

SOUTHEASTERN Q & A *Updated 8-21-09 (see red font)*

1) I have a question about the projected premium costs for BC/BS: Why is there a significant difference in the cost of covering the employee plus a child (\$624.44) vs. the employee and multiple children (802.85), while there is not any difference between covering the employee, spouse and one child vs. the employee, spouse, and children?

This is a great question. BCBS offers 5 premium tiers – they do not have a 6th premium tier. OSEEGIB offers 6 premium tiers and this is what we're accustomed to having as a selection.

The 6th tier would be employee, spouse and one child. Please notice that if we stay with OSEEGIB that the 2010 premium estimate for this extra tier is higher than the employee, spouse and children tier. In the Premium Cost Comparison spreadsheet, we filled in the BCBSOK 2010 estimated Employee, Spouse & Children cost for Employee, Spouse & 1 Child so that everyone could see that the cost is the same for 1 or more children.

BCBS 5 Tiers

Employee
Employee & Spouse
Employee & 1 Child
Employee & Children
Employee, Spouse & Children

OSEEGIB 6 Tiers

Employee
Employee & Spouse
Employee & 1 Child
Employee & Children
Employee, Spouse & 1 Child
Employee, Spouse & Children

2) I checked out the network on BCBSOK. It appears there are no providers outside the state of Oklahoma. Is this the case?

There are many providers outside the state of Oklahoma, including Texoma Medical Center and Wilson N. Jones Hospital.

Members have access to the BlueChoice Network in Oklahoma AND to the [Nationwide BlueCard PPO network](#). See examples below:

Example 1: Member has been diagnosed with cancer and lives in Oklahoma. Member wants to seek treatment at MD Anderson in Texas. MD Anderson is part of the BlueCard PPO Network, therefore benefits would be in-network.

Example 2: Member lives in Durant and wants to seek care in Dallas, regardless of reason. As long as they see a provider in the BlueCard PPO Network, the benefits will be in-network.

Example 3: Member is on vacation in Florida and becomes ill. Member can see a physician in Florida as long as the provider is in the BlueCard PPO Network. All benefits will be covered as in-network.

In order to see if a provider is in-network, but not in Oklahoma:

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- *Go to www.bcbsok.com (Oklahoma's website)*
- *Click on Provider Finder (lower left corner)*
- *Then click on Search for Provider Outside of OK (lower left corner).*
- *Select Continue at bottom of the Important Information & Provider Finder Disclaimer*
- *You are now on the Blue National Doctor & Hospital Finder. Choose the Guest tab (Member tab is for members only) and you will then be prompted to choose a product network (PPO or Traditional) and you need to choose PPO.*
- *At this point you can search for a provider all over the US. Enter the City and State or Zip and Distance From Your Location.*

3) As one of the many faculty and staff members that live in Texas, I am becoming increasingly concerned about the change in insurance carrier. It is critical for us to be able to receive medical care at facilities in Texas, especially those of us with children. Are we to be penalized for our choice of where we make our homes? Please consider the concerns of those of us that live out-of-state. It has already been quite a crippling blow that Wilson N. Jones Hospital was dropped from our insurance (network).

No, you are not being penalized for your choice of where you make your home. Please see Q&A # 2 and be reassured that with BCBSOK, members have access to the BlueChoice Network in Oklahoma AND to the [Nationwide BlueCard PPO network](#)

5) What about those of us who live in TEXAS? Are we going to have ANY OPTIONS with this new insurance? Are we even being considered? They always like to forget about us!

Yes, you will have many options with this new insurance and you are being considered. Please see Q&A # 2.

6) I am planning to have a surgical procedure in December and will have post-op treatment in January. Currently my doctor is in the HealthChoice network. If he is not in the BCBSOK network, will Blue Cross accept the HealthChoice network discount for my post-op treatment in January?

No, if we change to BCBSOK and your doctor has not joined the Blue Cross provider network, your post-op treatment in January will be out-of-network, thus increasing your out-of-pocket cost. Please encourage your doctor to join if we choose BCBSOK!

Another possible consideration if we choose BCBSOK and if your doctor approves, may be to schedule your surgery and post-op treatment earlier so these procedures are done before January 1, 2010.

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7) My concern is as a single person it is becoming increasingly more difficult for me to go to a physician, hospital or pay for my prescription. My reasons for going are for preventative and maintenance of health. I have a friend who works at another university in Oklahoma. She is single. They changed from health choice to blue cross and her out of pocket cost went up dramatically. That university is currently looking to change again. She is facing the same concerns. With blood pressure and arthritis problems, it necessitates the need to see the Doctor. I struggle with the out of pocket for doctor, hospital and pharmacy. I am thankful for the insurance but if you can't pay out of pocket it does not help. I work with several individuals who have insurance and medical issues but don't go to the doctor because they can't afford it. Some do not buy much needed medications because they can't afford it. My concern is having to pay more out of pocket. I also don't want someone else telling me where I have to go and who I have to see. I like being able to choose my own doctor or facility. In my previous employment, you chose from a list of doctors or facilities. You could only change doctors once per year. He or she had to refer you to someone else. The person referring and the person to who you were referred to had to agree or the insurance company did not allow it. At least now I know what my costs are and how to budget for them. If the costs go up I am not sure what I will do. I have talked with workers at another employer in the area who have BCBS and the coverage is horrible. A lot of things are not covered and the out-of-pocket cost to the individuals went up. BCBS at one time was a good source of insurance. It may save on the cost of family members but for an individual, costs go up.

Thanks for your comments and concerns. I understand your concerns over change, and you have stated several valid items that we have tried to address below:

- What the RUSO group requested in the RFP was a plan essentially the same design as HealthChoice, which means that we requested that out-of-pocket costs should be same/similar between the two plans. The plan design quoted by BCBS is very similar to that currently offered by OSEEGIB, and overall the out-of-pocket maximums are intended to be the same. However, there are always some differences that cannot be anticipated between the way one carrier conducts business compared to the other. As a result, we can't make assurances that your out-of-pocket costs won't change at all, but it has been the intent of this process to, as closely as possible, mimic the OSEEGIB plan designs.

Please compare the out-of-pocket on the Health Benefit Comparison – High Option (www.se.edu/hr). There are two columns for CURRENT - OSEEGIB and two columns for BCBSOK – one column is “In-Network” and one is “Out-of-Network”. Please compare both “In-Network” columns and both “Out-of-Network” columns. You can research the providers on the Blue Cross website. For Oklahoma – use the BCBSOK network name of *Blue Choice* – their website is www.bcbsok.com. To see if a provider is in-network, but not in Oklahoma, see Q&A # 2.

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- It is our understanding that the other university has the same plan design as OSEEGIB. Without more information about the prescription drugs your friend may be taking, we cannot comment on her increase in cost for Rx.
- It sounds like the plan you speak of, where you had to be referred, may have been an HMO. That is not what BCBS is proposing. It is true that they are proposing a plan where you will have to go to a provider that is on a list in order to receive the maximum benefits (i.e. the lowest out-of-pocket cost); however, the proposed plan does allow for you to choose a provider that is not on the preferred list. If you do choose a provider that is not on the preferred list, you will have to pay higher out-of-pocket cost. This is also the case with our current HealthChoice coverage.
- Without seeing the benefits that the employees (that work for the other employer) have through BCBS for comparison, we can only speculate as to why their out-of-pocket costs changed. Another employer's plan may not be essentially the same design as HealthChoice. We would encourage you not to compare BCBS solely on their relationship to the other employer. For example, one other employer has a very unique arrangement whereby BCBS administers the plan design that the other employer selects, and then this other employer pays the claims (not BCBS).
- Lastly, we hear your concerns regarding the cost of health insurance/care. The RUSO group (comprised of 14 colleges, universities and RUSO Board office) went to market with the health insurance due to the significant OSEEGIB health premium increases for plan year 2009. In July OSEEGIB presented a request to their Board for a 12.1 % increase to their standard rate for plan year 2010. We will learn later this month if their request was approved. One of the strategies often used by employers to manage the cost and to maintain the group benefit, is to change benefit designs. Ultimately, it is the employer's choice to select the plan design (this defines how much of the cost the member will have to pay when services are rendered).

8) *Question:* Thank you for your responses to Question 7. I am still concerned about the increase in prescription drug out-of-pocket expenses that a friend from another university said happened to them. She said BCBS does not take the advice of a physician for brand name meds at all – you have to go through a generic use process first, then their recommended name brand, and then finally the doctor's name brand (for her cholesterol meds). If you do not want to go through this process for the doctor's name brand, you pay the higher "tier" costs for pharmacy items. She also said some meds are not covered at all, and told me I should look at their med listings online and compare with the HealthChoice pharmacy online. I did and I found some higher BCBS rates than with HealthChoice.

Answer: Please see www.bcbsok.com/osu for BCBSOK plan information for the university your friend references. Also, please visit www.myrxhealth.com (no member number and no registration necessary) to enter a specific drug and then have the

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formulary links available for you to research. Use this sight to find medications, cost, status on formulary and to locate where the drug can be purchased (if prior authorization is needed, this may be found on the formulary).

BCBS advised that their medical policy does not accept doctor overriding for co-pay of a drug that it not on the formulary. HealthChoice may allow for this. BCBSOK has stated that they are considering offering a 90-day grace period for prescription drugs which have already been authorized prior to January 1, 2010. BCBSOK would then evaluate during the grace period to determine if there will be a new authorization for the brand name drug or if a generic alternative will be required for the co-pay.

9) *Question:* Will BCBSOK allow benefits under Therapeutic/Chiropractic services - for the Mechanical Traction CPT Code 97012 and Electric Muscle Stimulation CPT Code 97014?

Answer: Our Gallagher consultant spoke to BCBS regarding this and unfortunately when it comes to medical policy they can't override it, so this would be a departure from this OSEEGIB benefit.

10) *Question:* My spouse and child are not currently enrolled in HealthChoice. If I enroll them this fall with BCBSOK, will pre-existing apply?

Answer: No. Pre-existing conditions for dependents will be waived during the enrollment period this fall of 2009 for insurance coverage effective as of January 1, 2010.