

A Fresh Coat of Blue



Blue Cross and Blue Shield of Texas

October 1999

Congratulations!

WHEW! We made it. ... We have survived another whirlwind Summer Enrollment, and hope that you have, too!

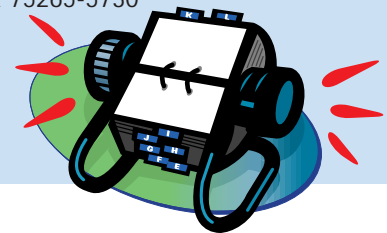
It was a very successful "Summer Enrollment '99." Blue Cross and Blue Shield of Texas (BCBSTX)/HMO Blue® representatives were able to attend almost 500 meetings and health fairs across the state, resulting in an increase of more than 5,000* new HealthSelect™ members and more than 6,000* new HealthSelect Plus™ members. The addition of these folks to our rolls means that BCBSTX/HMO Blue administers health benefits for two out of three State and Higher Education employees!

**Based on September, 1998 and September, 1999 enrollment*

Key HealthSelect and HealthSelect Plus Addresses

The addresses below could be the "key" to faster and better service!

	HealthSelect	HealthSelect Plus
Claims Filing Addresses:	Blue Cross and Blue Shield of Texas P. O. Box 660044 Dallas, TX 75266-0044	HMO Blue P. O. Box 90211 San Angelo, TX 76902-8011
General Correspondence Addresses:	Blue Cross and Blue Shield of Texas P. O. Box 833988 Richardson, TX 75083-3988	HMO Blue P. O. Box 90211 San Angelo, TX 76902-8011
UGIP Supplemental Information (PCP Selection) Forms Address:	Blue Cross and Blue Shield of Texas P. O. Box 655730 Dallas, TX 75265-5730	Blue Cross and Blue Shield of Texas P. O. Box 655730 Dallas, TX 75265-5730
Evidence of Insurability (EOI) Forms Address:	Group Life & Health Insurance Co. P. O. Box 655403 Dallas, TX 75265-5403	



Limited Provider Networks

Four of the eight **HealthSelect Plus** service areas (see below) contain **limited provider networks**. What this means to HealthSelect Plus participants is that when a participant chooses a primary care physician (PCP) and the PCP is affiliated with a limited provider network, **the participant is also choosing the network**. This means that in most cases there are no benefits available if services are received from any physician or health care professional who is not also part of the PCP's network.

Southeast — if you live or work in this area, the PCP is **definitely** part of a limited provider network.

Dallas/Fort Worth — if you live or work in this area, the PCP **may** be part of a limited provider network.

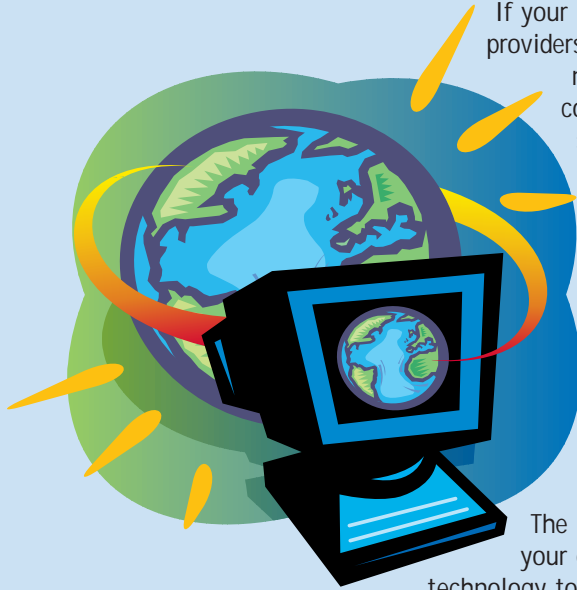
Central Texas — if you live or work in this area, the PCP **may** be part of a limited provider network.

Tyler — if you live or work in this area, the PCP **may** be part of a limited provider network.

Refer to the appropriate HealthSelect Plus Provider Directories for the individual networks involved.

World Wide Web Makes Your Job Easier!

Following the link on the ERS web site, www.ers.state.tx.us, to "Insurance/Summer Enrollment" brings up the option to choose "Health and Dental Carrier Information." There you will find several other links, including ones to HealthSelect and HealthSelect Plus. Within each of these sites are links to the Prescription Drug Programs (Merck-Medco for HealthSelect and Advance ParadigM for HealthSelect Plus), which offer **online prescription refill options!**



If your employees need information on the availability of network providers or the inclusion of a particular physician or facility in the networks, the sites contain a "**Provider Finder.**" Employees can conduct a search using a city or zip code, a specialty type, PCP or specialist designation, or even gender as a criterion.

Additionally, the complete contents of the **HealthSelect and HealthSelect Plus benefits books** are included in the respective web sites! If your employees have questions about the referral process, PCP selection, percentage of reimbursement or many other subjects, you can refer them to the web site for this information. They can even **download claim forms** from the site (this requires that Adobe Acrobat Reader be installed on their computers, but the program can be downloaded at no cost from www.adobe.com).

The ERS web site has the potential to make your job easier. Educate your employees about this wonderful tool, and take advantage of technology to free up some of your valuable time and resources!

HealthSelect Automated Phone System

We have implemented an **automated phone system**, making it easier to access basic information about HealthSelect 24 hours a day, seven days a week. The phone system is capable of providing the following information:

- Claim status
- Plan provisions
- Benefits
- Contract exclusions
- How to file a claim
- Coordination of benefits with Medicare

In addition, the **voice mail messaging** system allows HealthSelect participants to:

- Select or change a PCP
- Order ID cards
- Order claim forms
- Order benefits books and provider directories

Just call (800) 252-8039 and select the appropriate menu options.

Of course, you may always speak with one of our friendly **customer service representatives** by pressing "one," then "two," then "zero" after the greeting; or press "zero" at any one-digit prompt during the menu. Representatives are now available to assist HealthSelect participants from 7:00 a.m. to 7:00 p.m., seven days a week.



Did You Know...?

Did you know ... that although HealthSelect and HealthSelect Plus participants can receive a three-month supply of oral contraceptives at participating retail pharmacies, they will pay **three** copayments; when obtained through the mail-order programs, the three-month supply can be purchased for **one** copayment!

Did you know ... that if a HealthSelect participant has lost their refill slip from Advance Paradigm, they can make a notation to that effect on the completed Merck-Medco "Transition Prescription Refill Order Form," in order to get the refill?

A Message from Merck-Medco Managed Care (MMMC) (d/b/a PAID Prescriptions, L.L.C.)

□ MMMC has dedicated three toll-free numbers for **HealthSelect Prescription Drug Plan** inquiries:

- Standard Customer Service: (800) 903-8345 – **for member-specific inquiries** (i.e., refill request, order status, billing inquiries, etc.). The caller must be a HealthSelect participant to receive information;
- Enrollment: (877) 798-8454 – **for general plan design inquiries from potential members**. The caller can receive base plan information without being a HealthSelect participant. This "Enrollment" number will remain active year round;
- A third number, that of the Client Service Team, is **reserved for ERS and Coordinators**. (Refer to the September, 1999 ERS "Coordinator's Update" for more information).



□ ERS has given specific directions to MMMC regarding "**not eligible procedures**":

- If a participant calls the Standard Customer Service number above, the MMMC Representative will check to see if he or she is eligible for HealthSelect benefits;
- If the CSR does not see the participant listed as eligible, they will refer him or her to the Client Service Team (CST), who will then check IEBS:
 - If **in IEBS**, the MMMC CST Rep will **add the participant** immediately;
 - If **not in IEBS**, the Rep will refer the participant to their **Benefits Coordinator**;
 - The Coordinator should call ERS Customer Service at (800) 252-3645; ERS will then contact MMMC CST and instruct the Rep to **add the participant** to the MMMC system.

□ This fall HealthSelect participants will be eligible for a series of comprehensive health management programs called **Optimal Health**.

- These programs, designed to help patients better manage their health, are part of their prescription drug benefits and focus on chronic medical conditions like asthma, diabetes, multiple sclerosis, and hepatitis C.
- The programs focus on educating patients about their disease, helping patients become active participants in managing their therapy, and reminding physicians treating these members of national treatment guidelines for these diseases.

Evidence of Insurability vs. Preexisting Conditions Exclusion

Plan Year 1998 (effective 9/1/97) eliminated the **preexisting conditions exclusion** for HealthSelect. However, there still seems to be some confusion between the **Evidence of Insurability (EOI) requirement**, which may apply to employees and/or their dependents who wish to enroll in HealthSelect after their initial eligibility period, and the preexisting conditions exclusion.

Evidence of Insurability means that Group Life and Health Insurance Company (GLH) requires completion of an EOI application (and medical records and a physical examination - at no expense to GLH - may also be requested by GLH) to determine that the applicant is an acceptable risk for coverage under HealthSelect. *Evidence of Insurability must be reviewed by and coverage approved by GLH before HealthSelect coverage becomes effective.*

Once the EOI application is approved by GLH and coverage becomes effective under HealthSelect, there is no preexisting conditions exclusion for medically necessary services from the first day of coverage.

Reminder: Employees and their dependents who are currently enrolled in HealthSelect Plus (for which there is no EOI required) can enroll in HealthSelect during Summer Enrollment 2000 **without EOI**.

Correction

The below correction applies only to HealthSelect participants residing in Lipscomb and Ochiltree counties and participants residing outside the state of Texas.

The new "Making Your Benefits Work For You" HealthSelect benefits book for Employees and Retirees under Age 65, effective September 1, 1999 (blue cover) has an error relating to **out-of-area coverage**.

Page 38, "Out-of-Area Benefits Summary" - under General Provisions, the second entry should read:

Calendar year out-of-pocket **coinsurance** maximum \$800 per person



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