to local shelters and triage centers.

OGB will continue to assist our plan members recover and rebuild. We are all victims...we are all survivors...we are all of one heart.

How to Cope in Uncertain Times

Living in a post-Katrina and post-Rita world can weigh heavily on our minds, and coping with daily tasks can become overwhelming. Dealing with anxiety and stress at this time may not be easy, but there are many ways to work through it.

Control

Although it may seem that there are many things you cannot control, you are still in charge of your life.

Focus on what you can do:

- Structure your time and set priorities. Maintain your normal routine, but give yourself permission to skip the extras if necessary.
- Make as many small daily decisions as possible to reassert your sense of control.
- Don't be afraid to set limits with others when you don't feel like talking or sharing in a discussion. You don't have to discuss the incident or your feelings when you don't want to.
- Do the things you enjoy. Schedule time in your day for relaxation or "down time."
- Limit your viewing of news broadcasts. News is available 24 hours a day, so select what works for you. If news over breakfast leaves you distracted in the morning, switch to the evening news, or vice versa if you have trouble sleeping. Access other sources of news like newspapers, radio, or the Internet to give you a break from viewing too much live-action footage.

Don't focus on what you cannot control. Instead, find strength in what you can.



Photos courtesy of Governor's Press Office

Coping Strategies

Because America has dealt with many natural disasters, you may be feeling increasingly vulnerable. Learning new coping strategies to deal with these new fears may be necessary. It is important not to minimize your feelings and reactions. Don't be afraid to deal with your feelings openly for fear of stigma or shame.



It is important to take time to focus on yourself. Try some of these strategies:

- Eat well-balanced and regular meals even when you don't feel like it.
- Get plenty of rest.
- Exercise regularly. If you are anxious, exercise will help you feel calmer and more relaxed. If you are lethargic it can energize you.
- Avoid caffeine.
- Avoid the use of drugs and alcohol (including prescription and over-the-counter drugs) to numb the pain.
- Don't try to avoid or deny recurring thoughts or feelings. Give yourself permission to feel rotten, grieve or share your feelings with others.
- Talk with people you trust. This can help you keep your fears realistic.
- Write down your thoughts and feelings. This can be helpful if you are having trouble sleeping or when you wake from a troubling dream.
- Try other creative outlets such as drawing or painting. This is helpful in allowing yourself to express those feelings that you may have difficulty verbalizing.
- Seek professional help if you need it.

©United Behavioral Health



OGB Plan Members Can View and Print Two-Year History of Health Claims

Louisiana hurricane evacuees are facing enormous challenges, including having to switch doctors and reconstruct their medical claims histories and records.

For the quarter of a million state employees, teachers, retirees and others with health insurance from the Louisiana Office of Group Benefits (OGB), getting a report of their medical claims just got easier.

“OGB plan members can now get a two-year history of their health care claims by simply logging on to the OGB website,” says A. Kip Wall, chief executive officer. “They can print this report and take it with them to their new doctor’s office,” he says.

Plan members in OGB’s PPO, EPO and MCO plans can print a two-year history of their medical claims, including lab tests, X-rays and prescriptions.

“Our plan members can even print a claims history for their covered family members,” says Mr. Wall.

“All they have to do is log on at www.groupbenefits.org and they can print a report. To maintain security, plan members will have to use their special log on and password.”



Plan members can call any OGB Service Office or contact their agency headquarters. Also, all public libraries in Louisiana offer computers for public use with free access to the Internet.

“We would like state employees to know that their colleagues at OGB want to make it as easy as possible to use their health care benefits,” says Mr. Wall.

OGB and Medicare Part D: Consider Saying No

You may have family and friends who are being bombarded with information on the new Medicare Part D prescription drug program.



OGB has already sent a special newsletter to our plan members with Medicare, and we think all plan members should be aware that **OGB recommends declining Medicare Part D Plan for most retirees, because:**

- OGB's prescription drug plans offer more than the standard Medicare plan
- Prescription drug coverage is already part of OGB health plans
- OGB will continue health and prescription drug coverage for retirees
- OGB retirees with current health coverage can join Medicare plan after May 15, 2006, without penalty
- No deductible or "donut hole"
- No disruption in coverage
- Ensures current level of coverage
- Familiar formularies and pharmacies-EPO and PPO have no formularies
- Discounted drug prices negotiated by PBM

OGB retirees with Medicare should consider the Medicare Part D program if they are also eligible for Medicaid.



IRS Modifies Mileage Reimbursement

The Internal Revenue Service has modified the standard mileage rates for medical expenses. Mileage rates for medical expenses have increased from 15 cents to 22 cents per mile. State employees can use this new mileage rate for medical expenses incurred starting September 1, 2005. Participants in the Health Care Flexible Spending Account can use this new mileage rate as a reimbursable medical expense.

Website Connects Displaced Louisiana Doctors and Patients

Patients and doctors displaced by Hurricanes Katrina and Rita can reconnect via a website (www.findladocs.com) launched by the Louisiana Health Care Review in October. The site offers a registry for displaced Louisiana physicians and serves as a point of contact for patients and colleagues. Doctors can list their current location, contact information, plans to return and other information.

By helping doctors reestablish their practices, the website aids in rebuilding the health care system in affected areas. Support for the site is provided by the Louisiana State Medical Society, the Orleans Parish Medical Society, the Louisiana Hospital Association and the Louisiana Medical Group Management Association.

FindLADocs.com
Louisiana's Displaced Physician Community

Home Physicians Patients Web Log

Welcome to FindLADocs.com – a registry for displaced Louisiana physicians and a point of connection to their patients. Two areas of our site have been established to assist those affected by hurricanes Katrina and Rita.

Physicians: We have created a Physician Portal for you to re-establish contact with your patients and colleagues. You can post your new contact information so that your patients can learn how and where you can be reached. Another goal is to assist you in re-establishing your practice and help rebuild our health care system in the affected areas. Please recommend this portal to your colleagues and friends.

Patients: Visit the FindLADocs.com Physician List to look for your doctor's new contact information. We have also provided a Web Log (Blog) where patients and physicians can go to post messages to locate one another.

Physicians:
Register Here

Patients:
Find Doctors Here

This Web site is supported by the following Partners in Louisiana Health Care:

Louisiana Health Care Review, Inc. (LHCR) Louisiana State Medical Society (LSMS)
Louisiana Medical Group Management Association (LMGMA) Louisiana Hospital Association (LHA)
Orleans Parish Medical Society

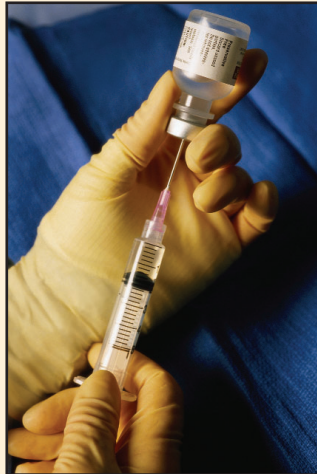
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Flu and Pneumonia Vaccinations

As cooler temperatures approach, so does the influenza virus—along with an increased risk of bacterial infections. The Centers for Disease Control and Prevention (CDC) advise vaccinations against both influenza and pneumococcal bacteria, which can lead to pneumonia and other serious related infections.

Flu Vaccine

Influenza, otherwise known as the flu, is a contagious respiratory virus that can cause mild to severe illness, and in rare cases, death. According to the CDC, the single best way to protect yourself against the flu is to get vaccinated at the start of each flu season, which begins as early as October and lasts until May. While the influenza vaccine doesn't eliminate the



risk of getting the flu, it does decrease your chances. The flu vaccine's composition changes yearly, depending on which strains of the virus are considered most prevalent. Currently, there are two main types of flu vaccines:

- 1) "Flu Shot" uses inactive (killed) viruses, which are injected into the body using a needle.
- 2) Nasal Spray Flu Vaccine or LAIV (Live Attenuated Influenza Vaccine), made with live, weakened strains of the flu. This vaccine was approved by the U.S. Food and Drug Administration in 2003 for use in healthy people between ages five and 49 who are not pregnant.

These high-risk groups are strongly urged to be vaccinated and will receive priority when limited flu vaccine is available:

- Adults over 65 years old
- Children between 6-23 months of age
- Children and adults with underlying chronic medical conditions (diabetes, heart or lung disease, cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders)
- Children and adults with weakened immune systems due to illness or medication
- Residents of nursing homes and long-term care facilities
- Health care workers involved in direct patient care
- Children on chronic aspirin therapy
- Women who will be pregnant during flu season

When there is ample flu vaccine for high-risk groups, vaccination is also highly recommended for adults ages 50 to 64 and for caregivers and household contacts of people in high-risk groups.

Certain people **should not** receive the flu vaccine and are advised to speak to a doctor for more information:

- People with a severe allergy to chicken eggs (The flu vaccine is now produced through incubation in fertilized chicken eggs.)
- People who are sick with a fever
- People who previously developed Guillain-Barré syndrome (GBS) within six weeks of receiving flu vaccine
- People who previously had a severe reaction to flu vaccine
- Children under six months of age

Pneumococcal Polysaccharide Vaccine (PPV)

Pneumococcal Polysaccharide Vaccine (PPV) protects against 23 different types of pneumococcal bacteria that can lead to pneumonia, meningitis and bacteremia. In the past, infections stemming from pneumococcal bacteria were treated with antibiotics such as penicillin, but strains of bacteria have become increasingly resistant to the drugs. This makes prevention vital, especially for those at high risk.

The CDC National Immunization Program strongly recommends the PPV for these high-risk groups:

- Adults over age 65
- Children and adults with underlying chronic medical conditions or weakened immune systems due to illness or medication
- Alaskan natives and certain Native American populations

In most cases only one vaccination is needed. However, a physician may advise an additional vaccination based on health risk. Also, the CDC National Immunization Program recommends that all babies under 23 months be treated with the newly licensed pneumococcal conjugate vaccine.

Additional information is available from the federal Centers for Disease Control and Prevention (www.cdc.gov/nip) and the U. S. Food and Drug Administration (www.fda.gov).

Fighting Indoor Mold

If you have asthma or allergies and have been the victim of flooding or water damage, you should be concerned about mold occurring and spreading in your house. If you or your family members have health problems after exposure to mold, contact your doctor or health care provider.

What Are the Dangers of Mold?

Microscopic mold particles are ever-present in air, indoors and outdoors. When mold lands on wet surfaces, it spreads via seed-like spores that grow and multiply in water or in dry areas with high humidity. Mold can affect people who inhale spores or come in contact with it via skin or swallowing, even if they aren't allergic or asthmatic. People with asthma are particularly vulnerable and should avoid contact with mold, which can trigger an asthmatic reaction. People with chronic lung diseases (such as obstructive lung disease) can develop mold infections in their lungs. People with weakened immune systems (those with HIV infection, cancer patients undergoing chemotherapy and organ transplant recipients) are more susceptible to mold infections.

Type and severity of mold reactions vary. Possible health effects include:

- Nasal and sinus congestion
- Wheezing or breathing difficulties
- Upper respiratory infections
- Skin and eye irritation

How Should I Get Rid of Mold?

Eliminate standing water. Clean and dry out the building as soon as possible. Open doors and windows and use fans to help remove moisture. If you see or smell mold, remove it quickly. Even dead mold can cause reactions, so it should be removed entirely, not just cleaned. If you have significant water damage or mold, the U. S. Environmental Protection Agency recommends consulting their guide, *Mold Remediation in Schools and Commercial Buildings* (which also applies to residences) before taking action on your own.

Avoid breathing in mold or mold spores. Wear proper protective gear:

- An N-95 respirator, which filters out most mold spores (available in hardware stores)
- Long rubber gloves that go past your forearms
- Goggles, preferably without ventilation holes
- Rubber boots

The Louisiana Department of Health and Hospitals offers tips to clean and remove mold as safely as possible:

- Begin drying wet materials as soon as possible. Keep wet items off walls or floors.
- Minimize spread of mold spores. Use plastic sheeting to separate the work area from the rest of your home. Cover moldy materials that are removed with a plastic bag or sheet. Bag work clothes and wash separately.
- Carefully dispose of mold-contaminated materials, including items that can absorb moisture and with visible mold—sheetrock, carpet, padding, insulation, ceiling tiles and wood products.
- Remove at least 12 inches of wallboard above the water line or damp area to eliminate areas with “wicking” of water up the walls. Clean wall studs after removing wallboards; allow studs to dry completely.
- When in doubt, take it out! Remove all porous items that were wet, including bedding, mattresses, pillows and upholstered furniture as they can remain a source of mold growth.
- Launder clothing, sheets and towels in hot soapy water.
- Discard books, wood furniture and papers that can't be cleaned. Saving valuable items may require hiring professional conservators familiar with cleaning and restoration techniques.
- Clean hard surfaces that didn't absorb moisture but had mold: tile, plastic, concrete, metal and solid wood surfaces. Scrub with a stiff brush, hot water and soap, detergent or commercial cleaner to remove mold entirely. Never mix bleach with ammonia as toxic chlorine gas may result.
- To disinfect surfaces, apply a mix of one to two cups of bleach per gallon of water to surfaces that had mold. Open windows and doors to provide fresh air and ventilate the area.
- Check air conditioning and heating systems. Discard wet or water-damaged filters. You may need to hire a professional to inspect your system or clean vents and air ducts.

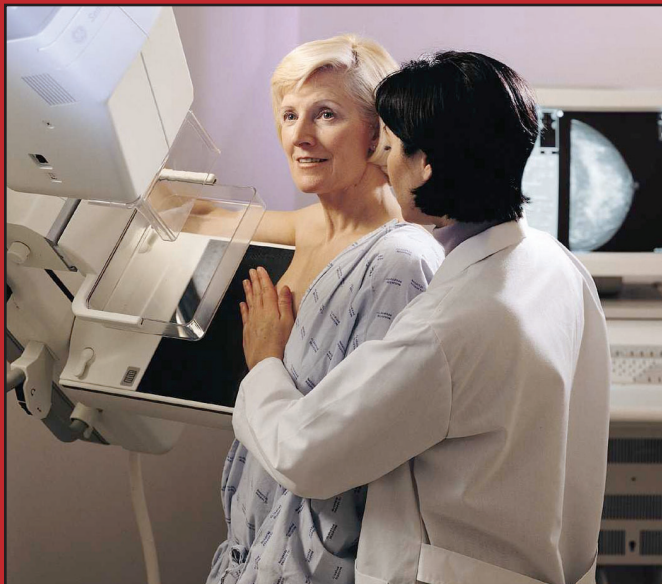
For more information, visit www.dhh.louisiana.gov or www.epa.gov/mold/moldresources.html or www.bt.cdc.gov/disasters/floods or call the Louisiana Department of Health and Hospitals toll-free at 888-293-7020.

If you have extensive mold, you may need to hire a licensed mold cleanup contractor. For tips and suggestions, log on to the Louisiana State Licensing Board for Contractors website (www.lslbc.state.la.us/findacontractor.asp) or call the agency toll free at 866-310-7879.

Mammograms Save Lives

Mammography is the use of X-rays to create a picture of the breast. A screening mammogram uses a low-dose X-ray system for examination of the breasts to aid in the diagnosis of breast diseases. This produces an image of the internal breast tissue is produced which is analyzed by a radiologist, a physician whose specialty is creating and interpreting photos of areas inside the body.

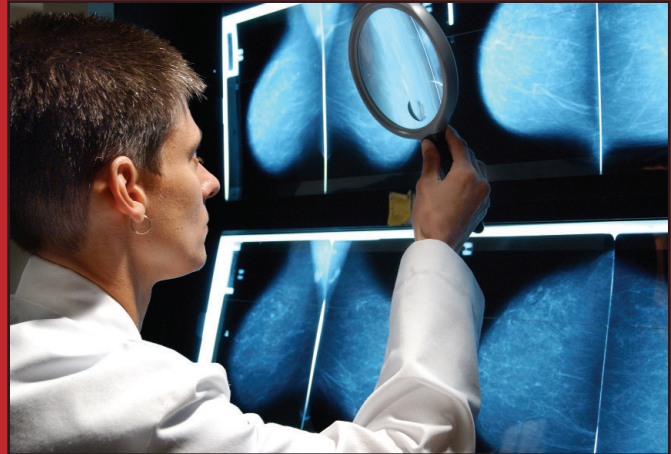
Because mammography can show breast changes up to two years before a woman or her physician can feel the changes, it plays an important role in the early detection of breast cancer. Current guidelines (from the U.S. Department of Health and Human Services, the American Cancer Society, the American Medical Association and the American College of Radiology) recommend a screening mammography for women every year beginning at age 40. The National Cancer Institute recommends that women who have had breast cancer or are at increased risk due to a genetic history of breast cancer seek expert medical advice about the age they should begin screening and the frequency of screening. Women should always inform their doctor and the X-ray technologist if there is any chance they are pregnant or if they have breast transplants.



General Electric

Mammography improves a physician's ability to detect small tumors. It also increases the detection of small abnormal tissue growths confined to the milk ducts in the breasts, called ductal carcinoma in situ (DCIS). Although these tumors cannot harm women if removed at this early stage, mammography is the only proven way to reliably detect DCIS.

Between five and 10 percent of mammography results are abnormal and require more testing. Women who have yearly mammograms between ages 40 and 49 have about a 30 percent chance of having a false positive mammogram at some point in that decade and about a seven to eight percent chance of having a breast biopsy. The estimate for false positive results for women age 50 or older is about 25 percent.



American College of Radiology

Before scheduling a mammogram, it is recommended that you discuss any new findings or problems in your breasts with your doctor. The American Cancer Society also recommends that you:

- Schedule your exam during the week following your period, as breasts are usually less tender then.
- Do not wear deodorant, talcum powder or lotion under your arms or your breasts because these can appear as calcium spots on the X-ray.
- Describe any breast symptoms or problems to the X-ray technologist.
- Return to the same mammography facility each year if possible, or make prior mammograms available to the radiologist.

To learn more about mammograms, visit www.cancer.gov or call the National Cancer Institute's Cancer Information Service toll-free at 800-422-6237 (or 800-332-8615 with TTY equipment).

For further help for specific problems or personal concerns, contact your physician or health care provider.

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