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Public Education Employees' Health Insurance Plan

PEEHIP Quarterly

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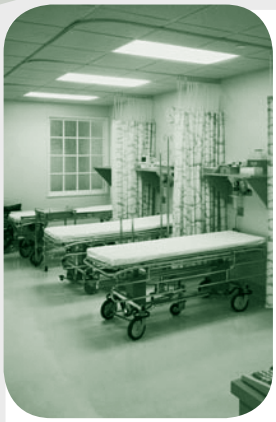

Medical Emergency Visits to the Emergency Room

A diagnosis that meets the medical emergency criteria during an emergency room visit will have a $25 copayment. However, PEEHIP members should know that if their diagnosis does not meet the medical emergency criteria during a trip to the emergency room, benefits will be paid under the major medical portion of their hospital medical coverage. This requires a $100 deductible and the benefits are paid at 80% of the allowable charges. You are responsible for the remaining 20% amount in addition to the $100 deductible.

Emergency room visits are for emergencies. Life and death situations are being handled. Long waits are the norm. When a condition is not an emergency, contact your doctor to help keep emergency rooms available for true emergencies. Did you know that nine out of ten visits to the emergency room are not emergencies? That is a serious drain on your health care dollar. But that does not mean you should not be concerned when illness or an injury occurs in your family. Consider the situation carefully before choosing emergency room services.

Below are examples of urgent situations that may require emergency treatment:

- Severe chest pain or shortness of breath
- Head, neck and/or spinal injuries
- A gash or cut that requires stitches
- Poisonous stings or bites, including those inflicted by snakes or spiders
- Vomiting and/or difficulty breathing after a bee sting or ant bite
- When someone eats or drinks a potentially poisonous substance, call the Poison Control Center at 800.222.1222 for instructions on immediate treatment options.

Check Your Paycheck Stubs Regularly

Members should check on a regular basis their paycheck stubs, retirement check stubs, or the payment amount if receiving their check by direct deposit to ensure the proper amount of premiums are deducted. If an incorrect amount has been deducted, PEEHIP can only refund premium payments for a maximum of 12 months from the date of request when the refund results from failure of the member to notify PEEHIP of a change that results in a reduction of member premiums. Examples of these changes include:

- death of only dependent
- only dependent no longer a full-time student
- divorce
- dependent becoming Medicare eligible due to disability
- only dependent becoming ineligible for other reasons that were not communicated to PEEHIP

Effective December 10, 2009, if the reason for a refund is due to an error on the part of the PEEHIP staff, the refund period will be a maximum of 24 months from the date of request.

Members are mailed an insurance notification every year prior to open enrollment which shows their current insurance coverage(s). Beginning this year, PEEHIP will include the tobacco status on these insurance notifications. In addition, members can verify their PEEHIP coverage(s) and tobacco status through the Member Online Services which is available 24 hours a day, seven days a week. Go to www.rsa-al.gov and click Member Online Services. Once logged in, click "View Current Coverages."

Note: Claims erroneously paid on ineligible dependents will be recalled and billed to the member. Timely notification to PEEHIP of applicable changes eliminates overpayments and billings for erroneously paid claims.

2010 Prescription Drug Changes

PEEHIP Formulary

Effective **February 1, 2010**, the PEEHIP Board of Control has approved changes to the **PEEHIP Formulary Drug List**. These changes include adding two preferred drugs and removing five non-preferred drugs from the list. Changes to the Formulary may result in either an increase or a decrease in the amount you pay for your prescription drugs. **All members affected by these changes were mailed a letter prior to February 1, 2010.** PEEHIP's Formulary is a drug list that helps determine your copayment for each prescription. You will pay a lower copayment of $30 for the preferred brand drugs and $5 for the generic drugs on the PEEHIP Formulary List.

Preferred (Formulary) Drugs that became Non-Preferred (Non-Formulary) Drugs on February 1, 2010

Indication	Non-Preferred Drug Effective 02-01-2010 ($50 Copayment)	Preferred Drug Alternatives ($30 Copayment)	Generic Drug Alternatives ($5 Copayment)
Asthma – Short-Acting Bronchodilators	PROVENTIL HFA	PROAIR HFA, VENTOLIN HFA	-
Depression	VENLAFAXINE ER	CYMBALTA, EFFEXOR XR, PRISTIQ (preferred drug as of 2-01-2010)	venlafaxine
Diabetes – Blood Glucose Meters & Testing Supplies	ACCU-CHEK ONE TOUCH	BREEZE & CONTOUR (Bayer) (preferred drug as of 02-01-2010)	-
Glaucoma – Opthalmic Prostaglandins	TRAVATAN	LUMIGAN, XALATAN	-

Non-Preferred (Non-Formulary) Drugs that became Preferred (Formulary) Drugs on February 1, 2010

Indication	Preferred Drug Effective 02-01-2010 ($30 Copayment)	Generic Drug Alternatives ($5 Copayment)
Depression	PRISTIQ	venlafaxine
Diabetes – Blood Glucose Meters & Testing Supplies	BREEZE & CONTOUR	-

Step Therapy Program

The PEEHIP Board approved two new drug classes to be included in the Step Therapy drug program. The expansion of the Step Therapy Program will apply to new prescriptions written on or after **February 1, 2010**. Anyone who is currently on the brand-name medications will be grandfathered in and will not be subject to the Step Therapy requirements if there has not been more than a 130-day lapse in the purchase dates of your medication.

PEEHIP's Step Therapy Program requires a first step drug be tried before PEEHIP will pay for a second step drug. If after trying a first step drug your physician decides to prescribe a different medication, PEEHIP will cover the second step drug. However, if your doctor bypasses the first step drug and prescribes a second step drug, the necessary clinical information must be provided by your doctor's office in a Prior Authorization Review before PEEHIP will consider paying for the second step drug. Without an approved Prior Authorization, the claim will be rejected and the member will be required to pay the full price of the medication. The Prior Authorization phone and fax numbers are 800.347.5841 and 800.357.9577, respectively.

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Step Therapy Program Name	Indication	Try one of these generic first step drugs	If the prescription is for one of these brand second step drugs
DPP-IV Inhibitors	Diabetes	ACTOPLUS MET, VANDAMET, FORTAMET, GLUCOPHAGE, XR, GLUCOVANCE, LUMETZA, METAGLIP, metformin, er, metformin/glipizide, metformin/glyburide, PRANDIMET, RIOMET	JANUMET, JANUVIA, ONGLYZA
TZDs	Diabetes	FORTAMET, GLUCOPHAGE, XR, GLUCOVANCE, GLUMETZA, JANUMET, METAGLIP, metformin, er, metformin/glipizide, metformin/glyburide, PRANDIMET, RIOMET	ACTOPLUS MET, ACTOS, AVANDAMET, AVANDARYL, AVANDIA, DUETACT

Prior Authorization Program

The PEEHIP Board approved changes to the Prior Authorization Program which apply to new prescriptions written on or after **January 11, 2010**, for the following brand name medications: Adcirca, Dysport, Ilaris, Kuvan, Nplate, Nuvigil, Promacta, Samsca, Simponi, Stelara, Tyvaso, Ventavis, and Xenazine. These medications require an approved Prior Authorization before they will be covered by PEEHIP. The necessary clinical information must be provided by your doctor's office through a Prior Authorization Review before PEEHIP will consider paying for these medications. This prior authorization process is necessary to prevent unapproved, off-label use of these medications. To allow sufficient notification of these changes, members currently taking these medications will automatically receive Prior Authorization for one year to continue receiving these medications through PEEHIP. After one year, beginning February 1, 2011, a Prior Authorization is required **each year** to be covered by PEEHIP. All members affected by these changes were mailed a letter in January 2010. The Prior Authorization phone and fax numbers are 800.347.5841 and 800.357.9577, respectively.

Quantity Level Limit (QLL) Program

Effective **February 1, 2010**, the PEEHIP Board approved the inclusion of the medications shown in the chart below in the Quantity Level Limit Program. A quantity of each medication will be covered by PEEHIP without a Prior Authorization (PA). If your prescription calls for more than the limit specified below, a PA is required. If the PA is not approved, a member may purchase the additional quantity at their own expense. The purpose of the PA is to prevent stockpiling, misuse and/or overuse of controlled release opioids. The limits are recommended by the U.S. Food & Drug Administration (FDA) and medical studies based on manufacturers' guidelines. This program also helps PEEHIP control the cost of these medications by limiting the "extra" supply of these medications. All members affected by these changes were mailed a letter prior to February 1, 2010.

Brand Name Drug	Maximum Quantity Level Limit per 30 days
Avinza	60 capsules
Embeda	90 capsules
Kadian	90 capsules
MS Contin Oramorph SR (generic name drug available: morphine sulfate CR)	120 tablets
Opana ER	90 tablets
Oxycontin	90 tablets

Medicare Part B Premium

The standard monthly premium for Medicare Part B will be $110.50 in 2010. The 2009 standard premium rate was $96.40. However, due to the "hold harmless" provision in the Social Security Act, 73% of beneficiaries will not be subject to the increased premium. This provision in the federal law disallows an increase in the Part B premium for qualifying social security recipients if their cost-of-living increase (COLA) is not large enough to cover the increase in their Part B premium or if there is no COLA.

Federal legislation had been introduced that would freeze the Medicare Part B premiums at 2009 levels for the 27% of beneficiaries subject to the higher premiums. At the time of the December 2009 Board meeting it was unclear whether this federal legislation would be enacted. Due to this uncertainty, the Board approved to delay any action in increasing the PEEHIP hospital medical premiums until October 1, 2010, pursuant to Section 16-25A-17(2), Code of Alabama 1975. ■

Get Your FREE Bayer Meter Today!

If you are a diabetic and test your blood sugar level (glucose), you may call Bayer Diabetes at 800.401.8440 and request a free Bayer blood glucose meter of your choice (Breeze or Contour). You will be prompted to give an "order code." You can use your contract number (the numbers following the "EDU" on your PEEHIP insurance card) as the "order code" and give your full name. If you prefer, you may log on to www.BayerDiabetes.com/us then click on "Find the right meter for you" then click on "Get a FREE meter." **You will need a new prescription from your doctor for test strips for the Bayer meter you choose.** ■

Other Group Insurance Information

Members who have dependents covered on their PEEHIP insurance are required to provide to PEEHIP any other group plan insurance information that their dependents are covered under. For example, if a member's spouse has other group hospital medical or dental insurance through his or her employer, that other group insurance is primary and PEEHIP is secondary for hospital, medical, dental, and prescription drug claims. Failure to timely notify PEEHIP of the other group insurance information may result in claims being paid incorrectly by PEEHIP during the time the dependent has other group insurance as primary.

Members can provide this information to PEEHIP by properly completing the "Additional (Non-PEEHIP) Group Health Insurance Coverage Information" section of the Health Insurance and Optional Status Change form and faxing or mailing the form to PEEHIP. Proper notification should also be made to their providers, i.e. hospitals, doctors, dentists, and pharmacies, to file their claims as primary with the other group insurance and file claims with PEEHIP as secondary. ■

Public Education Employees' Health Insurance Plan

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