



Benefits News



Health Care Plan Open Enrollment For July 1, 2007

Open Enrollment Period – April 23 – May 4, 2007

For Eligible Managers; Faculty; Security, Police, and Fire Professionals of America (SPFPA); Nurses; and Non-Faculty Athletic Coaches

TO MAKE CHANGES TO YOUR HEALTH CARE PLAN, WAIVE COVERAGE, OR ADD DEPENDENTS:

You must submit a completed State System Enrollment/Change Form no later than May 4, 2007.

Forms are available from your human resources office or visit the State System's web site at www.passhe.edu, keywords "PASSHE Enrollment/Change Form."

The plan you choose is effective July 1, 2007 through June 30, 2008. To continue with your current plan, no action is necessary.

Are You in the Right Health Care Plan for Your Needs?

Questions you may want to ask include:

1. Does my current plan include the doctors and hospitals I (and/or my family) use?
2. What is our current health condition?
3. Does the plan cover my (and/or my family) needs?
4. Do I have a choice if I (and/or my family) need a specialist?
5. How much do I need to pay out of my pocket for the plan and the services that I (and/or my family) may need?

Once you answer these questions, consider the plans offered and make the choice that is best for you and/or your family. For details on each plan, see Page 3 of this newsletter or visit the State System's Website at www.passhe.edu, keywords "Indemnity Benefit Grid" and "PPO Benefit Grid."

**Managers, Faculty, SPFPA and Nurses*
Full-Time Employee Contributions**

Health Plan Name	Biweekly Cost – 26 Pays						Biweekly Cost – 20 Pays					
	Single		Two-Party		Family		Single		Two-Party		Family	
	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007
ClassicBlue Traditional Indemnity	\$19.63	\$19.91	\$43.52	\$44.13	\$53.34	\$54.09	\$25.52	\$25.88	\$56.58	\$57.37	\$69.34	\$70.31
PPOBlue	\$15.68	\$16.09	\$34.77	\$35.68	\$42.62	\$43.72	\$20.39	\$20.92	\$45.21	\$46.38	\$55.40	\$56.84
Aetna HMO – Berks	\$16.86	\$19.13	\$37.14	\$42.15	\$45.57	\$51.71	\$21.91	\$24.87	\$48.28	\$54.79	\$59.24	\$67.23
Aetna HMO – Central	\$22.85	\$25.99	\$50.31	\$57.22	\$61.74	\$70.22	\$29.70	\$33.78	\$65.41	\$74.39	\$80.26	\$91.29
Aetna HMO – Philadelphia	\$18.91	\$21.48	\$41.65	\$47.31	\$51.10	\$58.05	\$24.58	\$27.92	\$54.14	\$61.50	\$66.43	\$75.46
Geisinger Health Plan HMO	\$18.52	\$19.69	\$40.81	\$43.37	\$50.07	\$53.21	\$24.08	\$25.59	\$53.05	\$56.37	\$65.09	\$69.17
Keystone Health Plan Central HMO	\$21.85	\$22.09	\$44.37	\$44.90	\$64.69	\$65.31	\$28.41	\$28.71	\$57.69	\$58.37	\$84.10	\$84.91
Keystone Health Plan East HMO	\$23.12	\$25.49	\$47.45	\$52.31	\$65.70	\$72.46	\$30.05	\$33.14	\$61.68	\$68.01	\$85.41	\$94.19
UPMC HMO	\$20.29	\$21.49	\$44.96	\$47.61	\$55.11	\$58.36	\$26.38	\$27.94	\$58.45	\$61.89	\$71.64	\$75.86

**Managers, SPFPA and Nurses*
Part-Time Employee Contributions ****

Health Plan Name	Biweekly Cost – 26 Pays					
	Single		Two-Party		Family	
	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007
ClassicBlue Traditional Indemnity	\$117.79	\$119.44	\$261.14	\$264.80	\$320.03	\$324.52
PPOBlue	\$94.11	\$96.55	\$208.64	\$214.06	\$255.69	\$262.34

**Faculty*
Part-Time Employee Contributions ****

Health Plan Name	Biweekly Cost – 26 Pays						Biweekly Cost – 20 Pays					
	Single		Two-Party		Family		Single		Two-Party		Family	
	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007
ClassicBlue Traditional Indemnity	\$107.97	\$109.49	\$239.38	\$242.73	\$293.36	\$297.47	\$140.37	\$142.33	\$311.19	\$315.55	\$381.37	\$386.72
PPOBlue	\$86.27	\$88.51	\$191.25	\$196.23	\$234.39	\$240.48	\$112.15	\$115.06	\$248.63	\$255.09	\$304.70	\$312.62

Non-Faculty Athletic Coaches*

	Full-Time Employee			Part-Time Employee ***					
	Contributions for health and prescription drug coverage are based on a percentage of bi-weekly gross salary on a pre-tax basis.								
	Single	Two-Party	Family	Single		Two-Party		Family	
	1%			Current 7/2006	New 7/2007	Current 7/2006	New 7/2007	Current 7/2006	New 7/2007
ClassicBlue Traditional Indemnity				\$98.16**	\$99.53	\$217.62**	\$220.67	\$266.70**	\$270.43
PPOBlue				\$78.42**	\$80.46	\$173.87**	\$178.39	\$213.08**	\$218.62
All HMOs currently offered	*** Plus 1% of bi-weekly gross salary								

* Rates are subject to possible change as a result of collective bargaining.

** HMOs are not available to part-time employees.

Pennsylvania State System of Higher Education Group Health Program 2007 - 2008 Medical/Hospital Plan Comparison

	Highmark ClassicBlue Basic/Traditional Indemnity	Highmark PPO Blue (Preferred Provider Organization)		Health Maintenance Organization (HMO)
	Single \$19.91 2-Party \$44.13 Family \$54.09	Single \$16.09 2-Party \$35.68 Family \$43.72		Single (range) \$19.13 - \$25.99 2-Party (range) \$42.15 - \$57.22 Family (range) \$51.71 - \$72.46
		In-Network	Out-of-Network	
General Features	Participating providers accept Highmark allowance as payment in full. Non-participating providers can bill employees for charges above allowances. Covers medically necessary surgery, diagnostic services, therapy, and inpatient services. Major medical covers office visits and other eligible medical expenses at 80% after a deductible. Not necessary to select a primary care physician.	In-network providers accept Highmark allowance as payment in full. Covers medically necessary surgery, diagnostic services, therapy, inpatient services and preventive benefits. Not necessary to select a primary care physician.	Services performed by out-of-network providers are paid at 80% of allowance after a deductible. Providers can bill employees for charges above allowances.	Payment in full to participating providers for medically necessary surgery, diagnostic services and inpatient services. Services must be authorized by HMO primary care physician. Covered services vary by HMO. No payment for services out of the HMO network. Must select a primary care physician.
Deductibles	Only applies to Major Medical—\$500 per person/\$1500 per family deductible per year.	No deductible.	\$250 per person/\$500 per family deductible per year.	No deductible.
Co-payments and/or Coinsurance	Only applies to Major Medical—After deductible employee pays 20% until \$350 per person out-of-pocket maximum is paid.	\$15 for office visits and for physical, speech and occupational therapy and chiropractic visits.	After deductible, employee pays 20% until \$1500 per person/\$3000 per family out-of-pocket maximum is paid.	\$2 to \$15 for primary care physician visit. Co-payments for other services vary by HMO.
Lifetime Maximum	\$1,075,000/person Major Medical.	Unlimited.	\$1,000,000/person.	Unlimited.
Wellness	Routine physical examinations are not covered. Covers state mandated pediatric immunizations, routine mammograms, and gynecological exams and Pap tests.	\$15 office visit co-payment. Includes routine physical examinations for adults and children along with certain diagnostic screenings. Pediatric immunizations, gynecological exams and Pap tests are covered.	Employee pays 20% after deductible for adult and pediatric exams and certain preventive care. Deductibles do not apply for gynecological exams, Pap tests, and pediatric immunizations.	Preventive care is covered after office visit co-payment and includes routine physical examinations for adults and children, pediatric immunizations, gynecological exams and Pap test. Diagnostic screenings vary by HMO.
Emergency Room Services	Paid in full.	\$50 co-payment. Co-payment waived if admitted.		Co-payments vary by HMO. Covered if considered a medical emergency as defined by the HMO. Co-payment may be waived if admitted.
Mental Health - Inpatient	60 days per 12-month period.	30 days per calendar year.	Employee pays 20% after deductible. 30 days per calendar year plus 30 more if serious mental illness.	Coverage varies by HMO. See HMO literature.
Mental Health - Outpatient	50% of allowance up to \$25 per visit after Major Medical deductible met. No limit on visits.	\$15 office visit; 60 visits per calendar year.	Employee pays 50% after deductible. 60 visits per calendar year.	
Prescription Drug Coverage – same for all plans	\$100/person/year deductible; maximum of 3 deductibles per family; \$5/\$10/\$20 co-payment for 30-day supply at retail; \$10/\$20/\$40 co-payment for 90-day supply through mail order.			



What Does it Mean to be a Health Care Consumer?

You may be hearing more and more lately about “consumer-directed” health coverage and wondering just what it means.

Broadly, consumerism is about approaching both your health coverage and your health care in a more responsive and active way. It’s about using the resources you have to make informed, appropriate health care decisions and doing everything you can to lead a healthy lifestyle.

As a health care consumer, you should:

Review and understand your coverage. To be a smart health care consumer, you should know how your health plan works and what works for you. Read the materials provided by your health care plan carefully and take advantage of any resources or tools they may offer.

Know more about your health. An important aspect in being a smart health care consumer is having a clear picture of your health status. Do you know your cholesterol numbers? Your blood pressure scores? How about your body mass index (BMI)? All of this information can help you determine what steps you need to take to maintain or improve your health.

Get preventive care services. The merits of preventive care services are clear. Preventive care services, such as periodic physical exams, cholesterol screening, gynecological exams and mammograms, are key to maintaining good health and preventing problems.

Make informed care decisions. How do you know which care services make sense for you? Learn about all of your care options. If your doctor recommends a medication, test or treatment, get more information about the risks and benefits, costs and alternatives, and likely outcomes.

Partner with your physician. Your relationship with your health care provider influences your ability to make wise health decisions and can impact the quality of your care. To get the most out of your care, you should have an open, honest dialogue based on mutual respect.

Before your physician visit – Prepare by having a clear description of your symptoms and providing all pertinent background information, including a list of your medications.

During the visit – Share as much as you can about your condition, being as precise and specific as possible; seek as much information as you can about your condition, and if it’s helpful, take notes.

After the visit – “Do your homework” following your physician’s recommendation. And do everything you can to help ensure the best possible outcome.

Take personal responsibility. While many health issues are not in your control, others are. As you know, there are increasingly more illnesses today that can be directly attributed to lifestyle. We know that the way we live can impact the way we feel. Unhealthy lifestyles can lower the quality of our lives. Being overweight can lead to diabetes and heart disease. Stress weakens the immune system. And smoking is the single largest cause of preventable death in our country. Good habits, on the other hand, promote positive attitudes and healthier lives.

No matter what your age or health condition, you owe it to yourself to be an informed health care consumer!

Plan Service Areas and Contacts

HIGHMARK CLASSICBLUE INDEMNITY PLAN

CLASSICBLUE

(866) 727-4935 www.highmarkblueshield.com For provider directory, reference "ClassicBlue"
Offered in all counties in Pennsylvania

HIGHMARK PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

PPOBLUE

(866) 727-4935 www.highmarkblueshield.com For provider directory, reference "PPOBlue"
Offered in all counties in Pennsylvania

HMO PLANS

AETNA HMO (ALL PLANS OFFERED)

(800) 323-9930 www.aetna.com
Offered in the following counties:

- (Philadelphia) Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton and Philadelphia
- (Berks) Berks, Carbon and Monroe
- (Central) Adams, Cumberland, Dauphin, Franklin, Fulton, Lancaster, Lebanon, Perry, Schuylkill and York

GEISINGER HEALTH PLAN HMO

(800) 631-1656 Pre-enrollment questions
(800) 447-4000 Current members www.thehealthplan.com
Offered in the following counties:
Adams, * Bedford, Berks, Blair, Bradford, Cambria, Cameron, Carbon, Centre, Clearfield, Clinton, Columbia, * Cumberland, Dauphin, * Elk, Huntingdon, Jefferson, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, * Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming and York
* DENOTES PARTIAL COUNTY

KEYSTONE HEALTH PLAN CENTRAL HMO

(800) 669-7061 www.capbluecross.com
Offered in the following counties:
Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union and York

KEYSTONE HEALTH PLAN EAST HMO

(215) 241-3400 www.ibx.com
Offered in the following counties:
Berks, Bucks, Chester, Delaware, Lancaster, Lehigh, Montgomery, Northampton and Philadelphia

UMPC HEALTH PLAN HMO

(800) 644-1046 Pre-enrollment questions
(888) 876-2756 Current members www.upmchealthplan.com
Offered in the following counties:
Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington and Westmoreland

PRESCRIPTION DRUG PLAN

MEDCO HEALTH (ALL PLANS)

(866) 727-4935 www.medcohealth.com
(Highmark Customer Service number)

State Employee Assistance Program (SEAP)

As an employee of the Pennsylvania State System of Higher Education, you and your family members can receive no-cost, confidential help for stress, relationship problems, financial or legal concerns, depression, work-related problems, and chemical dependency. SEAP can provide up to three free sessions to evaluate your concerns and issues and refer you for continued counseling services. You may reach SEAP by calling **1-800-692-7459**. SEAP counselors are available 24 hours every day and are experienced in helping people identify the nature of their problems and find the right resources to address them.

Blues on Call

Blues on Call is a free service provided by Highmark Blue Shield where employees enrolled in the Indemnity or PPO Plan can call a 24-hour, toll-free health decision support line to speak with a nurse regarding health-related problems or questions.

The toll-free number is 1-888-258-3428 (1-888-BLUE428). Employees can also view information online by logging on the Highmark website www.highmarkblueshield.com, and registering for a password.

Important Health Care Coverage Notification



The Women's Health and Cancer Rights Act requires that health care plan members receive annual notification of the coverage provided for mastectomy patients who elect reconstructive surgery.

Your State System coverage provides benefits for reconstruction of the breast on which the mastectomy is performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications for all states of mastectomy, including lymphedemas. These services are elective and should be chosen by consulting your physician. Benefits are subject to any deductible and coinsurance provisions.

HIPAA Privacy Notice

As required by the Health Insurance Portability and Accountability Act (HIPAA), the Pennsylvania State System of Higher Education is required to notify employees of the availability of the HIPAA Privacy Notice. A copy of the HIPAA Privacy Notice can be obtained from your human resources office, or can be downloaded by visiting the State System's web site at www.passhe.edu, keyword "HIPAA Privacy Notice."

Get Safety and Value Use Your Medco Rx ID Card!

Some discount retailers have announced they will limit the cost of generic prescriptions to a certain dollar amount. Employees should continue to use their Highmark/Medco Identification card at these retailers to achieve the maximum possible benefit as follows:

- ❖ Safety – When your prescriptions are processed with your Highmark/Medco Identification card, all your prescriptions from all your doctors and all your pharmacies are checked for drug interactions.
- ❖ Value – You obtain discounted prices on your prescriptions when you present your Highmark/Medco identification card. If a pharmacy offers a generic drug at \$4, you pay only \$4 (not your \$5 co-pay) and the amount is credited towards your \$100 individual/\$300 family prescription drug deductible.

Meeting Prescription Needs for Extended Periods Out-of-the Country



Plan early and obtain a 90-day supply through mail order.

Please contact your Human Resources office if prescriptions are required for periods extending more than 90-days. Information on the prescription(s) and length of time out of the country will be required.

PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION

2986 N. Second St
Harrisburg PA 17110
Phone: (717) 720-4160
Fax: (717) 720-4162

Please visit us on the Web! www.passhe.edu/Benefits