



STATE AND SCHOOL
EMPLOYEES'

Life AND Health

P L A N

Know Your Benefits

2003 PLAN DOCUMENT

Recently, you received your 2003 Plan Document (PD) in your home mailbox. The PD is your primary information resource for life and health Plan benefits. When you have questions about your benefits, use your PD to find the answers you need.

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Are You Ready to Retire?

Are you thinking about retirement – and what this life event might mean to you? What are you going to do when you retire? Are you going to play golf, travel, work in your garden, or just take it easy? There are a lot of things to think about **before** you retire. One important thing to think about is health and life insurance. Here are some questions you might have:

Q: *Should I keep the State Plan or get an individual health insurance policy?*

A: If you are trying to decide whether to keep the State Plan or apply for an individual policy, be sure that you compare benefits vs. costs for each. For example: Very few Medicare supplement policies (commonly called Medigap policies) have prescription drug coverage (and that coverage is limited). The State Plan provides you with the co-payment prescription drug plan and mail order service.

Q: *Are the health insurance benefits for retirees the same as for active employees?*

A: If you are age 65 or on Medicare due to disability when you retire, Medicare will become your primary coverage and the State Plan will be your secondary coverage. If you are under age 65 (and not eligible for Medicare) when you retire, your benefits will remain the same as those available to active employees.

Q: *When do I need to apply in order to continue coverage under the Plan?*

A: You should apply for retiree coverage at least 31 days prior to your retirement date to avoid a temporary lapse in coverage. If you do not apply for retiree coverage within 31 days after your retirement date, you will not be eligible to continue coverage under the Plan as a retiree.

Q: *How do I apply to continue my coverage under the Plan?*

A: You must complete a health insurance Application for Coverage form and a life insurance Enrollment/Change Request Form (you can only continue health and/or life insurance coverage if you had the coverage as an active employee). You should return the completed forms, along with the first month's premium and a copy of your Estimate of Benefits from the Public Employees' Retirement System to your personnel office.

NOTE: If all required information is not submitted, the application process will be delayed and you may experience a temporary lapse in coverage.

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Q: *How long can I keep health and life insurance coverage under the Plan after retirement?*

A: If you meet the qualifications of a retiree under the Plan and apply for coverage within the required timeframe, you can continue that coverage until your death as long as you pay the required premiums.

Q: *Can I add my spouse to my health insurance coverage after I retire?*

A: No, if your spouse is not a covered dependent at the time of your retirement, he/she is not eligible to be added after you retire. However, if you are a retiree under age 65 and get married, you may add your new spouse as long as you complete an Application for Coverage form and send it to Blue Cross Blue Shield within 31 days of the date of marriage. See the 2003 Plan Document for more information on adding a new dependent.

Q: *If my spouse is covered as a dependent on my retiree health coverage, what will happen to his/her coverage if I die?*

A: If you die while retired or eligible to retire and your spouse is covered as a dependent, your spouse can continue coverage as a “surviving spouse”. To qualify, your spouse **must** apply for coverage within 31 days of your date of death. Surviving spouse coverage can be continued for life as long as the required premiums are paid.

AHS

AHS

The AHS State Network strives to contract with as many hospitals as possible. Currently there are ninety-seven AHS State Network hospitals throughout Mississippi. Network hospitals are also located in Birmingham, AL, Mobile, AL, Memphis, TN, and Slidell, LA. Participating hospitals have agreed to provide Plan participants services at a discounted rate and are eager to serve you.

If you are ever in need of emergency care we suggest that you seek the closest health care provider. Emergency care received from an out-of-network provider within the network’s service area may, under certain circumstances, be paid at the in-network benefit level. More information concerning emergency services can be found on page 12 of your 2003 Plan Document.

FIGHT THE BITE

West Nile Virus (WNV) is a mosquito-borne infection that can cause serious illness.

The risk of a healthy person’s getting WNV is “very low”, but you should still protect yourself. People older than 50 years of age have the highest risk of severe disease. The Mississippi State Department of Health urges all Mississippians to avoid mosquito bites whenever possible.

Most mosquitoes do not transmit disease. While about 52 different species of mosquitoes exist in Mississippi, only certain species have been associated with WNV. Only female mosquitoes bite to get a blood meal for their growing eggs. Some mosquitoes are most active between dusk and dawn, when the air is calm, and that is when the females are most likely to bite. However, others will feed at any time of day.

Protect Yourself and Your Family

- Limit outdoor activity after dark during peak mosquito season. Most cases of mosquito-borne disease occur between April and October.
- When outdoors after dark during mosquito season, wear long sleeves and long pants to limit mosquito bites. Since mosquitoes can bite through thin clothing, spray clothing with repellents containing permethrin or DEET.
- When camping out, sleep under mosquito nets.
- Insect repellents containing 10–60 percent DEET, used properly, are the most effective protection against mosquitoes.
- Use DEET concentrations no higher than 10 percent for small children.
- Watch and listen for health department alerts and warnings about mosquito disease outbreaks.

Protect Your Home

- Dispose of tin cans, plastic containers, ceramic pots, or similar water-holding containers.
- Remove all discarded tires from your property. Used tires are very significant mosquito breeding sites.
- Turn over plastic wading pools and wheelbarrows when not in use.
- Close garbage can lids. Be sure water does not collect in the bottom of garbage cans.
- Make sure roof gutters drain properly. Clean clogged gutters in the spring and fall.
- Clean bird baths regularly.
- Clean up leaf litter but do not rake leaves and other yard waste into the gutter or storm drain because it prevents water from flowing and creates ponds that give mosquitoes a place to lay eggs and develop.
- Remove outdoor pet food and water dishes that are not being used. Flush livestock water troughs twice a week.

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CANCER-RELATED CHECKUP

A cancer-related checkup is recommended every 3 years for people age 20–40 and every year for people age 40 and older. This exam should include health counseling and depending on a person's age might include examinations for cancers of the thyroid, oral cavity, skin, lymph nodes, testes, and ovaries as well as for some non-malignant diseases.

Special tests for certain cancer sites are recommended as outlined below.

BREAST

- Breast self-exam monthly for women age 20 and over
- Breast clinical physical examination for women age 20–40, every 3 years; over 40, every year. This exam should be done close to the time of the scheduled mammogram. Ideally, the clinical breast exam should be done before the scheduled mammogram.
- Mammography for women age 40 and over, every year

COLON AND RECTUM

Beginning at age 50, both men and women should follow one of these five testing schedules:

- Yearly fecal occult blood test (FOBT)*
- Flexible sigmoidoscopy every 5 years
- Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years**
- Double-contrast barium enema every 5 years
- Colonoscopy every 10 years

*For FOBT, the take-home multiple sample method should be used.

**The combination of FOBT and flexible sigmoidoscopy is preferred over either of these two tests alone.

All positive tests should be followed up with colonoscopy.

People should begin colorectal cancer screening earlier and/or undergo screening more often if they have any of the following colorectal cancer risk factors:

- a personal history of colorectal cancer or adenomatous polyps,
- a strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative younger than 60 or in two first-degree relatives of any age),
- a personal history of chronic inflammatory bowel disease,
- a family history of hereditary colorectal cancer syndromes (familial adenomatous polyposis and hereditary non-polyposis colon cancer).

Note: a first degree relative is defined as a parent, sibling, or child.

CERVICAL

The American Cancer Society recommends that all women begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than when they are 21 years old. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test. Beginning at age 30, women who have had 3 normal test results in a row may get screened

every 2 to 3 years. Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap test results in the last 10 years may choose to stop having cervical cancer screening. Women who have had a total hysterectomy (removal of the uterus and cervix) may also choose to stop having cervical cancer screening.

ENDOMETRIUM

The American Cancer Society recommends that all women should be informed about the risks and symptoms of endometrial cancer, and strongly encouraged to report any unexpected bleeding or spotting to their doctors. For women with or at high risk for hereditary nonpolyposis colon cancer (HNPCC), annual screening should be performed for endometrial cancer with endometrial biopsy beginning at age 35.

PROSTATE

Guideline Statement: Both Prostate-Specific Antigen (PSA) and Digital Rectal Examination (DRE) should be performed annually, beginning at age 50 years, to men who have at least a 10-year life expectancy. Men at high risk should begin testing at age 45 years. Information should be provided to men regarding potential risks and benefits of early detection and treatment of prostate cancer.

Men who choose to undergo testing should begin at age 50 years. However, men in high-risk groups, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at a young age, should begin testing at 45 years. Note: a first-degree relative is defined as a father, brother, or son.

Testing for prostate cancer in asymptomatic men can detect tumors at a more favorable stage (anatomic extent of disease). There has been a reduction in mortality from prostate cancer, but it has not been established that this is a direct result of screening.

An abnormal Prostate-Specific Antigen (PSA) test result has been defined as a value of above 4.0 ng/ml. Some elevations in PSA may be due to benign conditions of the prostate.

The Digital Rectal Examination (DRE) of the prostate should be performed by health care workers skilled in recognizing subtle prostate abnormalities, including those of symmetry and consistency, as well as the more classic findings of marked induration or nodules. DRE is less effective in detecting prostate carcinoma compared with PSA.

REFERENCES

American Cancer Society. *Cancer Facts and Figures 2002*. Atlanta, GA: American Cancer Society; 2002.

Distribution of this information is provided as a public service and does not imply endorsement on the part of the American Cancer Society.

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What to do if you see a dead bird

Birds, especially crows and blue jays are extremely sensitive to WNV. In Mississippi, most WNV positive birds have been blue jays. Reporting and testing of dead birds to the Health Department is an important means for identifying WNV in an area. Report any dead birds to your local health department. Birds do not transmit WNV to people, but you should wear gloves when handling any dead bird or mammal because of the possibility of other diseases.

What to do if you think you have a mosquito-borne disease

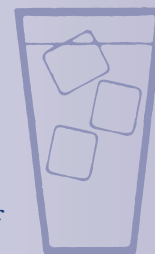


Mild cases of WNV infections might include a slight fever and/or headache. More severe infections are marked by a rapid onset of a high fever with head and body aches, disorientation, tremors, convulsions, and, in the most severe cases, paralysis or death. Usually symptoms occur within 5 to 15 days after being bitten by an infected mosquito.

If you get any unusual illness – especially in the summer months – with any of the above symptoms, see your doctor at once. For more information on the West Nile Virus visit the Mississippi State Department of Health web site at www.msdh.state.ms.us.

In the summer ... water does a body good

We all know how important it is to drink plenty of water, any time of the year. In hot Mississippi summer weather, however, it is necessary that you keep your body full of fluids. By making sure that you get plenty of water and electrolytes in your system – you will have more energy and adjust better to temperature changes throughout the day.



Water makes up a large percentage of our bodies. While most of the time you can stay hydrated just by drinking when you are thirsty, it is important to drink plenty of water in the summer ... even when you are not extremely thirsty!

In particular, children and seniors need extra attention to avoid problems caused by dehydration – or lack of fluids in the body. Dehydration is a major cause of illness and death in infants. Seniors who drink water only when they are thirsty are particularly at risk of dehydration in the summer months. Once their bodies are dehydrated, they may be slow to react to the fluids that are digested.

Drinking plenty of water on a regular basis is the best – and safest – way to regulate your body's hydration level.