



STATE AND SCHOOL
EMPLOYEES'

Life AND Health

P L A N

Know Your Benefits

DO YOU HAVE DIABETES, ASTHMA, OR HEART DISEASE?

Staying as healthy as possible when you have a chronic disease is incredibly difficult.

For those with diabetes, asthma or heart disease the Intracorp Smart Steps® program can help. In this program, registered nurses reach out to you and offer to provide you with expertise to help you manage your diseases by providing personalized health care counseling and information. This program is voluntary and is provided to you and your covered dependents at no charge through the State and School Employees' Health Insurance Plan.

Smart Steps health care professionals can help you understand the complex medications, tests and treatments that your doctors recommend, and help you create a personalized action plan of daily activities to help you improve your health. In addition, nurses are available to you 24-hours-a-day to respond to any questions or problems you may have.

You may rest assured that Smart Steps works in concert with your doctor, providing information about the program, and working with him or her as well to help you avoid the complications of chronic disease.

As always, your medical condition remains a private matter, and is not communicated in any way with your employer. Smart Steps strictly follows all state and federal regulations to protect your health information.

Smart Steps health care professionals have helped thousands of people, but they reach out to one person at a time. Smart Steps participants are people of all ages: retirees, working men and women, teenagers and children who are learning the good habits that will help them thrive in the future.

Highlights of the enhanced Smart Steps program include:

- Personalized plans to help participants reach goals on weight management, fitness or stress reduction
- Periodic calls scheduled at your convenience to help celebrate milestone successes and overcome challenges
- Informative materials in everyday language
- Reminders of important medical exams, tests and vaccinations
- Free phone access to a health care professional – 24-hours-a-day, seven-days-a-week

You may receive a letter from Intracorp Smart Steps. If so, please take the time to read about the program and follow the recommended steps. The Intracorp Smart Steps team is eager to help you. It's free, convenient, and always confidential.

*Need a good
web site for trustworthy
health information?*

*Go to
www.healthinfoseeker.com.
The password is dfaoi.*

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A Message From the Attorney General's Office

Attorney General Mike Moore would like you to be aware of certain lawsuits settled by his Consumer Protection Division that could benefit you. These lawsuits were based upon alleged overcharging and violation of antitrust laws by drug companies. The drugs involved include Buspar, medication used for anxiety, and Taxol, medication used to combat cancer; and their generic equivalents. The summaries below provide important information including how eligible consumers may file claims. If you have any further questions, please call the Consumer Protection Division of the Attorney General's Office at 601-359-4230 or 1-800-281-4418 or visit the Attorney General's website at www.ago.state.ms.us for this and other valuable consumer information.

BUSPAR – Anti-anxiety drug

Deadline to File a Claim: October 10, 2003

Patients suffering from generalized anxiety disorder and others who took BuSpar over the last eight years are included in a proposed multi-million dollar settlement of a nationwide antitrust class-action lawsuit brought by the Attorneys General of all states, Puerto Rico and the District of Columbia. **The lawsuit contends that Bristol-Myers Squibb, makers of BuSpar or buspirone hydrochloride, engaged in fraudulent conduct and conspired with a potential competitor to prevent the entry of generic competitors and illegally maintained its monopoly over the sale of the drug in the United States.**

BuSpar is a brand name prescription drug used to treat Generalized Anxiety Disorder, other anxiety disorders and Alzheimer's disease.

Claim forms and complete information can be obtained at www.busparsettlement.com or by calling 1-800-678-9587. Claims must be filed by October 10, 2003. Affected BuSpar consumers who do not wish to participate in the settlement must exclude themselves in writing by October 10, 2003.

TAXOL – Cancer

Deadline to File a Claim: November 14, 2003

Cancer patients who purchased Taxol® or paclitaxel (including Onxol®), two late-stage chemotherapy drugs, in the past four years may be eligible to receive significant reimbursement for alleged illegal overcharging. The settlement provides

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FIVE STEPS TO SAFER HEALTH CARE

1. Ask questions if you have doubts or concerns.

Ask questions and make sure you understand the answers. Choose a doctor you feel comfortable talking to. Take a relative or friend with you to help you ask questions and understand the answers.

2. Keep and bring a list of ALL the medicines you take.

Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines. Tell them about any drug allergies you have. Ask about side effects and what to avoid while taking the medicine. Read the label when you get your medicine, including all warnings. Make sure your medicine is what the doctor ordered and know how to use it. Ask the pharmacist about your medicine if it looks different than you expected.

3. Get the results of any test or procedure. Ask when and how you will get the results of tests or procedures. Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail. Call your doctor and ask for your results. Ask what the results mean for your care.

4. Talk to your doctor about which hospital is best for your health needs. Ask your doctor about which hospital has the best care and results for your condition if you have more than one hospital to choose from. Be sure you understand the instructions you get about follow-up care when you leave the hospital.

5. Make sure you understand what will happen if you need surgery. Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation. Ask your doctor, "Who will manage my care when I am in the hospital?" Ask your surgeon, "Exactly what will you be doing? About how long will it take? What will happen after the surgery? How can I expect to feel during recovery?" Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reactions to anesthesia, and any medications you are taking.

Open Enrollment for Active Employees and COBRA Participants

Active Employees: If you or your eligible dependents are not currently covered under the State and School Employees' Health Insurance Plan, you may apply for coverage during the month of October to be effective January 1, 2004. Remember, under the Plan rules, you must be covered in order to cover your dependents.

COBRA Participants: If your eligible dependents are not currently covered under the Plan, you may apply for coverage for those dependents during the month of October to be effective January 1, 2004.

This is also the time that you may elect the High Option Coverage for Children if you already have coverage for your dependent, or if you are enrolling dependents. *Please refer to the Plan Document (PD) for more details on this coverage.*

Any employee or dependent applying for coverage during this open enrollment period is considered a "late enrollee" and will be subject to an eighteen (18) month pre-existing condition exclusion period. This period will be reduced by the total amount of prior creditable coverage the person had prior to enrollment. Pregnancy is not considered a pre-existing condition. Refer to the PD for more information on reducing the pre-existing condition exclusion.

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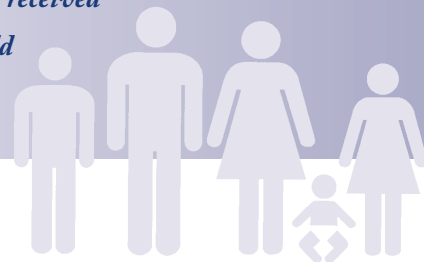
approximately \$12.5 million to reimburse consumers, or the legal representative for a deceased Taxol®/paclitaxel user, some portion of what they paid for the drug or to reimburse insured patients for out-of-pocket costs not paid for by insurers.

Taxol® and Onxol® are brand names of a cancer drug paclitaxel and are used primarily to treat breast and ovarian cancers, although they are also sometimes used to treat lung cancer and certain cancers caused by AIDS such as Kaposi Sarcoma. The drug is administered intravenously over a 1 to 3 hour period under the supervision of physicians in hospitals, outpatient clinics and physicians offices.

The reimbursement program is part of an approximately \$62.5 million settlement of an antitrust suit brought by the Attorneys General of all 50 states, its territories and the District of Columbia, alleging that manufacturer Bristol-Myers Squibb used fraudulent means to delay the entry of lower-priced generic versions of Taxol®, thereby illegally inflating the cost of chemotherapy for thousands of patients.

Patients who paid for part or all of their treatments with Taxol® or its generic equivalents from January 1, 1999 through February 28, 2003, are members of the proposed settlement group and can file a claim for recovery. Claims must be postmarked by November 14, 2003. Claim forms and complete information can be obtained at www.taxolsettlement.com or by calling 1-800-659-7609. Affected consumers who do not wish to participate in the proposed settlement must exclude themselves in writing by October 1, 2003, or they will be bound by the rulings of the court in this case.

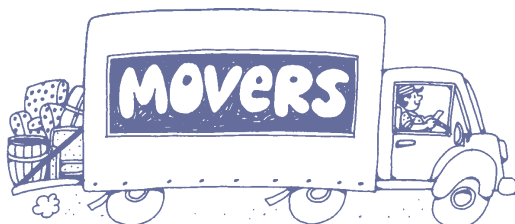
If you are an active employee applying for coverage for yourself or your eligible dependents, you must return the completed Application for Coverage form to your Human Resources office. Contact your Human Resources office for their deadline for receiving applications. COBRA participants should contact Blue Cross Blue Shield to request a form. All forms must be received at Blue Cross Blue Shield by October 31, 2003.



Life Insurance

Aetna Life Insurance Company became the new carrier for the Plan's life insurance coverage effective January 1, 2003. In January, Aetna mailed a group coverage certificate and enrollment form to all employees and retirees with life insurance coverage. The form was to be completed and returned to your payroll/personnel office (active employees) or to BCBSMS (retirees).

This re-enrollment process is being done to ensure that your beneficiary information and other coverage information is accurate and up-to-date. If you are an active employee and need a form, contact your payroll/personnel office. Retirees should contact the retiree department of BCBSMS at 1-888-249-6132. If you have not returned the form, please do so as soon as possible to ensure that your records are correct.



Are You Moving??

BCBSMS needs to know of any address change so that you will continue to receive all communications about your health and life insurance (EOBs, newsletters, etc). All address changes must be submitted to BCBSMS in writing. Employees should contact their personnel office to obtain an Application for Coverage form to make the address change. Retirees and COBRA participants should contact BCBSMS at 1-800-709-7881 to obtain the form.

Blue Cross Blue Shield is Moving Too!

The State Unit of Blue Cross Blue Shield is moving in January 2004. The physical address will be 3475 Lakeland Drive. The toll-free number for customer service, 800-709-7881, and mailing address, P.O. Box 23071, Jackson, MS 39225-3071, will remain the same.

Know Your Benefits

A NEW LOOK For The Explanation of Benefits

Any time you or your provider file a claim with Blue Cross Blue Shield of Mississippi (BCBSMS) for medical services, you receive an Explanation of Benefits (EOB). The EOB explains how your claim was processed. For example, the EOB includes the amount applied to your calendar year deductible, whether your claim was paid in or out-of-network, the amount of the claim that is your responsibility, and the amount paid.

BCBSMS has changed the look of the EOB. The new EOB lists benefit information for all family members in a single EOB. The EOBs are mailed on the 10th, 20th, and 30th of each month at the same time as payments to providers. All family member's claims processed over the 10-day cycle will be sent on a single EOB.