



State Police 2011 Health Benefits

Medical Benefits Open Enrollment Begins Soon

Enlisted members who graduated to Trooper status prior to April 21, 2005 will have an opportunity to change their medical benefits during the annual Open Enrollment period. Members may select either the PPOBlue plan or the ClassicBlue Traditional Indemnity plan. This year's open enrollment period is May 9 through May 20, 2011. Plan changes take effect on July 1.

What to Do

If you wish to keep your current benefits and do not have to add or remove dependents, you do not have to do anything.

You can change your medical plan at www.myWorkplace.state.pa.us. No forms are needed if you are just changing plans. Detailed instructions are included in the Special Order.

If you need to make a plan change and add or remove dependents, please contact the HR Service Center at 866.377.2672 by May 20, 2011. The center is open Monday - Friday (except holidays) from 7:00 a.m. to 5:00 p.m.

Important Benefits Reminders

Changes in Life Status

It is important to remember that it is your responsibility to notify the HR Service Center within 60 days if any of the following changes in life status:

- Gain a dependent through birth, adoption or marriage
- Lose a dependent through divorce, death, or ineligibility under this or any other plan
- Your spouse's employment or other dependent's medical coverage begins or ends

Note: Stepchildren are no longer eligible after divorce unless you have legally adopted the child or have court documents that require you to cover the child.

You can add dependents for any reason, any time of the year. However coverage is only retroactive 60 days prior to the date you notify the HR Service Center. You should contact the center within that timeframe to avoid any potential gaps in coverage.

If you do not report a life status change in a timely manner and you or your dependents use your health benefits after eligibility ends, you will be required to reimburse the Commonwealth for those services.

The HR Service Center can be reached at 866.377.2672, Monday through Friday 7 a.m. to 5 p.m. (excluding holidays).

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Coverage for Dependents up to Age 26

Federal health care reform legislation now allows members to cover their adult children up to age 26 on their health care plan. Your child is eligible for coverage even if he or she:

- Is married
- Does not live with you
- Is not claimed on a parent's tax return
- Is not a student

Dependent children can be added at any time. Please contact the HR Service Center at 866.377.2672 if you have any questions.

Mental Health and Substance Abuse Services

A mental health or substance abuse service that is provided on a partial hospitalization basis will be deemed to be an outpatient care visit and will be subject to any outpatient care cost-sharing amounts. In general, 'partial hospitalization' means any service lasting more than half a day. Please refer to the covered services section of your Benefit Handbook for more information.

Retirement

When you retire from the Pennsylvania State Police, you retire with the same medical benefits as when you were an active member. Therefore, it is important that you retain your Benefit Handbook for information about your health benefits.

Active members can obtain a copy of the Benefits Handbook at www.myWorkplace.state.pa.us:

Retirees should contact the Office of Administration, Bureau of Employee Benefits and Services, at 717.787.9872.

Contact Information

For questions about your benefits:

Medical – Highmark

866.727.4935

<https://www.highmarkblueshield.com>

Dental - United Concordia Companies, Inc.

800.332.0366

www.ucci.com

Vision - Davis Vision

888.235.3251

www.davisvision.com

Prescription - Express Scripts, Inc.

800.467.2006

www.express-scripts.com

HRA - Fringe Benefit Management Corp.

866.836.9943

<https://www.myfbmc.com/sso/papMain.aspx>

Go Green with Highmark Blue Shield Online!

Highmark Blue Shield's website is another great resource that comes with your medical plan. It allows you to review your health care coverage and your spending, look up providers and access a wide range of health and wellness information when it is most convenient for you.

Go to <https://www.highmarkblueshield.com> to find the best physician or hospital for your health issue, to review the services covered under your plan or request an ID card. You can also do your part to help the planet by signing up for electronic Explanation of Benefits (EOBs), which help to save trees by reducing the use of paper.

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Highmark Blue Shield PPOBlue (PPO) Plan

The PPOBlue plan gives you the freedom to visit any healthcare provider you choose any time you need care. The provider you choose will be either "in-network" or "out-of-network." To find a participating provider, visit <https://www.highmarkblueshield.com> and click on the "Find a doctor, hospital or other medical provider" link to see a list of in-network providers.

If you decide to use an in-network provider, you enjoy the following advantages over the ClassicBlue Traditional Indemnity plan:

- No deductibles to satisfy each year
- No claim forms to file
- No waiting for reimbursement from the claims payer
- No lifetime maximums for eligible expenses when network providers are used
- Well-baby visits and immunizations, as well as routine adult physicals and immunizations, are covered by your copayment

Care given by an out-of-network provider also is covered; however, you are responsible for an annual deductible and any applicable co-insurance costs.

The Importance of Case Management

Did you know that Highmark offers case management as part of your benefit plan?

Case management is a shared process that involves you, your family or caregiver, physicians and any other health care providers participating in your care. The goal is to help ensure that you receive the services you need, understand your treatment plan, and access community resources for services not covered by your health benefit plan.

Case managers act as your advocate, it's their job to make sure you are getting the attention you need. It is a free service that is voluntary and completely confidential.

Your case manager will stay in regular contact with you and answer any questions you have about your health or wellness issues. The ultimate goal of case management is to help you become confident and comfortable in self-managing your care.

For more information on case management, call Highmark at 800.596.9443

Health Reimbursement Arrangement (HRA) Reminders

Fringe Benefits Management Company (FBMC) is your Health Reimbursement Arrangement (HRA) administrator.

A Health Reimbursement Arrangement (HRA) is an IRS-approved, tax-favored benefit that reimburses you for certain health care expenses not covered or reimbursed by your health benefit plan. In many cases, HRA funds may be used for copayments, deductibles, dental work, eyeglasses or contact lenses, and out-of-pocket expenses for prescription drugs. Effective January 1, 2011, the cost of over the counter (OTC) drugs will only be reimbursable if purchased with a prescription.

FBMC sends out a monthly account summary of your HRA usage. Under IRS regulations (Revenue Ruling 2003-43 and 2006-69), all myFBMC Card transactions must be substantiated. The monthly statement will list any transactions that require further documentation, such as a bill, statement or Explanation of Benefits (EOB) from the provider or the insurance company. The documentation must include the name

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of the provider, date of service, amount of service and the name of the person who received the service. Requests for over the counter (OTC) and prescription items require the name of the item on the store statement or receipt.

Note: If outstanding claims are not substantiated, your myFBMC card can be suspended and/or your wages can be attached.

In addition to receiving a monthly statement, FBMC offers a personalized website for participants at www.myfbmc.com. This website provides you with convenient access to your account information. You can check account balances, review claim status and download reimbursement claim forms. To access your online myFBMC account, you will need your 12-digit FBMC identification number, which can be found on your monthly account summary. If you have any questions regarding your HRA, please contact FBMC at 866.836.9943, Monday - Friday, 7 a.m. to 10 p.m. EST.

Prescription Drug Mail Order

Save time and money when ordering your prescriptions by using the Express-Scripts, Inc. (ESI) Home Delivery Pharmacy. It's a convenient service available at no additional cost to you.

- Skip the trip to your participating pharmacy for prescriptions – prescriptions are delivered directly to your home.
- No extra out-of-pocket expense for home delivery – standard shipping of your prescriptions is **FREE**.
- Your prescription plan allows up to 180-day supply refills. You just need to have your doctor write the prescription for the number of refills he prefers.
- You can speak to a pharmacist anytime, day or night.
- Refills can be ordered by phone, fax, mail or online.

To obtain a mail order envelope or to ask questions about the cost of medications, call 800.223.8975.

Savings per Year Using the Home Delivery Pharmacy

Medication	Retail Copay	Mail Order Copay	Annual Savings
Prevacid 30 mg. (non-preferred brand)	\$180 \$15 x 12 refills of 30-day supply	\$60 \$30 x 2 refills of 180-day supply	\$120
Nexium 40 mg. (preferred brand)	\$120 \$10 x 12 refills of 30-day supply	\$40 \$20 x 2 refills of 180-day supply	\$80