



## For Your

# BENEFIT

STATE OF LOUISIANA

OFFICE OF GROUP BENEFITS

PPO • EPO • MCO • HMO

## Going Out of Network Can Be Very Expensive

*From the Desk of A. Kip Wall, CEO*

You are a PPO plan member and your doctor has just informed you that you have a condition requiring treatment. The doctor mentions a facility that performs this treatment and refers you to a doctor she knows. What should you do?

Questions  
to ask your  
doctor, page 2



\$50,000 or more. We have also seen plan members who were forced to pay 60-70% of billed charges.

You should contact your OGB customer service office to determine whether this doctor is in the plan network. (The addresses and phone numbers are listed on the back of this newsletter.) Your colleagues at OGB want to help you avoid unexpected, pocketbook-draining medical expenses that can occur when you go to an out-of-network provider.

You have the right to go wherever you choose to obtain medical services. If you want to take your doctor's advice and go out of network, you may do so. However, to remain financially stable for all plan members, OGB can only pay for services according to your plan document. If Medicare is your primary coverage, this information does not apply to you. Please call us so we can provide you with the information you need to make a knowledgeable choice.

PPO plan members who go out-of-network for care may become responsible for significant out of pocket expenses. Although your plan will pay 70 percent of a pre-set limited fee schedule, you will be responsible for paying 100 percent of the difference between that limited fee schedule and whatever the provider actually bills for you. We have seen cases in which the plan member was responsible for



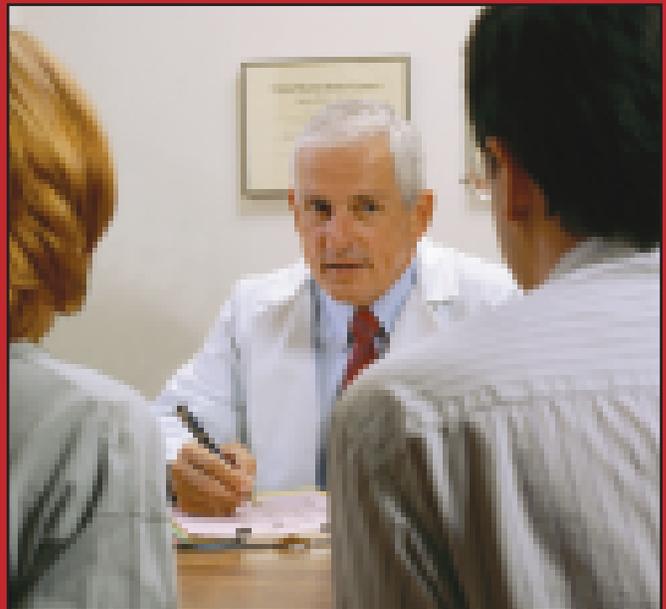
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# QUESTIONS TO ASK YOUR DOCTOR

If you are trying to control your health care costs, communication with your provider is vital. Here are some questions you should ask your doctor.

1. Is this procedure or treatment medically necessary?
2. Is this procedure or treatment covered by my health insurance?
3. Is it medically necessary that this procedure be done only at the facility you are recommending?
4. What is your charge for this service and how much will I owe you after my insurance pays?
5. Do you know the fee schedule amount that my insurance will pay?
6. Can this be done as an outpatient?
7. Can this be done in your office?
8. Does this procedure or treatment require prior authorization?
9. Is the lab or test you are ordering for me covered by my health insurance?
10. Is the specialist to whom you are referring me part of my health insurance's network? (Bring your directory or check the OGB website.)
11. If not, can you please refer me to another specialist?
12. What are the side effects of this drug?
13. Is this available as a generic drug?



## Summer Brings Skin Cancer Concerns

Skin cancer is a serious and costly illness. Please review this information from the National Institutes of Health:

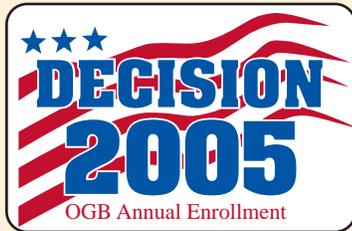
- ☀ Over a million new cases of skin cancer will likely be diagnosed this year.
- ☀ Many people think of a tan as “healthy,” but it’s really an indication of recent sun damage. The skin produces a pigment as a shield to protect itself from future damage caused by UV light exposure.
- ☀ Preventing skin cancer means protecting yourself from the sun’s harmful rays.
- ☀ Regular skin self-exams enable you to learn about and become familiar with your own skin and its markings. This familiarity means you are more likely to notice any changes in your skin.

- ☀ If detected early, most skin cancers can be cured. Examining your skin frequently and regularly can lead to early diagnosis. Here’s how:
  - In bright light, in front of a full-length mirror, examine your body (front and back). Raise your arms and inspect your right and left sides.
  - Check your back and buttocks with a hand mirror.
  - Bend your elbows and look carefully at your forearms, upper arms, underarms and palms.
  - Look at the backs of your legs and feet, including between your toes and your soles.
  - Use a hand mirror to examine the back of your neck and your scalp. Part your hair for a close look.
  - Ask a partner to help you check hard-to-see areas.



## You Made Annual Enrollment a Success

After 381 meetings attended by 29,493 participants, OGB's annual enrollment period is over.



Congratulations to all of you who took our message of Decision 2005 to heart. You armed yourself with our newsletters, directory, helpful information books, flexible benefits brochures, meeting handouts, webinars and other website information.

You attended a meeting close to your home or office and experienced one of our professionally-prepared multi-media presentations. You asked thoughtful questions of our vendors. You sought help from your human resources staff members, who received special training prior to annual enrollment.

Then you made an informed choice by selecting the best health care option for you and your family. You filed more than 25,000 annual enrollment documents which have now been processed for the 2005-2006 plan year.

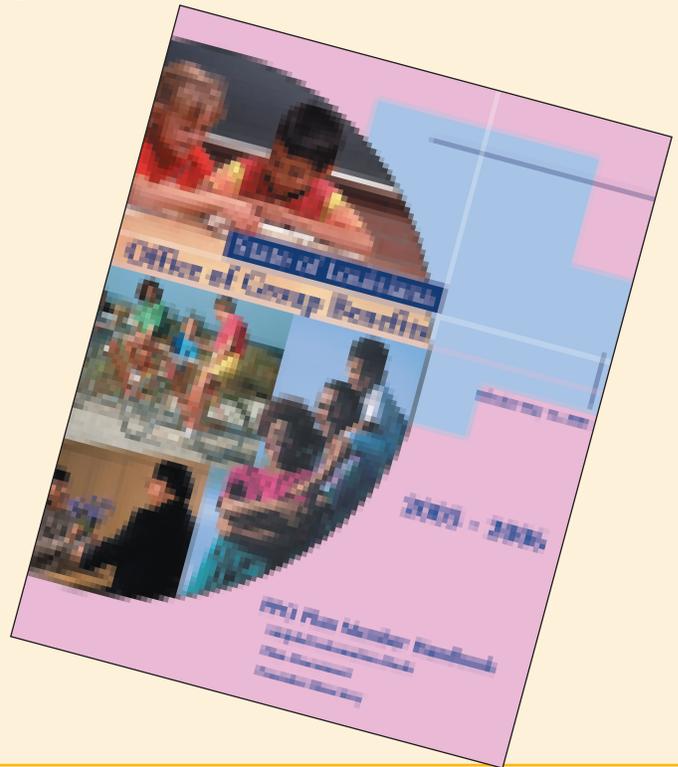
We are gratified that you have reported your satisfaction to us, as have our agency partners, contractors and providers. Membership cards, plan documents, provider directories have all been prepared for you.

And, we have already begun planning for next year's annual enrollment. We plan on doing an even better job for you!

## Notice to PPO Plan Members

The PPO Handbooks, which contain the Helpful Information Book, the Plan Document and the updated Provider Directory, are in our warehouse. If you'd like one, simply return the postcard we sent you. If you misplaced your postcard, call your local customer service office and we'll mail you one. (See phone numbers on page 8.) This directory is available via the website at [www.groupbenefits.org](http://www.groupbenefits.org). The site is updated daily, providing you with the most up-to-date list of providers.

Our processing and mailing teams appreciate your understanding that it takes two to three weeks to process your order. Thank you.



## OGB Website Offers New *Health Care Savings Secrets* Video

These days, health care costs often seem out of control. OGB's goal is to help our plan members and their families to be healthy and stay healthy...while getting the best value for their health care dollar.

During annual enrollment, many state employees asked OGB how they could save money and still get quality health care for themselves and their families. In response to your concerns, the Office of Group Benefits developed a brief video that highlights ways you can lower your health care costs without compromising quality:

- **Use generic** drugs whenever possible. This can reduce the cost of prescription medication by as much as 75 percent.
- **Consider ordering routine prescription drugs by mail.** You can sometimes get a larger refill for less money.
- **Make sure your doctor is covered by your health care plan** prior to your appointment. Check the OGB website at [www.groupbenefits.org](http://www.groupbenefits.org) or call your local OGB Customer Service office (listed on page 8 of this newsletter).
- **Before you go to the hospital, make sure the hospital, your doctor and other specialists** (such as the anesthesiologist, radiologist or physical therapist) are covered by your health plan.
- **Get regular checkups and diagnostic tests** recommended by your doctor.
- **Participate in the flexible benefits plan.** It enables you to deduct health care premiums from your taxable income, saving you money on taxes.
- If you have a chronic condition such as diabetes, heart disease or chronic lung disease, **participate in the free Diabetic Sense and Healthy Together programs.**

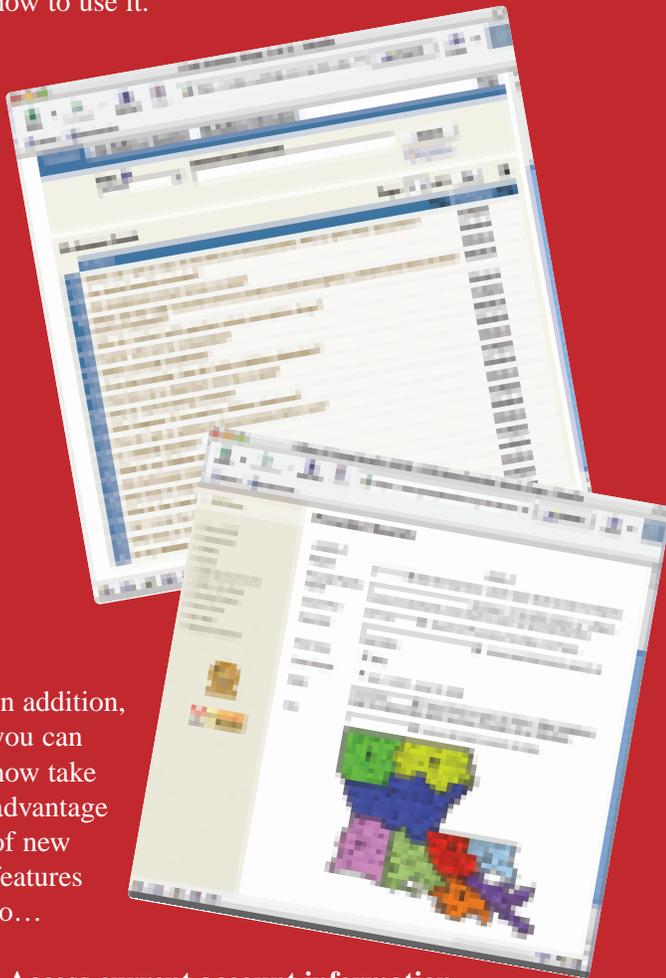
The new video will be available soon on the OGB website. It will also be distributed to human resource directors at all state agencies. Check it out!



## Visit OGB's Enhanced Website

Thanks to feedback from our plan members, the Office of Group Benefits website—[www.groupbenefits.org](http://www.groupbenefits.org)—continues to become more user-friendly.

The [Quick Tours](#) link on the left side of the home page offers online instruction that walks you through the simple process of registering, designating a password (which can be changed as needed) and accessing the members-only site. Easy-to-understand instructions help you quickly become familiar with the site and how to use it.



In addition, you can now take advantage of new features to...

- **Access current account information using a secure Internet connection.**

*Registered plan members can...*

- ◆ *Check on the status of claims filed;*
- ◆ *View information about benefits paid to medical care providers and pharmacies; and*
- ◆ *Print out copies of vesting letters as proof of OGB health care coverage.*

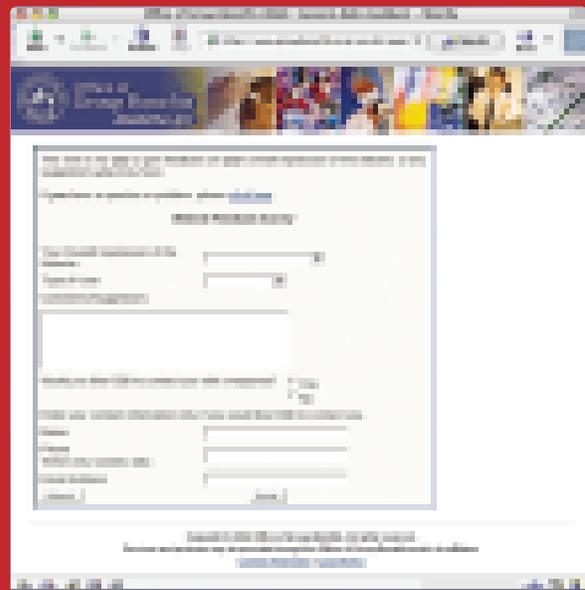
- **Search the online directory of health care providers and facilities.**

*Plan members can search the latest listings of providers and facilities by name, region, specialty, plan type, time period, state and city.*

- **View links to news articles in regional, national and international newspapers and other publications on topics related to health and health care benefits.**

*Newspaper articles posted on the OGB website cover a variety of health care topics, as well as other health-related subjects currently in the news that may be of interest to you. These include court decisions regarding health care; prescription drug pricing; the health care industry; money-saving tips for translating hospital bills; and benefits offered by government agencies in other states and other countries.*

OGB website users are invited to submit their comments and suggestions for improvement via the [Website Feedback](#) link, located at the bottom of the menu on the left side of every page, just below the Password Reset link. Feedback can be submitted anonymously or you can request to be contacted by OGB.



# MEDICARE PRESCRIPTION DRUG COVERAGE...

*Starting this summer and into the fall, individuals who are participating in the Medicare program will be inundated with information about the new Medicare prescription drug program. In an effort to inform our plan members, we have asked questions in this article that address the key issues. We recommend that our plan members do not participate in this program for the reasons that are discussed in this article. However, we want you to be informed.*

## What do retirees need to know?

If you are currently enrolled in Medicare, you will be receiving information about the new Medicare prescription drug program, called Medicare Part D. Medicare is offering this program through insurance and other private companies. You will be receiving information from these different companies and applications to sign up for the program in the summer and fall of 2005.

Before responding to these offers, read over these facts about the coverage and how it relates to OGB's current prescription drug program.



## What is the new Medicare prescription drug program?

Beginning on January 1, 2006, new Medicare drug plans will be available to people with Medicare Part A and/or Part B coverage. These plans will provide coverage for prescription drugs for a monthly premium (generally about \$37 per month in 2006) with a \$250 annual deductible. Participants will also pay a share of the costs of the drugs they purchase.

## Should OGB plan members on Medicare apply to one of these new drug plans?

**Because OGB will continue to offer its prescription drug program to its retirees, we advise our OGB retirees to DECLINE the Medicare Part D option.**

OGB retirees should be comfortable in the knowledge that OGB's drug program is equal to or better than the Medicare Part D plan. Other considerations are:

- By staying in the OGB plan, you have continuous coverage with no disruption.
- Keeping the OGB plan will ensure your current level of coverage for this plan year.

Medicare Part D plans have a "donut hole" or gap in catastrophic prescription drug coverage. They pay up to a limit of \$2,250 for prescription drugs in one year, but after that Medicare Part D plan members will have to pay \$3,600 out of their own pocket before catastrophic prescription coverage starts in these new Medicare plans. Once your total out-of-pocket costs for drugs reach \$3,600, you pay five percent of the costs, and Medicare pays 95 percent for the rest of the year.

## If I enroll in Medicare Part D, is there help for low-income families?

Retirees whose incomes and assets put them near the Federal Poverty Level may qualify for extra assistance. If your one-person household annual income is \$14,335 or less, or if your two-person household income is \$19,245 or less, you may qualify for this extra help from Medicare. Medicare Part D premiums will be waived, as will certain copayments and deductibles. Please call 1-800-MEDICARE to see if you qualify for this extra help.

## When does the Medicare prescription drug plan start?

Individuals can join a Medicare prescription drug plan between November 15, 2005, and May 15, 2006. If you join by December 31, 2005, your Medicare prescription drug plan coverage will begin January 1, 2006. If you join after that, your coverage will be effective the first day of the month after the month you join. In general you can join or change plans once each year between November 15 and December 31. If you don't join a plan by May 15, 2006, and you don't have a drug plan that covers as much or more than a Medicare prescription drug plan, you will have to pay more each month to join later.

## Are all the plans offered in this program the same?

No, they are not. All drug plans will have to provide at least a standard level of coverage, which Medicare will set. However, some plans might offer more coverage and additional prescription drugs for a higher monthly premium. Some drug programs will be offered as part of a managed care Medicare Health Plan and some will be a stand alone prescription drug program.

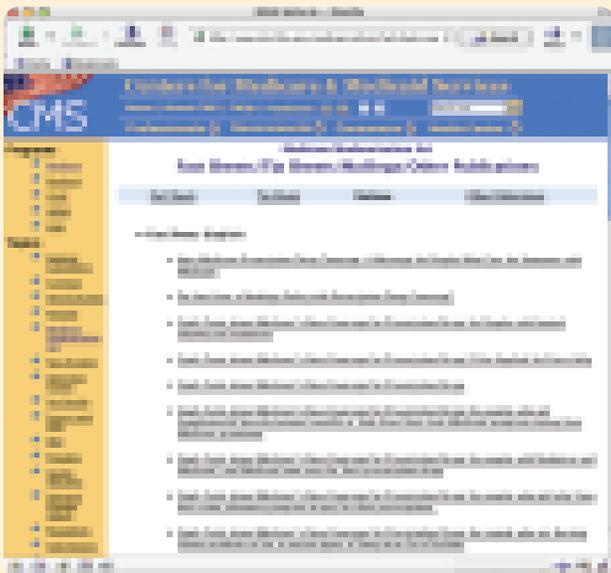
## If I discontinue my OGB coverage, can I come back at a later time?

If you decide to rely on your Medicare coverage with or without the new prescription drug plan and drop your OGB coverage you will NOT be able to renew your OGB coverage at a later time.

## How do I get more information on the Medicare prescription drug plans?

If you are eligible for Medicare, the *Medicare & You 2006* handbook will be mailed to you in October 2005, with a list of the Medicare prescription drug plans available in your area. On October 13, 2005, Medicare prescription drug plan comparison information will be on the Internet at [www.medicare.gov](http://www.medicare.gov) or you can call 1-800-MEDICARE to find out more.

Personalized information will be available at [www.medicare.gov](http://www.medicare.gov) in October, 2005. Currently, fact sheets on the Medicare prescription drug program are at [www.cms.hhs.gov/medicarereform](http://www.cms.hhs.gov/medicarereform).



## Relax! Your Health Depends on It Stress May Increase Your Chances of Physical Illness

We know that the mind has enormous power when it comes to the body's response to disease. Emotions like stress, anxiety, depression, anger, tension and negativity are difficult enough to deal with on their own — imagine finding out that they were actually making you sick.

Scientists have found a direct link between stress and the development of many physical illnesses and diseases. According to the National Mental Health Association, 43 percent of all adults suffer negative health effects from stress. And stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide.

The body has physical responses to stress that include butterflies in the stomach, a rise in blood pressure, dry mouth, tensing of muscles and difficulty concentrating. These reactions keep the body on alert for imminent danger. However, if this stage is prolonged, such as when dealing with a long-term stressful situation, the body can become tired and worn down by the physical responses. When the body reaches this exhaustion stage, it releases additional hormones that suppress and weaken the immune system, which over time can make people vulnerable to a host of illnesses.

## A Little Relaxation Can Go a Long Way

As you can see, being healthy emotionally is just as important as being healthy physically. In fact, a healthy mind is perhaps even more important. Taking a little time for yourself to rest and relax is not selfish — it is necessary to recharge your energy — and will go a long way toward helping you stay healthy. Try these tips to improve your total health and well-being:

- Allow yourself to say no — know your limits.
- Find humor in work — laughter naturally releases stress and loosens the body.
- Learn relaxation techniques to do at work and home — try taking a yoga class or practicing meditation.
- Remember that it's okay to make mistakes — don't hold yourself and others to unfair expectations of perfection.
- Be a kid again — read a children's book, swing at the park, or draw a picture.
- Do something fun and enjoyable for yourself every day — dedicate some time to do something you value.
- Accept that there are some things you cannot change — recognize that you are not happy with something, accept it, and move on.

# 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

### Alexandria

900 Murray Street  
Room F-100  
Alexandria, LA 71301  
318.487.5731  
800.813.1578

### Baton Rouge

5825 Florida Boulevard  
Baton Rouge, LA 70806  
225.925.6625  
800.272.8451

### Lafayette

825 Kaliste Saloom Road  
Building II, Suite 101  
Lafayette, LA 70508  
337.262.1357  
800.414.6409

### Lake Charles

710 West Prien Lake Road  
Suite 114  
Lake Charles, LA 70601  
337.475.8052  
800.525.3256

### Metairie

3421 North Causeway  
Suite 400  
Metairie, LA 70002  
504.838.5136  
800.335.6208

### Monroe

1400 North 19th Street  
Monroe, LA 71201  
318.362.3435  
800.335.5206

### Shreveport

1525 Fairfield Avenue  
Room 669  
Shreveport, LA 71101  
318.676.7026  
800.813.1574

### TDD (hearing impaired)

225.925.6770  
800.259.6771



This document was published at a total cost of \$16,775.00 for 100,000 copies. This document was printed by Moran Printing, Inc., under authority of the Division of Administration, to inform state employees about their benefits. This information was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31.



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