



Health WATCH

Issue 4 / Vol. 15 / JULY/AUGUST 2007

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State Employees' Insurance Board

500 RSA Tower / 201 Monroe Street
Montgomery, AL 36130-4900
334.833.5900
1.800.513.1384
Fax: 334.240.3257

www.alseib.org

**"I have often
regretted my
speech, never
my silence."**

—Zenocrates

(Enjoying Your) Flexible Spending Card... **Pain or Gain?**

The Health Care Reimbursement Account (HCRA) offers State employees a choice of reimbursement methods: traditional, manual or the Flexible Spending Card. The most popular by far is the Flexible Spending Card; yet it can also be the most aggravating if a few simple rules are not followed.

There are certain guidelines that a person should follow if they choose this method of reimbursement. These guidelines are:

- **You must keep all your receipts for all medical services.** The IRS requires that Blue Cross Blue Shield (BCBS) validate each card transaction. Claims data can usually accommodate this requirement. If a charge cannot be validated through claims data you will be asked to provide a receipt. If a receipt cannot be provided, you will be required to reimburse your HCRA. Most employees find it easier to save receipts in an envelope or small file folder placed in their automobile.
- **You should not charge items with the cards that are not eligible for reimbursement under the HCRA.** When purchasing your prescription remember to have the cashier ring up items such as gum or shampoo separate from your prescription charge. When the charge does not match the copay for the prescription you will be asked to refund the additional amount.
- **No balance forward should ever be swiped.** A common problem is when a member has a balance forward at the dentist office from a previous

service and then the card is swiped for an amount over the copay incurred that day. BCBS will request a receipt. If the balance forward is not eligible for reimbursement, you will be asked to refund the money to your HCRA.

- **You are overcharged or undercharged for a dental procedure.** When having a dental procedure, your dentist will give you an "estimate" of what your portion of the charge will be after your health plan pays. This is just an "estimate" and if BCBS pays more or less of the charge, your card swipe will not match the claim data. BCBS will ask for a receipt and if you have overpaid you are required to refund the amount to your HCRA.
- **The card will be declined if swiped for MORE than your available balance.** Keep up with your balance. You will need to ask the provider to swipe the card for your available balance and pay the rest yourself.
- **Reply immediately to the first request by BCBS for a receipt.** If a receipt is requested, replying immediately – even if you cannot provide a receipt - will keep your card active. If you wait until the second or third BCBS request, you risk having your card "deactivated".

These simple guidelines will enable you to enjoy the use of your card without worry. However, if you find that the Flexible Spending Card is just not for you we will change your account reimbursement to either the traditional or manual reimbursement method. Please call our office for more details, 1-866-853-2224. ■

COMMUNICATIONS REPORT

The Communications Division of the SEIB was created two years ago to inform members of benefits offered through their state health insurance plan and provide personalized service.

The most frequently asked question SEIB benefit advisors hear is, "Why do you charge one flat premium for family coverage rather than charging a set amount for each dependent?"

Because so many State employees have expressed interest in establishing tiered premiums over the past decade, we decided to revisit this alternative. Our goal was to see if creating a tiered rate structure and basing premiums on the number of dependents covered under each contract would be a good option for members.

Here are our findings:

The number of members with dependent coverage who would be affected by the proposed changes are:

- 11,257 with 1 dependent
- 16,435 with 2 or less dependents

- 20,255 with 3 or less dependents

Two options were considered:

- Charge a premium per dependent covered under each contract, or
- Charge a tiered rate that would base the premium on spouse only, one child, or full family (two or more dependents) covered under the contract.

Under the first scenario, approximately 12,350 (56.5%) would actually see an increase in their premiums.

13,546 (62%) would experience a premium increase in the second option. That's right! Under the proposed rate structures, a majority of SEHIP members would actually see their premiums go up.

While the financial security of the SEHIP is certainly our primary goal, equally important is the ability of our members to continue family coverage with affordable premiums. The SEIB determined that to maintain the affordable healthcare you now enjoy, the current rate structure is the best option.

For detailed information regarding this review, along with benefit summaries, optional/supplemental plan information, etc., please visit our web site at www.alseib.org. And, please feel free to email suggestions or comments. It's our pleasure to address your concerns.

We are always working to help you...

Target all your healthcare needs!



PAYROLL / PERSONNEL ADVISORS

Don't Miss Out On The 2008 Benefits Conference!

After two successful years of educating payroll/personnel clerks on benefits from health insurance to retirement, we're doing it again! If you are the benefits guru for new and existing employees in your department, keep your eyes open for the registration package for this year's conference. The tentatively scheduled dates are:

Montgomery - October 16, 17, & 23

Huntsville - October 18

Mobile - October 24

So, you're not sure if you need to attend this conference? Here's what a few of our 350 attendees had to say about last year's conference...

"I enjoyed the conference and learning new information I was not aware of before!"

"Thanks for taking the time to explain the insurance/retirement benefits."

"I had so many unanswered questions resolved!"

"The benefits guidebook will be a helpful daily tool. Thanks!"

Attendance has increased drastically each year, and we expect no different this year.

Mark your calendar now and watch for registration information in August.

We look forward to seeing you there!

Have you been told you are **DIABETIC** or that you have **METABOLIC SYNDROME** (a pre-diabetes condition)?

*Do you know what healthcare benefits
are available to you?*

Our latest utilization management figures indicate that 13% of those covered through the State Employees' Health Insurance Plan now have a Diabetes diagnosis. These shocking figures only strengthen our resolve to educate and support our members with the latest in Diabetes management.

Do you know that you can obtain a new glucometer every year for monitoring your diabetes? That's right. You may obtain one of the following glucometers at a BCBS participating pharmacy with no out-of-pocket costs. Those available to you are:

- ◆ Accu-chek Kit Active
- ◆ Accu-chek Kit Advantage
- ◆ Accu-chek Aviva
- ◆ Accu-chek Compact Care
- ◆ One Touch Ultra Mini
- ◆ One Touch Ultra System Kit
- ◆ One Touch Ultra 2

Do you know that we provide 24-hour-a-day counseling through our 24 hour Nurse Line? Any time you have questions about your diabetes (or any other health-related issue) you can call 1-800-551-2294 and speak directly with a registered nurse.

Do you know that your diabetes diagnosis makes you eligible to participate in Disease Management through CareWise? This free program is provided to you by the SEIB as part of your benefits. CareWise will assign a specially trained Nurse Advocate who will establish a personal relationship with you, answer questions about your diabetes and treatment options. All health information you share with the Nurse Advocate is completely confidential,

protected by federal law, and cannot be divulged to anyone (including the SEIB) without your permission.

Do you know that diabetic education is covered at 100% of the allowance, with no deductible or co-insurance?

When your physician refers you to an approved diabetes education facility, you will have no out-of-pocket expenses. The

classes are limited to five within a six-month period for any diabetic or pre-diabetic diagnosis.

We encourage you to access these services – even if you have been diagnosed with, but aren't taking medications for, diabetes or metabolic syndrome.

Save this important information and share it with your healthcare provider! 

BACK BY POPULAR DEMAND: **WEIGHT WATCHERS AT WORK PROGRAM**[®]

We are pleased to announce that the Weight Watchers At Work Program[®] will be offered through our Worksite Wellness Division, beginning in October. These 15-week sessions will be available at work sites with a minimum class enrollment of 15.

Participants (active and retired employees and their eligible dependents) will be responsible for paying \$85.00 for the 15 sessions, and the SEIB will pay \$85.00.

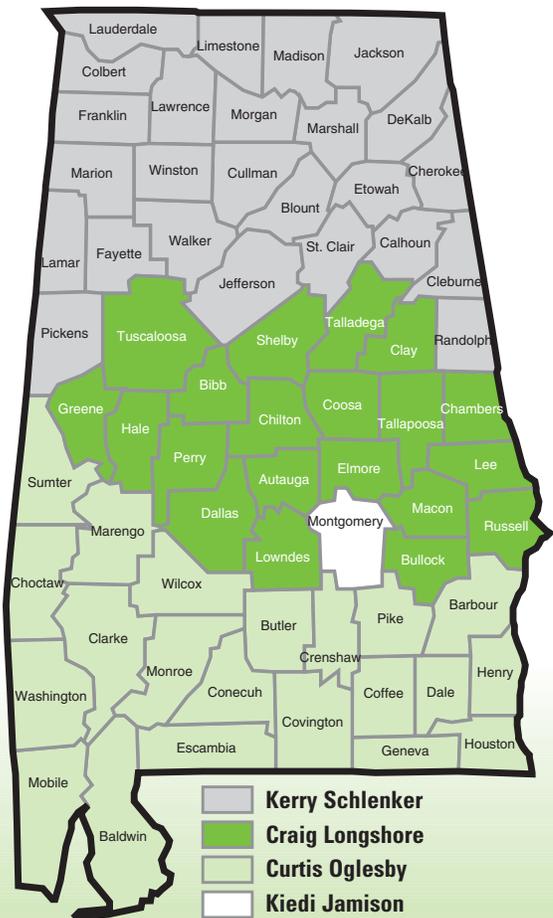
For more information contact Cindy Dyer at 334.206.5613 or 800.252.1818, or by e-mail at cynthiadyer@dph.state.al.us.

**STATE EMPLOYEES'
INSURANCE BOARD**
500 RSA Tower 201 Monroe Street
P O Box 304900
Montgomery AL 36130-4900

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Field Benefit Advisors *At Your Service*

Don't forget to call our health insurance benefit advisors, located conveniently throughout the state, for all your enrollment, benefits, and options questions. Listed here are the agents, their territories and several ways to contact them. **You should notify the agent assigned to your county of employment.**



KERRY SCHLENKER
kschlenker@alseib.org
Direct: 334.398.0362
Toll-free: 1.866.750.3987

CURTIS OGLESBY
coglesby@alseib.org
Direct: 334.398.0627
Toll-free: 1.866.750.3989

CRAIG LONGSHORE
clongshore@alseib.org
Direct: 334.398.0282
Toll-free: 1.866.750.3990

KIEDI JAMISON
kjamison@alseib.org
Direct: 334.398.0923
Toll-free: 1.866.750.3988

NOTE: All health care **claims** inquiries must be directed to Blue Cross Blue Shield.

Visit us online at:
www.alseib.org