



For Your BENEFIT

STATE OF LOUISIANA • OFFICE OF GROUP BENEFITS

Weight requirements relaxed for IMI component of OGB Heads Up weight loss program

Recruitment continues for the second year of a five-year OGB weight loss program now under way at Pennington Biomedical Research Center in Baton Rouge. Additional clinic sites are planned for several Louisiana cities.

You may be eligible to participate in the Heads Up program if you are:

- Enrolled in OGB's PPO, HMO or Consumer-Driven health plan (CDHP);
- Severely overweight; and
- Suffering weight-related health problems.

If you are selected, the majority of costs are covered by your OGB health plan.

The pilot program tests the effectiveness of both intensive medical intervention (IMI) and bariatric surgery to inform OGB about ways to better manage health problems caused by obesity. To participate, you must consent to treatment and have your medical information analyzed in an observational research study.

"Participants in the IMI component of the program have been quite

successful in shedding excess pounds," noted Dr. Tip McKnight, OGB medical director. "Their success helped drive our decision to lower weight requirements for potential IMI participants. This change gives more OGB members an opportunity to participate, so we encourage any eligible member who is interested to sign up now."



Although information about every Heads Up applicant and participant is confidential, some IMI participants are so pleased with the results they agreed to share their stories and photos. Turn the page to read what they had to say.

The IMI component uses meal replacements, strategies designed to change eating habits and increased physical activity to aid weight loss. Participants adhere

to a liquid low-calorie diet for up to four months and participate in a group lifestyle change program.

The quota of potential participants for year two of the surgery component has been reached, but weight requirements for the IMI component are more relaxed than before and potential participants are encouraged to apply.

If you are interested in learning more, click on the Heads Up link on the home page of the OGB website (www.groupbenefits.org), which leads to the Heads Up program web page. The Heads Up web page has details about the program and informational videos describing weight loss surgery and intensive medical treatment for obesity. After you have viewed these two videos and read the information about the program, you then can complete a short online questionnaire to indicate your interest.

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HEADS UP PROGRAM

Heads Up IMI participants share success stories



“I got used to smaller portions, which I never could do before on a regular diet.”

Douglas Wingo
(lost 97 pounds)



“I got used to the shakes after a few weeks and I learned to adapt, even when I had to cook for parties. It helps now that we’re back on regular food; you know you can pass things up because that’s what you were doing before. You enjoy fruits and vegetables more when you start reintroducing them, which makes the diet easier to maintain. The group is one of the more important parts: they help with nutritional stuff, recording what you eat and calorie counts and how to succeed long term.”

New IMI Weight Requirements

HEIGHT MINIMUM WEIGHT

5 feet, 1 inch	175 pounds
5 feet, 2 inches	182 pounds
5 feet, 3 inches	187 pounds
5 feet, 4 inches	193 pounds
5 feet, 5 inches	200 pounds
5 feet, 6 inches	205 pounds
5 feet, 7 inches	211 pounds
5 feet, 8 inches	218 pounds
5 feet, 9 inches	224 pounds
5 feet, 10 inches ...	230 pounds
5 feet, 11 inches ...	237 pounds
6 feet	244 pounds
6 feet, 1 inch	251 pounds
6 feet, 2 inches	258 pounds
6 feet, 3 inches	265 pounds



“The level of energy I have after losing weight is remarkable.”



Sonya Wingo
(lost 65 pounds)

“The shakes are wonderful, but being on a liquid diet takes a little getting used to. I’m glad Doug and I were doing this together. Before the program, I was tired all the time; I just thought I was getting old. Once I started losing weight, my energy level went up. It was a lot easier to naturally be more active in addition to an exercise program. In the group sessions, we talked about social events – alternatives and positive things you can do instead of feeling like you have to go to a function you’re not going to enjoy. Learning how to overcome the pitfalls has been invaluable.”



***“I can’t stop living;
I just need to not eat the whole thing.”***

Tom Rish
(lost 75 pounds)



“It was easier than I thought because the program is structured. The shakes kept me motivated and full; I didn’t have the anxiety I normally do when I diet. It was nice to have the medical component. Being a diabetic, I wouldn’t have been secure losing that much weight on my own without medical check-ups. The group sessions reinforce the process. We talk about how we manage, what we substitute, how we get back to normal. Portion control is a big element, along with not making food so important. It’s a challenge in the South to get together, talk and have good times without sitting there, munching on things.”

“The program takes you step by step: a liquid diet at first; after that, you start off slowly: vegetables, then fruits, gradually one meal and then two meals a day. I love the group sessions. The program teaches you how to eat. It changed my eating habits; I’ve learned there are certain things I don’t have to have. I do a lot of walking now.

It’s about making changes; if not, you’re going back to the same old habits. I’m off diabetes medications I’d been taking for years. I only take one medication now, a high blood pressure pill.

I can do things I haven’t been able to do in years: sit here and actually cross my legs, walk instead of being tired and falling behind – and play tennis.”



***“It’s like I’ve
been given a
second chance!”***

Beverly Dugas
(lost 47 pounds)

Blue Cross administers PPO, HMO and CDHP

Effective January 1, 2013, OGB transferred administration of the PPO health plan and the Consumer-Driven health plan (CDHP) to Blue Cross and Blue Shield of Louisiana, which already administered the HMO health plan. As a result, PPO members now have access to a nationwide health care provider network, a benefit HMO members already had.

This means PPO members, many of whom are retired or who are traveling or residing outside the state, are no longer subject to more expensive out-of-network costs. PPO members now also have access to other benefits previously available to HMO members, including discounts on gym memberships, hearing aids, diet programs and other services.

Blue Cross now provides customer service for PPO, HMO and CDHP members at eight regional office locations throughout Louisiana – an increase from the seven previous OGB locations, with the addition of Houma:

Alexandria

4508 Coliseum Blvd.
Suite A
Alexandria 71303
318-448-1660

Lafayette

5501 Johnston St.
Lafayette 70503
337-232-7527

New Orleans

3501 N. Causeway Blvd.
Suite 103
Metairie 70002
504-832-5800

Baton Rouge

5525 Reitz Ave.
Baton Rouge 70809
800-392-4089

Lake Charles

219 W. Prien Lake Rd.
Lake Charles 70601
337-562-0595

Shreveport

411 Ashley Ridge Blvd.
Shreveport 71106
318-795-0573

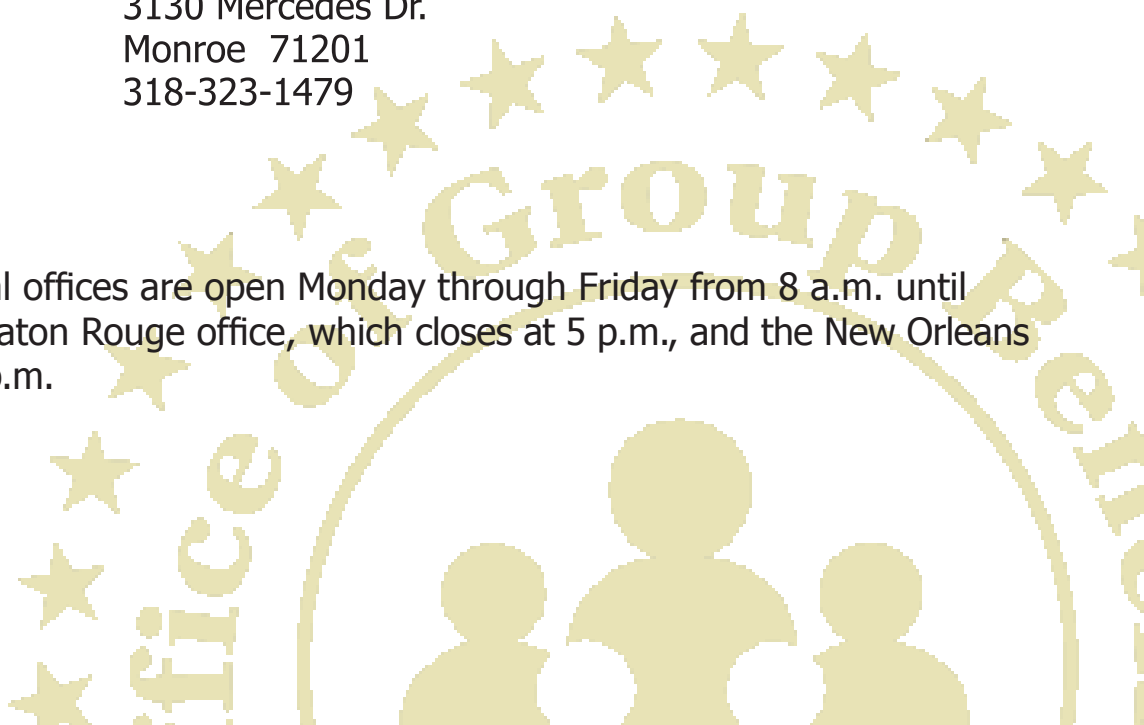
Houma

1437 St. Charles St.
Suite 135
Houma 70360
985-223-3499

Monroe

3130 Mercedes Dr.
Monroe 71201
318-323-1479

These Blue Cross regional offices are open Monday through Friday from 8 a.m. until 4:30 p.m. – except the Baton Rouge office, which closes at 5 p.m., and the New Orleans office, which closes at 4 p.m.



OGB lists customer service phone numbers

As always, the Office of Group Benefits continues to oversee all OGB-sponsored health plans – the self-insured PPO plan, HMO plan and Consumer-Driven health plan, or CDHP, (administered by Blue Cross); the fully-insured Medical Home HMO plan (administered by Vantage); and the fully-insured Medicare Advantage HMO plans (administered by Peoples Health and by Vantage). Questions about health coverage continue to be directed to the health plan in which the member is enrolled.

For information about health plan benefits, pre-authorization, claims or payments:

PPO (Blue Cross)	Blue Cross	800-392-4089
HMO (Blue Cross)		
CDHP (Blue Cross)		
Medical Home HMO (Vantage)	Vantage	888-823-1910 318-361-0900
Vantage Medicare Advantage HMO		
Vantage \$0 Premium Medicare Advantage HMO		
Peoples Health Medicare Advantage HMO	Peoples Health	866-912-8304

For information about pharmacy benefits, claims or payments or Diabetic Sense programs:

PPO (Blue Cross)	Catamaran (formerly Catalyst Rx)	866-358-9530
HMO (Blue Cross)		
CDHP (Blue Cross)	Express Scripts / ESI	800-392-4089
Medical Home HMO (Vantage)	Vantage	888-823-1910 318-361-0900
Medicare Part D prescription coverage through Express Scripts / ESI (formerly Medco)	Express Scripts / ESI (formerly Medco)	866-808-5271
Diabetic Sense programs	Catamaran (formerly Catalyst Rx)	866-358-9530

COBRA eligibility, premiums and premium payments continue to be handled by OGB Customer Service at (toll-free) 800-272-8451 or (TTY toll-free) 800-259-6771. COBRA payments must be mailed to the OGB Eligibility Division, P. O. Box 66678, Baton Rouge, LA 70896. COBRA election forms must be faxed to 225-925-4074 or mailed to the OGB Eligibility Division.

Dependent verification for employees continues to be handled by the agency or, for retirees, by the OGB Eligibility Division, P. O. Box 66678, Baton Rouge, LA 70896.

ENHANCED DIABETIC SENSE

Enhanced Diabetic Sense program can help you stay healthy

OGB and Catamaran (formerly Catalyst Rx) now offer a new Enhanced Diabetic Sense program for any PPO or HMO plan member who has been diagnosed with diabetes and does not have Medicare as primary health coverage. The program is administered by ActiveCare (formerly 4G/Active Care Biometrics).

Through the Enhanced Diabetic Sense option, OGB ensures you have the most advanced tools you need to live a healthy and productive life. Blood sugar levels in a normal range are vital to staying healthy. If your blood sugar levels run high for too long, you can experience serious medical conditions such as heart disease, blindness or loss of limb.

The Enhanced Diabetic Sense program enables you to better monitor your blood sugar levels and – if you choose – share this information with one or more people with an active role or interest in your well-being, such as your spouse, child or children, doctor or health coach.

If your readings fall outside specific boundaries, you will be notified by a Catamaran nurse or pharmacist who specializes in diabetes education and will help you manage and improve your blood sugar readings.

Access to your account through the online tool is private and can be seen by other people only at your request. Your readings will not be seen by your employer, and

you can choose not to share your readings with anyone. The choice is yours and can be changed at any time.

To make sure premium dollars are well spent, OGB only receives information on the number of members utilizing the meters and overall improvements in blood sugar levels (not individual testing readings).

Enhanced Diabetic Sense Program ActiveCare Benefits

All of your diabetes testing supplies are sent directly to you with no co-pays or deductibles.

Your ActiveCare glucometer can help you better control your diabetes by providing valuable information that will help with the management of your diabetes. You can call 24 hours a day, 7 days a week to have your diabetes-related questions answered and access online tools to help you reach your diabetes management goals.

Your FDA-approved cellular meter allows your readings to go into your online logbook within a minute of your testing. You don't have to remember or write down your readings. When the reading goes into your electronic logbook, it is automatically checked by computer to ensure it is in a specific range. If the reading is out of range, it triggers an alert so your Catamaran diabetes specialist can call you to assist in getting your blood sugar back to a normal range.



If I do want to participate, what do I do?

Instructions were included in the letter you received in January. Simply begin using the new meter and taking your blood sugar as you normally do.

If you need help, call Catamaran (toll-free) at 866-358-9530.

You also can activate your online account and begin utilizing the online tools to view the electronic log of your readings. To activate your online account, go to catamaran.activecare.com and enter the user name and password provided.

If I do not want to participate, what do I do?

Participation in the new Enhanced Diabetic Sense program is NOT mandatory. We encourage you to at least try the new meter for 30 days. If you do not wish to participate, call Catamaran at 866-358-9530 for instructions on how to return the meter.

OGB Living Well Louisiana program transitions to Blue Cross' In Health program

Disease management program participants must sign up for In Health program to continue receiving prescription incentive

Effective January 1, 2013, OGB's Living Well Louisiana disease management program for PPO and HMO members transitioned to Blue Cross' In Health: Blue Health Services program. The Blue Cross In Health program now provides health coaching for participants.

The program, which previously was administered by Nurtur, is designed to help PPO and HMO members diagnosed with and receiving treatment for one or more of five targeted health conditions: coronary artery disease, heart failure, diabetes, asthma and/or chronic obstructive pulmonary disease (COPD).

The program's prescription drug incentive can save you up to hundreds of dollars each year by offering reduced copayments for certain drugs used to treat any of these five conditions with which you have been diagnosed – \$0 for generic prescriptions and \$15 for brand-name prescriptions.

Living Well Louisiana program participants had a 90-day grace period – until March 31, 2013 – to speak with a Blue Cross health coach to enroll in the In Health program. LWL participants who did not call a Blue Cross health coach and sign up for the In Health program will not continue

to receive the prescription incentive after March 31.

If this applies to you and you want to re-enroll or continue participating and receive the prescription incentive, you are encouraged to call 800-363-9159 right away (8 a.m. to 5 p.m. Monday through Friday) to speak with a Blue Cross health coach and sign up.

New life insurance contract awarded to Prudential

OGB awarded a new contract to Prudential Life Insurance in late 2012 to provide life insurance benefits to state employees.

Basic and supplemental life insurance schedules with the new premium rates are posted on the Life Insurance Benefits page of the OGB website (www.groupbenefits.org).

Beginning January 1, 2013, the new rates per \$1,000 of term life insurance coverage are as follows:

	<u>Previous Rate</u> Per \$1,000	<u>New Rate</u> Per \$1,000
Face Life Amount	\$0.96	\$1.04
Accidental Death & Dismemberment (AD&D)	\$0.04	\$0.04
Dependent Life	\$0.88	\$0.98





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NOTICE

Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of the fees for those out-of-network services, in addition to applicable amounts due for co-payments, co-insurance, deductibles and non-covered services. Specific information about in-network and out-of-network facility-based physicians can be found at the website address of your health plan or by calling the customer service telephone number of your health plan.

To ensure that Louisiana residents are aware of the financial implications of balance-billing by out-of-network providers at network facilities (such as out-of-network radiologists, pathologists, laboratories, hospitalists and emergency room physicians at network hospitals), Act 453 of the 2010 Louisiana Legislature requires health plans in Louisiana to provide this notice to their members.

Balance-billing refers to the amount billed by an out-of-network provider that represents the difference between the amount the provider charges for a service and the amount the member's health coverage pays for the service.

When an OGB member uses a network provider, the provider has signed a contract with the member's health plan and agreed to accept assignment of OGB health plan benefits as payment in full, after any member co-payment or co-insurance. This negotiated price usually is lower than the amount the provider charges for the service because it reflects the increased number of patients and revenue the provider gains by providing health care services to that health plan's many members.

Terms such as **out-of-network**, **non-network** and **non-participating** all refer to providers who have not contracted with the member's OGB health plan. When a member chooses an out-of-network provider, he or she chooses to accept financial responsibility for any difference between the amount charged by the out-of-network doctor or physician group and the discounted amount paid by the member's OGB health plan for covered services rendered by network providers – the balance billed by the provider.

Because balance-billing can add up to thousands of dollars in unplanned medical expenses, OGB encourages members to manage out-of-pocket costs by choosing network providers wherever possible and by checking in advance to determine if hospital-based providers are participating providers in his or her plan's network. The current provider directory for each OGB health plan indicates the network participation status for hospital-based providers and is accessible online via the OGB website (www.groupbenefits.org).