



Health WATCH

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"Success is getting what you want. Happiness is wanting what you get"

—Dale Carnegie

Stepping **away** from the plate.

Is it time for State employees to take responsibility for their health?



How much is your health worth to you? Would you be willing to lose a few extra pounds in exchange for a lower insurance premium? Would you lose some weight if your cost-of-living raise was at stake? You may not have considered these questions before, but you may have to in the future.

A recent study conducted by the SEIB revealed that over 18% of State employees are morbidly obese. This is a very alarming statistic not only because of the adverse health risks associated with being morbidly obese, but also because of the additional \$50,000,000 costs burdened borne by the State. This avoidable

costs pay for health insurance. Agency budgets for health insurance premiums directly impact the amount available for employee raises.

If you happen to be an employee with a healthy weight, you are in effect subsidizing the insurance premiums of overweight and obese employees. You might say that spreading the risk is one of the advantages of group health insurance. However, is it really fair for those employees who try to live a healthy lifestyle to subsidize those who choose

BMI	% OF POPULATION	INCREASE IN COSTS	CATEGORY
25 & below	29.3%	0%	Healthy Weight
26 to 29	28.2%	14%	Overweight
30 to 34	23.7%	23%	Obese
35 to 39	11.5%	35%	Morbidly Obese*
40 & above	7.3%	40%	Morbidly Obese

* BMI of 35 or greater with one or more co-morbid conditions.

cost could be redirected to fund a cost-of-living raise of over \$1,300 for you.

A Body Mass Index (BMI) of 25 or less is considered healthy. Not surprisingly, the SEIB found that the higher an employee's BMI, the higher their health care costs.

These increased costs directly impact the premiums employees and State agen-

not to? In response to this question, many group plans are beginning to implement premium structures designed to target those who incur avoidable health care risks as a result of their lifestyle choices.

The SEIB already has a tobacco user surcharge in place to partially offset the

(Continued on next page)

Free Medications For Up To Four Months!

Have you been prescribed medications for gastroenterological conditions such as Aciphex, Nexium, Prevacid, Protonix or Zegerid? If so, this opportunity is offered to you by the State Employees' Insurance Board.

What is a PPI medication?

Proton pump inhibitors (PPIs) are a group of prescription medications that are used to treat certain types of ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, inflammation of the esophagus, or Zollinger-Ellison syndrome by preventing the release of acid in the stomach and intestines. PPI's may also be used to treat other conditions as determined by your doctor.

How does the free program work?

If you switch from your brand-name PPI to Omeprazole – the generic equivalent for Prilosec and other brand-name PPI's - the SEIB will waive your generic copay for up to four months!

Continued from page one

costs associated with tobacco usage. Health insurance plans across the country are exploring various avenues to encourage members to change their lifestyles, thus improving their health and reducing costs.

State employees currently enjoy one of the best health care plans in the country at a very affordable price. In October, you will receive a cost-of-living raise. How long the State can continue to afford funding your current level of benefits and providing cost-of-living raises depends in large part on you. So ask yourself, should the State use its limited funds for health care costs related to unhealthy lifestyle choices or for employee salaries?

WE CARE WHAT YOU THINK!

Visit us online to participate in our obesity vs. cost-of-living raise survey: www.alseib.org



Why is the SEIB making this offer?

The SEIB has implemented this program to encourage members to select generic drugs when they are available. Generic drugs are approved by the Food and Drug Administration (FDA) and are chemically equivalent to brand-name drugs. The FDA puts each generic drug through the same rigorous quality control process as the original brand-name drug. Choosing generic drugs is an excellent way to help control costs to the plan and also significantly lower your out-of-pocket copay expenses.

I'm ready to get started. What do I do?

If you and your doctor agree that you are able to make the change, you will need to get a new prescription for Omeprazole to replace the PPI you are currently taking. Your copay will automatically be waived for four months.

Is there someone I can talk with to answer my additional questions?

Absolutely! Call a Blue Cross Blue Shield Customer Service Representative at: 1.800.824.0435. ■

DIABETES ALERT!

Are You Showing Signs Of Type 2 Diabetes?

By Karen Newton, RN

Type 2 diabetes has reached epidemic proportions within the US population. In fact, there are almost 18 million people that are currently diagnosed with type 2 diabetes. This number is staggering but what's more troubling is that the numbers are on the rise and it doesn't look like it's going to slow down anytime soon. The number one reason for this epidemic is obesity. Obesity is the highest risk factor on the road to type 2 diabetes.

Below is a list of signs and symptoms that may help you determine if you are at risk for type 2 diabetes:

1. Is your vision blurred? Blurred vision is one of the many factors that people experience from type 2 diabetes. When your blood glucose levels rise and fall to the extreme, it causes the lenses in your eyes to swell and shrink. Because your eyes cannot adjust as quickly as the lens is moving, the result is blurry vision.

2. Do you experience numbness in your legs and your feet? Unfortunately, the feeling of constant numbness in your feet or legs is a sign that you have had diabetes for quite some time. You're experiencing this because of the nerves in your body, particularly in your legs and feet, have been damaged. This is called diabetic neuropathy.

The reason why numbness in your lower extremities is a sign that you have had type 2 diabetes for some time is because this initial feeling takes at least five years to set in. Statistics show that the majority of people with this condition have had diabetes for over 10 years.

3. Are you experiencing extreme fatigue? This is one sign of diabetes that so many people ignore. If you have type 2 diabetes, fatigue is caused because your body's cells are not getting the glucose they need. You may have enough insulin in your blood, but a diabetic is resistant to the actions of insulin.

Between hectic schedules of work, family, and outside stresses—most people think that experiencing fatigue is just a normal aspect of life. However, being sleepy all the time and going through your day-to-day activities without the energy needed means that you should see your doctor and get checked.

4. Are you experiencing genital itching, but do not have any STDs? If you have constant itching in your genital area and are sure that you do not have any sexually transmitted diseases, then this could be a sign of type 2 diabetes. Diabetics tend to produce an abundance of yeast infections. Yeast infections are attracted to an environment of high glucose levels and mostly occur in the genital area. ■

Things You **Don't Know** About Your Health Insurance

Tonya Campbell
SEIB Marketing Director

When you tell people you work for the State of Alabama, usually their first comment is, “Wow, you are so lucky because you have great insurance and retirement!” Of course we know they’re right. Employees of the State are very fortunate to have both the State Employees’ Insurance Board (SEIB) and the Retirement Systems of Alabama (RSA) protecting our benefits; benefits that are recognized by many as the best in the nation.

What I find most interesting when speaking to State employees are the things they don’t know about their State benefits—especially their health insurance. When misconceptions are explained in greater detail, members understand how their insurance program is structured and why certain decisions are necessary. Most importantly, they learn that they can actually help control their benefit and premium changes.

Did you know?

- The State Employees Insurance Board is comprised of eleven members, including two active employee representatives and two retired employee representatives. Because these Board members are elected by the membership, each member has an important voice in deciding who best represents their interests when planning the future of the SEHIP.
- While employees don’t pay anything for *individual* health insurance coverage, State agencies pay \$775 for each full-time active employee every month. That’s a whopping \$9300 per year per employee! This money is used to subsidize the claims cost for both active and retired employees and their dependents.
- The dependent premium increase in 2006 (from \$164 to \$180) was the first dependent premium increase since 1993. That’s 13 years without an increase!
- Active and retired State employees have the opportunity to select *free* insurance plans through the SEHIP.

- The tobacco user premium of \$24 a month is used to supplement the estimated \$100 per month that each tobacco user costs the SEHIP.
- A tobacco cessation program, with up to \$150 in benefits, is available to employees and their dependents covered under the SEHIP.
- The SEHIP offers a wellness program that includes Weight Watchers at Work®, quarterly blood pressure screenings, annual health screenings and flu vaccinations in addition to many other programs that assist members in maintaining a healthy lifestyle.
- The SEIB offers a toll-free 24-hour nurse line for non-Medicare SEHIP members and their covered dependents. This service is free, so call 1.800.551.2294 if you have minor health or medical questions.
- A retiree health care trust fund was created in October 2007 to fund the projected \$3.1 billion liability for future retirees. This will help ensure you are able to continue your health insurance coverage when you retire.
- The healthcare reforms from the 2004 legislative special session have saved the State of Alabama approximately \$13.7 million to date.

Health insurance is obviously one of the most important benefits offered to State employees and, as members, we can certainly do a lot to help the SEIB protect the benefits we love while maintaining premiums we can afford.

To get help with your questions or concerns, contact the SEIB at 334.833.5900 or toll-free at 800.513.1384 Monday through Friday, 8:00 - 5:00.

You can also visit us online at www.alseib.org to learn more about your health insurance and make certain you are making the most of the benefits available to you and your family. ■

LATEST FIGURES: U.S. DIABETES COSTS TOP \$174 BILLION

Study Shows Diabetes Costs Have Risen Nearly One-Third Since 2002

Diabetes is costing the country more than \$174 billion per year, according to an analysis by the American Diabetes Association (ADA).

The study concludes that direct medical care and treatment for diabetes complications, along with indirect costs like lost productivity, have gone up by nearly a third since 2002.

Most of the medical costs associated with diabetes come from treating complications like eye disease, amputations, and kidney failure. Approximately \$27 billion of the \$116 billion in direct medical costs in 2007 went to treating diabetes itself.

The \$174 billion figure means that nearly **one-tenth** of the nation’s \$2 trillion health budget goes to diabetes care.

More than 21 million Americans are thought to have diabetes. The report’s estimates include roughly 6 million who have the disease but are undiagnosed.

Much of the trend is being driven by widespread obesity. A 2002 study concluded that moderate exercise, dietary changes, and weight loss can help at-risk adults cut their chances of developing the disease by nearly 60%. A 7% weight loss, or 14 pounds for a 200-pound person, is enough to significantly cut diabetes risk, experts say.

SOURCES: American Diabetes Association: “Economic Cost of Diabetes in the U.S. in 2007,” Jan. 23, 2008. Ann L. Albright, PhD, president for health care and education. Ed Gregg, chief of diabetes epidemiology, CDC. The New England Journal of Medicine, Feb. 7, 2002; vol 346: pp 393-403. Griffin Rogers, MD, chief, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. ■

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ATTENTION TRICARE MEMBERS WITH BLUE ADVANTAGE

Recently, we have received calls about the coordination of prescription drug benefits between Blue Advantage and TRICARE FOR LIFE. Please note that TRICARE requires you to file the drug claim with Blue Advantage first. Then you must file the claim manually on DD Form 2642 to Express Scripts, Inc., PO Box 66518, St. Louis, MO 63133-6518.

If you are having problems, please contact us.

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 contact the agent assigned to your county of employment.**

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

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