



STATE OF MAINE  
BUREAU OF HUMAN RESOURCES

# Healthy Times

Employee Health & Benefits Newsletter – Spring 2009

## STATE EMPLOYEE HEALTH COMMISSION

### CO-CHAIRS:

Brett Hoskins  
Alicia Kellogg

### MEMBERS:

John Bloemendaal  
Lauren Carrier  
Becky Greene  
Carol Harris  
Tom Hayden  
Richard Hodgdon  
Kandi Jenkins  
Scott Kilcollins  
Jan Lachapelle  
John Leavitt  
Michael Mitchell  
Steve Moore  
Cheryl Moreau  
Ed Mouradian  
Carl Parker  
Kimberly Proffitt  
Will Towers  
Freeman Wood

### EXECUTIVE DIRECTOR: (EX-OFFICIO)

Frank Johnson

### STAFF:

Tanya Plante

### EDITOR/LAYOUT:

Patrick E. Paradis

### CONTRIBUTORS:

Bill McPeck  
Guida Libby  
Jane Paxton  
Earle Pease  
Heather Sargent/Plante

## CHANGES TO ANTHEM HEALTH PLAN

After five years of relatively good claims experience and low rate increases, the State employee health plan has been hit with a significant jump in plan expenses. Medical claims in 2008 increased by over 10% compared to the prior year for the point-of-service plan (**covering active employees and non-Medicare retirees**). Payments for medical services increased by over \$16 million in 2008.

Most of this increase is due to a greater use of medical services and a small group of high-cost claims. There were eight cases that exceeded \$350,000 and these eight cases alone accounted for \$4.6 million.

The budget for the next fiscal year projected an increase of 6%. As you know, the Legislature is confronted with a significant budget gap for FY2010. With these overall budget problems looming, the State Employee Health Commission was forced to examine ways to reduce plan costs. It was necessary that the estimated plan expenses for the upcoming year not exceed the amount budgeted. To meet that objective, the Commission recently approved a series of benefit changes that will be effective July 1, 2009.

A summary of these changes are listed below (**These changes only apply to the point-of-service plan for active employees and non-Medicare retirees**):

- **Emergency Room Care** – the copayment for emergency room care is increased to \$75.
- **Walk In Center** – A select number of facilities will provide walk in treatment for a \$15 copayment.
- **Bariatric Surgery** – All deductible and copayments will be waived if members receive this procedure from “centers of excellence”. For bariatric surgery, Eastern Maine Medical Center and Maine Medical Center are designated centers of excellence.
- **Evidence-Based Benefits** – Members with asthma and congestive heart failure may be eligible for reduced office visit and prescription drug copayments for participating in disease management services.
- **Prescription Drug Benefits** – For many years the State employee plan has had a two-tier drug benefit. There were different copays for Tier 1 (generic) and Tier 2 (brand). In July, we will be introducing a three-tier drug benefit for the point-of-service plan.
  - Tier 1 (generic) = \$10
  - Tier 2 (preferred brand) = \$30
  - Tier 3 (non-preferred brand) = \$45 (\$50 for infertility and impotency drugs)

[A series of informational meetings will be held at locations across the state in June and early July to go over these plan changes. We will provide a listing of the meetings once the schedule is finalized.](#)

# HOW TO REACH US

## WORKERS' COMPENSATION

207-287-6655  
Toll Free: 1-800-422-4503

## EMPLOYEE BENEFITS

[www.maine.gov/beh/](http://www.maine.gov/beh/)

207-287-6780  
Toll Free: 1-800-422-4503  
TTY Toll Free: 1-888-577-6690

## WELLNESS CENTERS

<http://inet.state.me.us/wellnesscenter>

**Augusta:** 207-287-9059  
**Bangor:** 207-941-4774  
**Hours:**

Monday - Thursday  
6:00 a.m. - 7:00 p.m.  
Friday  
6:00 a.m. - 2:00 p.m.  
Saturday  
8:00 a.m. - 2:00 p.m.  
(September - May)

## LIFESTYLE FITNESS CENTERS

[www.lfcmaine.com](http://www.lfcmaine.com)

**Portland:** 207-797-5700  
**Hours:**

Sunday 6:00 a.m. -  
Friday 10:00 p.m.  
**24 hour access**  
Saturday  
6:00 a.m. - 8:00 p.m.

**Scarborough:** 207-883-2979  
**Hours:**

Monday - Friday  
4:00 a.m. - 10:00 p.m.  
Saturday - Sunday  
6:00 a.m. - 8:00 p.m.

### E.A.P.

Employee Assistance Plan

Contact us **TOLL FREE**  
at 1-800-451-1834

# HOW TO READ PRESCRIPTION DRUG LABELS

Medicines, or drugs, come as either prescription or over-the-counter. Prescription drugs are used under a doctor's care. When using a prescription drug, it is important to read the drug label. Not following the instructions can hurt your health. Read the label each time you use the drug. If the drug is a re-fill or a renewal, read the label again just in case there have been changes to it since the last time you used it. See the drug label below to know what to look for. If you read the label and still have questions, call your doctor, nurse, or pharmacist for help.

Pharmacy name and address  
Number used by the drugstore to identify this drug for your refills  
Person who gets this drug  
Instructions about how often and when to take this drug  
Name of drug and strength of drug  
Number of refills before certain date  
Doctor's name  
Drugstore phone number  
Prescription fill date  
Local Pharmacy  
123 MAIN STREET  
ANYTOWN, USA 11111 (800) 555-5555  
DR. C. JONES  
NO 0060023-08291 DATE 06/23/09  
JANE SMITH  
456 MAIN STREET ANYTOWN, US 11111  
TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN  
AMOXICILLIN 500MG CAPSULES  
QTY NO REFILLS - DR. AUTHORIZATION REQUIRED USE BEFORE 06/23/12  
MRG SLF/SLF  
Don't use this drug past this date

## ADVANTRA FREEDOM MEMBERS

Today, there are many drugs available that work the exact same way to treat the same condition. For instance, there are several drugs that treat high cholesterol like simvastatin (generic Zocor), Crestor and Vytorin. Another example are drugs that treat high blood pressure such as Micardis, Avapro and Cozaar.

All of the drugs work exactly the same way as the other drugs in the same group, but are made by different pharmaceutical companies. When prescribed properly, these drugs are just as safe and effective in treating the same condition.

For example, generic drugs like simvastatin for high cholesterol, and omeprazole for heartburn are available on Tier 1 for a low co-payment. (Prilosec OTC, over-the-counter, is available for \$0 co-pay when purchased with a prescription.) There are other situations where certain drugs must be tried before **Advantra Freedom** will cover another drug for the same condition. This is called **“step therapy.”**

The clinical team of doctors and pharmacists have established these guidelines for **step therapy** and they have been approved by **Medicare**. Since Aciphex, Prevacid Solutabs, Protonix, Nexium, and omeprazole all treat heartburn and ulcers and work the same way, Advantra Freedom will not cover Aciphex or Prevacid Solutabs for you unless it is medically proven that the other medications do not work for your condition.

If your doctor states that you have tried the first line of alternatives, and they were not effective, **Advantra Freedom** will then cover the Aciphex or Prevacid Solutabs. It is important to remember to look at your **Advantra Freedom** “formulary” and ask your doctor if there are any lower-tier drugs that may be appropriate substitutes when getting a new prescription from your doctor. Please call Medco's Customer Service Representatives at 1-800-690-5924 for more information.

# RETIREES CORNER

## ADVANTRA FREEDOM - MEDICARE PART B PREMIUMS MUST BE PAID

Many of our retirees and/or spouses who qualified for Medicare are having their Part B premiums deducted from a Social Security check. Some of them are not receiving a Social Security check or the check is not large enough so the deduction can not be taken. When Social Security can't take the deduction, they bill the member directly on a quarterly basis.

In the past few weeks, several of our state retirees or their spouses have lost their State of Maine Retiree health benefits because they failed to pay their Medicare Part B premium. When Social Security cancels Medicare coverage for nonpayment of premiums, it has an impact on your State health plan. Retirees and/or spouses who are enrolled in Medicare have been told they need to keep their Medicare Part A and Part B. If you are eligible for Medicare, then Medicare must be your primary insurance. For many years, the office of Employee Health and Benefits has been educating members who are approaching Medicare age. When Medicare became the primary coverage for retirees or spouses, they would be enrolled in a Companion Plan with Anthem. The State Retiree Health plan no longer offers Anthem to Medicare eligible members.

For 2009, the State Employee Health and Benefits Office has been converting Medicare retirees or spouses to Advantra Freedom. Members must be enrolled in Medicare Part A and Part B in order to be enrolled in Advantra Freedom. The Benefits office receives a weekly report notifying them of any members who are not enrolled in Medicare Part B. At the same time, the Advantra Freedom plan is cancelled for that member. The State Retiree Health plan can not keep a member enrolled if they fail to maintain their Medicare Part B.

**Re-enrollment in the State Retiree Health plan is not allowed. There is a possibility that you might be reinstated, but only if the Social Security Administration allows a reinstatement of Medicare Part B so that there is no lapse in coverage. If your Medicare Part B has been cancelled, you may want to contact the Social Security Administration to discuss what options are available to you.**

---

## THE COSTS OF UNCERTAINTY

One could certainly describe today's environment as being one of uncertainty. With uncertainty can come increasing levels of stress and anxiety. Increased levels of stress and anxiety can impact your relationships at work, relationships at home or how you take care of yourself. Each of these can influence your performance at work, your quality of life and your health.

As the intensity of our current situation increases, don't feel you need to tackle the world by yourself. Openly and honestly sharing your concerns and fears with your spouse, family or friends will help to lessen your load. Another resource available to you is our **Employee Assistance Program (EAP)**.

Let's review some information about our **EAP** Program:

- **Who is eligible to use our EAP Program?**

Employees, family members who live with the employee, retirees and laid-off employees who have recall rights.

- **What does it cost to use the Program?**

EAP provided services are free.

- **What can EAP help me with**

Work issues, family issues, parent-child issues, relationship issues, alcohol and drug use issues, mental health issues, and any other issue that interferes with your attendance and performance at work.

- **How many EAP sessions can I have?**

Depending upon the nature of your issue, you may have up to 8 in-person sessions with an **EAP** counselor.

- **Can I see an EAP counselor on work time?**

Yes. You are allowed reasonable time for the visit (session time plus travel) **and** your immediate supervisor must know you will be leaving the worksite specifically for an **EAP** visit.

- **Is our EAP Program separate from our health insurance's mental health benefits?**

Yes. The benefits provided by each of the programs are different.

- **How can I access services?**

To be eligible for the benefits of our **EAP** Program, call **1-800-451-1834** any time of day or night, any day of the week.

# know the colon cancer facts



When found early,  
colon cancer has a 90%  
survival rate.<sup>1</sup>



## Who should get screened?<sup>1</sup>

- Men and women over age 50
- Those with a family history of colon cancer
- Individuals with chronic bowel and digestive diseases
- Anyone with a previous abnormal colonoscopy finding
- Anyone over 50 who hasn't had a colonoscopy in the last 10 years



## Don't let colon cancer surprise you.

People over 50 – regardless of their health – should get screened for colon cancer. That's according to leading physicians' groups and public health groups.<sup>2</sup>

Have a colonoscopy and have the confidence that if it finds a problem, there are treatment options.

A minimally invasive colon surgery means\*:

- less time in the hospital
- less recovery time
- less scarring
- less pain
- fewer complications

\*when compared to open surgery.<sup>3,4</sup>

Colon cancer is a surprise no one wants, but there's something you can do about it.

As with any procedure, colonoscopies and colon surgeries may present risks. You should consult your physician to see what procedures are right for you.

■ **Learn more about screening and treatment options for colon cancer at [www.colonsurgeryinfo.com](http://www.colonsurgeryinfo.com).**

# Colon

<sup>1</sup> Ries LAG, et al (eds.) Seer Cancer Statistics Review, 1975-2003. National Cancer Institute, 2006.  
<sup>2</sup> American Cancer Society: Colorectal Cancer Facts & Figures: Special Edition 2005. [Online] 11/21/07http://www.cancer.org/docroot/STT/content/STT\_1x\_Colorectal\_Cancer\_Facts\_and\_Figures\_-\_Special\_Edition\_2005.asp  
<sup>3</sup> Roumm, A R, Pizzi, L, Goldfarb, N, Cohn, H. Minimally Invasive, Minimally Reimbursed? An Examination of Six Laparoscopic Surgical Procedures. Surg Innov. 2005; 12: 261.  
<sup>4</sup> Noel J, Fahrbach K, Estok R. Minimally invasive colorectal resection outcomes: short-term comparison with open procedure. J Am Coll Surg. 2007; 204:291-307.

# UNDERSTANDING DOCTOR RATINGS FOR ANTHEM POINT-OF-SERVICE MEMBERS

The State employee health plan uses the primary care physician ratings of the Maine Health Management Coalition (MHMC) to determine preferred practices. Ribbons are awarded to 3 types of practices: family medicine, internal medicine and pediatrics.

Beginning in May 2009 the ribbons awarded to practices will be changing. **Blue** ribbons will be based on **national** ratings. This is new.

## **Blue ribbons for family and internal medicine practices are based on national ratings for:**

- Office systems quality
- Results of care for diabetics
- Results of care for heart disease

## **Blue ribbons for pediatrics are based on national ratings for:**

- Office systems quality
- Care and outcomes for pediatric patients with asthma
- Rates of shots and vaccines to prevent diseases like measles and polio

## **Green ribbons used to be blue ribbons in 2007 and 2008. Green ribbons are made in Maine quality ratings based on local data:**

- “Well on the way” quality ratings from 2 national ratings systems
- Results from a Maine office systems survey
- Quality of care data reported by medical practices

**Blue** ribbons are based on quality ratings from two national organizations: the National Committee for Quality Assurance (NCQA) and Bridges to Excellence (BTE). **Green** ribbons are determined by a mix of national and Maine data.

What does this mean for the State employee tiered benefit program? In 2007 and 2008 practices that earned two or three blue ribbons were considered preferred practices. That meant that you had no out-of-pocket expenses when you saw a preferred practice. The office visit copay is waived and there are no physician charges subject to the deductible. [The tiered primary care benefit only applies to Anthem point-of-service members.](#)

With the new blue and green ratings, a preferred practice will be any practice that is awarded two or three ribbons. A preferred practice can have two blue ribbons or two green ribbons or a combination of one blue and one green. As long as the practice has two or three ribbons it will be considered a preferred practice.

While the MHMC Physician Steering Committee awards blue and green ribbons using published quality standards, they use their collective best judgment as well. Committee members know that current standards don't tell the whole story. Only certain parts of medical practice are measured and reported. As more measures, standards and valid data become available, the Committee will consider that information in rating practices.

We encourage you to visit the Maine Health Management Coalition website ([www.mhmc.info/](http://www.mhmc.info/)) to check on Maine Doctor Ratings.

## **ACTIVE EMPLOYEES ANNUAL ENROLLMENT**

The annual enrollment period for active employees for **HEALTH** and **DENTAL** plans only will start around the middle of May and extend through June 26th. Annual enrollment allows employees to make changes to their health or dental plans that they were not allowed to make during the year. Employees who are not enrolled in either plan, may enroll at this time. All enrollments or changes take effect July 1, 2009. More information and rates will be mailed in the next few weeks.

# FOREVER FITNESS CLUB NETWORK FOR ADVANTRA FREEDOM MEMBERS

Check the State web-site for additions to the **Forever Fitness Club Network**.

If you have any questions about Forever Fitness Clubs, please call toll-free **1-877-244-2452** for more information.  
<http://www.maine.gov/beh>

## NATIONAL EMPLOYEE HEALTH & FITNESS DAY

Come and walk with your co-workers and friends to celebrate National Employee Health and Fitness Day on May 20, 2009 starting at **12:00 noon** (approximately 45 minutes). Walks will be held in multiple locations. **Augusta:** Eastside Wellness Center, Commerce Drive, Cross Building, Key Bank Plaza, Edison Drive, and Hallowell. **Bangor:** Griffen Road and the Bangor Wellness Center. **Portland:** Back Bay. **Lewiston:** Mollison Way. Sign up prior to May 8<sup>th</sup> and receive a **FREE t-shirt**. Walks will occur rain or shine. Ponchos will be available. For more information, and to register, please contact [recept.bangor-wellness-ctr@maine.gov](mailto:recept.bangor-wellness-ctr@maine.gov)

## IMPORTANT INFORMATION FOR ADVANTRA FREEDOM MEMBERS

Advantra Freedom members will be receiving phone calls around May or June. The call is **automated** and is identified to you as Advantra Freedom. This annual call is required by the Centers for Medicare and Medicaid Services (Medicare). The automated caller will ask if you have other insurance. If you say no, you will not receive another call for one year. If you say yes, Coventry Health will mail you a questionnaire that **must** be returned. The caller will not ask for any personal information.

## HEALTH AND DENTAL RENEWALS

Both the health and dental plans will be renewed effective July 1, 2009. As we noted on page 1 the rates for the **point-of-service plan** (actives and non-Medicare retirees) will be increasing by 6%. Benefit changes are listed on the first page of the newsletter.

The dental plan will experience a rate increase of 4.2%. The only change to the dental plan will be the addition of two benefits: crown lengthening and partial pulpotomy. All other dental services and benefit levels remain the same.



*Return Service Requested*

Augusta, Maine 04333-0114  
220 Capitol Street  
State House Station 114

**STATE OF MAINE  
EMPLOYEE HEALTH & BENEFITS**

Presort Standard  
U.S. Postage  
**PAID**  
Permit No. 8  
Augusta, ME