

Know Your Benefits

This newsletter marks the first in a series of benefit communications designed to provide answers to the questions you've asked about your life and health benefits.

It is critically important for you to understand your Life and Health Plan so that you can make the most of it for you and your family. This newsletter will walk you through the "ABCs" of your Plan, answer some common questions about the Plan, and point you in the right direction to get more information.

Please take the time to carefully read this newsletter. At this time, you may not realize all that your Plan has to offer you and your family. In addition, there are some changes to the prescription drug program portion of your health plan that will be effective January 1, 2002.

*It is your responsibility as a Plan participant to learn as much as you can about your benefits, so that they work for you. And stay tuned...this is just the beginning. The important benefit information you need to help you Know Your Benefits will be provided to you through additional helpful hints and details about your Plan. Keep your eyes open for posters, information about employee meetings, technical Plan documents and upcoming newsletters in our series of **Know Your Benefits** benefit communications.*

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Would you benefit from one-on-one counseling and information about a chronic health issue you face?

Check out our feature on the Plan's new Smart Steps program on Page 2!

What is Smart Steps?

On January 1, 2002, the Plan will introduce a new program—Smart Steps—designed to help you and your covered dependents manage a chronic health condition brought on by heart disease, diabetes or asthma. These conditions have been proven to be three of the most prevalent diseases affecting men, women and children throughout the country. Through the Smart Steps program administered by Intracorp, Plan participants can learn how to:

- Manage their conditions more appropriately; and
- Create a personalized health plan to help prevent serious complications.

If you are living with:

- Heart Disease
- Diabetes
- Asthma
- More than one of these conditions

The Smart Steps program can help you get control of your health!

The program is voluntary and provided at no cost to all participants covered under the Plan. Even your covered dependents can access the broad array of health and wellness resources and medical technology supported by the Smart Steps program. All of these services are confidential, so you can get the help you need with peace of mind, too.

Educate Yourself: Information is strong ammunition in the fight against any chronic health condition. The medical expertise, counselling and information provided to you through the new program will support you as you manage your disease, and help you prevent the onset of complications. You will learn about risk factors associated with your condition so that you can reduce your chances of developing further medical difficulties. You will learn more about how you can manage your specific condition through materials and education resources—like the automated, 24-hour telephone system—available through the program.

Control Your Symptoms: Understanding and recognizing the symptoms associated with your condition is a powerful tool in the overall management of your personal health. Seeking medical attention early can help, but the one-on-one specialized attention you can receive through the Smart Steps program will help you to apply what you've learned, and help improve your quality of life. By avoiding situations that can trigger a medical crisis, you can help prevent or minimize future complications.

Optimize Your Life: The program features patient education, one-on-one consultation with specialized medical experts and counseling services to help you move toward your personal health management goals. But a good

health management plan starts with a combined effort between you, your assigned Care Specialist through the Smart Steps program and your physician. Once you're enrolled in the program, your successes—and challenges—will be tracked, or shared with your physician. This is called “coordination of care.” These coordination efforts will increase your ability to gain control of your health and gain access to recommended preventive therapies.

It is important to remember that this program does not replace care provided to you through your physician. Instead, Smart Steps program is designed to compliment your doctor's care and help you take control of your own health and well-being.

Once you have discussed your interest in the Smart Steps program with your doctor, you can confidentially enroll in the program beginning January 1, 2002. You can contact Intracorp using their toll-free (800) phone number displayed on your health insurance card. In speaking with an Intracorp Health Specialist, you can express your interest in the free program. You will be directed to the Smart Steps department.

Take the step towards improving your own life with the services provided under the Plan's new Smart Steps program.

Special Features

Once you elect to enroll in the Plan's new Smart Steps program, you will benefit from a number of health planning and support services, including:

- One-on-one consultation with a nurse trained in treatment of your chronic condition;
- Personalized counseling about your chronic condition (i.e., heart disease, diabetes, asthma);
- Round-the-clock access to technical medical benefit information—24-hours a day, 7 days a week;
- A customized health care plan focused on your nutrition, exercise and personal well-being;
- Friendly support system to “coach” you towards meeting your individualized health care goals;
- Easy-to-read educational materials to help you learn more about your chronic condition;
- State-of-the-art telephone system that provides you with information on more than 700 health care and medical topics; and
- Access to community resources you might not know about!

All this is provided to you and your covered dependents by the Plan... *at no cost to you!*

Know Your Benefits

As a participant of The State and School Employees' Life and Health Plan, you are eligible to receive important benefit coverage. This section is intended to cover some of the basics of the Plan and to answer some of the common questions you've been asking. This newsletter does not include all details of the Plan. You should refer to your Summary Plan Description for more specific details.

The Basics...

The Plan provides you the opportunity to receive health care coverage and pay less out of your own pocket by utilizing the AHS State Network. The Network is made up of doctors and medical facilities that have agreed to provide you and your family care and services at pre-negotiated fees. When you seek care out of the Network, you will still be covered under the Plan, but you will pay more for the visit and other services.

It is important that you know that the Plan is intended to help you manage the overall health of you and your family, as well as protect you from any catastrophic medical costs. Be sure to read about our new Smart Steps program as featured on Page 2 of this newsletter. The Smart Steps program is designed to help you create a lifestyle of healthy living.

What is a deductible?

The deductible is the amount you must pay each year for medical expenses before the Plan will begin to cover your expenses.

What is the difference between In-Network and Out-of-Network?

The AHS Network is designed to offer you certain advantages. By using providers in the Network, you get the most benefits. You will receive care from doctors and facilities that are included in the network, and you will pay less out of your own pocket for your care. If you receive care out of the Network, you will still be covered and receive benefits, however you will have to pay more.

The State and School Employees' Life and Health Plan – A Self-Insured Plan

This Plan is a *self-insured* plan. This means that the Plan is responsible for paying the claims and other Plan expenses. To pay for these claims and expenses, the Plan uses the premiums the State pays for its employees, the premiums employees pay for family members' coverage, and the premiums retirees and COBRA participants pay for coverage.

Blue Cross Blue Shield of Mississippi is the administrator of the medical claims while AdvancePCS is the administrator for the pharmacy claims—they process the claims you file to get reimbursed for medical and pharmaceutical expenses.

What is the difference between a copayment and coinsurance?

A copayment is a flat fee you pay for certain expenses. Coinsurance is a percentage of the cost for medical expenses—like doctors' visits—that you are responsible to pay.

What is utilization review?

Utilization review is the process to make sure that you receive care that is medically necessary, that is delivered in the most appropriate location and follows standard medical practice.

Intracorp performs the Plan's utilization review process. You too, have some responsibilities as part of the utilization review process. If you have scheduled a medical service, like in-patient surgery for instance, you will need to notify Intracorp in advance.

Know Your Benefits

Visiting the Doctor

The Plan shares the cost with you for visits to the doctor. It is important that when you schedule your appointment, you are prepared enough to make the most out of your visit—and, in turn, the most out of your share of the cost of the visit. Here's a simple checklist of important things to know before your next visit to the doctor:

- Prepare your list of questions or concerns for the doctor in advance.
- Compile a list of your current medications and any allergies.
- Bring your Health Plan Identification Card with you.
- Have a check or some form of payment ready for the cost of the visit.
- Be sure to hold on to any receipts for claims, as well as any written prescriptions to be filled.

Questions for the Doctor

- What is the treatment for my condition, illness, or injury?
- How long will treatment last?
- Should I expect any side effects from any medications?
- Is there a generic equivalent for the prescription?
- What would be the best way to contact you if I have any other questions?
- What else can I do to get better or to prevent a recurrence?

Filing a Claim

When you receive in-network medical care, your participating provider will file your claim forms for you. However, if you use a non-participating provider, you must file your own claim before your benefits can be determined. Here is your step-by-step checklist of how to file a claim so that you can be reimbursed for your expenses:

- Make sure you have the itemized bills from your health care provider.
- Get a medical claim form from your personnel office or Blue Cross Blue Shield.
- Carefully read the instructions on the claim form.
- Complete the entire form to avoid any delays in processing.
- Mail your form and any other required information to Blue Cross Blue Shield.

Do I have to file a claim for prescription drugs?

Unless you use a pharmacy that does not participate in the prescription drug program, you only have to pay your deductible and flat-fee copayment when you receive prescription drugs. If you use a non-participating pharmacy, you should get a prescription drug claim form by contacting AdvancePCS. Be sure to have the appropriate receipts and follow the instructions on the form.

THE PRESCRIPTION DRUG PROGRAM

As you know, included in your coverage under the Plan is a prescription drug program through AdvancePCS. The prescription drug program is in place to help protect you from the ever-increasing costs of prescription medication.

The prescription drug program provides savings to you for utilizing generic drugs when available. In addition, if you or a member of your family need some kind of maintenance medication for a condition such as high blood pressure, you can take advantage of the mail-order program. By filling your maintenance medication prescriptions through mail order, you can get a larger (90-day) supply, as well as save on your out-of-pocket copay.

Generic Drug

The term, Generic Drug, commonly refers to a drug that is the chemical-equivalent of an advertised brand-name drug. Generic Drugs marketed without brand names are less expensive than brand-name drugs even though they are chemically identical to brand-name drugs and meet U.S. Food and Drug Administration (FDA) standards for safety, purity and effectiveness.

Preferred Brand Drug

Please call AdvancePCS at 1-800-391-6437 for a list of preferred brand-name drugs. When filling a prescription, you may want to consult your physician and this list to be sure you receive the right medication and at a lesser cost to you.

Other Brand Drug

Other Brand Drug refers to when you fill a prescription with a brand-name drug that is not on the AdvancePCS preferred list and there is no generic equivalent.

A Helpful Hint ...

When possible, fill your prescription with the generic equivalent of a brand-name drug to get the most cost-savings.

Coming Soon... Important Changes to The Program

Effective next year, there will be changes to the copayment amounts you pay for prescription drugs through the Plan's prescription drug program. The following chart shows the new copayments for prescription drugs beginning January 1, 2002:

	Copayment Amounts	
	Retail Pharmacy (30-day supply)	Mail-Order (90-day supply)
Generic Drug	\$10	\$20
Preferred Brand Drug	\$25	\$50
Other Brand Drug (with no Generic equivalent)	\$35	\$70

** If there is a generic equivalent available for a prescription drug and you still choose to purchase the brand name version at a retail pharmacy, you will be responsible for the generic copayment in addition to the difference in the price between the generic and brand name drug.*

Filling a Prescription

Using A Retail Pharmacy?

When you are ill or injured, even the simplest steps to wellness can get complicated and confusing. Here is a quick checklist for you when you are in need of prescribed medication:

- Be sure to understand the instructions your doctor gives you about the medication before you leave the office.
- Bring the prescription to a participating pharmacy, or have your doctor call it in to a participating pharmacy.
- Have your AdvancePCS Identification Card with you when you pick up your filled prescription.
- Pay the appropriate copayment.
- Keep your receipt(s) for your own records. However, if the State Plan is your secondary coverage, or in the event you have used a non-participating pharmacy, make sure you keep your receipt(s) because you will need to submit them when filing a claim.

Using Mail Order?

When filling prescriptions for regularly-prescribed medications, you may want to consider participating in the Plan's mail order drug program. For instance if you are currently taking any maintenance medications (such as medication to reduce blood pressure, treat asthma or any chronic health condition on an on-going basis), you can use the mail order service to save money on your prescription costs. When you receive your prescriptions through the mail, you make a lower copayment in total because you receive a full 90-day supply of your medicines all at once. Here is a quick checklist for preparing to order your medicines by mail:

- Request an AdvancePCS Mail Service Prescription Order Form by calling 1-800-391-6437.
- Have your doctor write you a 90-day prescription (with up to three (3) refills).
- Complete the form and submit it to AdvancePCS with your doctor's written prescription.

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Do You Have a Handicapped Dependent?

To qualify for coverage under the Plan, your handicapped dependent must:

- Have been diagnosed with his/her condition prior to the age of 19 (unless he/she has already been enrolled in the Plan as a student, which means the condition must have occurred prior to the age of 25);
- Be permanently mentally or physically disabled or incapacitated;
- Be unmarried;
- Be incapable of maintaining employment due to his/her handicap; and,
- Be dependent upon you for 50% or more support.

To enroll your handicapped dependent during this open enrollment period, an Application For Coverage Form must be received by Blue Cross Blue Shield by December 31, 2001. To request an application form for your handicapped dependent, contact Blue Cross Blue Shield directly and ask for a Request for Coverage For A Mentally or Physically Handicapped Dependent Form. Along with the completed form, you must provide Blue Cross Blue Shield with proof of your dependent's disability.