

Ask Your Doctor if an Alternative Drug May be Right for You

The next time you get a prescription, ask your doctor if an alternative drug may be right for you. You could have just as good treatment outcomes and save money if the doctor prescribes a generic or preferred brand drug, rather than a non-preferred brand.

Some providers may still prescribe a non-preferred (non-formulary) brand drug for medical reasons. For example:

- You did not have a good outcome with an alternative drug.
- You are allergic to or can't tolerate an alternative drug.

Each of PEBB's 2006 medical plans has an exception process. If your case meets the requirements, you will be able to purchase the drug at the preferred-brand cost. Review the plans' processes beginning on page 2.

PEBB 2006 Drug Plan Principles

PEBB's 2006 prescription drug plan design supports several principles in the Board's Strategic Vision:

- Evidence that, in almost all drug classes, no one drug is any more effective than another.
- Wide availability of alternatives that are equally effective as and less expensive than brand-name versions.
- Incentives for members and providers to base prescription drug choices on value.



Give Yourself the Gift of Health

Treat yourself to the holiday gift of good health, and quit tobacco today. PEBB's Free & Clear® Quit for Life Program can help with free nicotine patches and one-on-one quit support.

When you quit, you will be a great role model. Not only will you be healthier, your actions will also benefit the health of your family and friends.

Call 800-292-2336 and make it your resolution to become tobacco-free.

Be sure to tell them you're a PEBB member to get all the benefits of the Quit for Life Program from Free & Clear.

What Do PEBB Members Have to Say about Free & Clear?

"I quit smoking ... a few days after I called Free & Clear and I am so glad I did. My family and I really needed the support; now my family knows how to help me. I still have the services and support and will for 12 months!"

"Free & Clear saved my life, and the support was wonderful."

"This is best thing ever because of the patches and the quit kit."

Inside this issue

PEBB 2006 Medical Plans' Rx Exception Processes	2
Online Wellness Services Transition Dec. 31	3
Q&A	4
What Do You Think?	4

PEBB 2006 Medical Plans' Rx Exception Processes

Kaiser Permanente HMO and Added Choice Tier 1

Kaiser Permanente will usually arrange a one-time refill for new members who need to refill a prescription written by a doctor outside of Kaiser Permanente. New members should call the Kaiser pharmacy they want to use at least three days in advance.

Kaiser Permanente Added Choice Tier 2 or 3

You and your doctors outside the Kaiser HMO can see if a medication is on the Kaiser formulary by reviewing the list online at http://my.kaiserpermanente.org/nw/pebb/benefits_addedchoice.html.

If you receive a prescription for a drug from a Tier 2 or 3 doctor:

- If the drug is on the Kaiser formulary and in stock, a Kaiser pharmacy will fill it at the Tier 1 copay.
- If you or your physician do not want to switch to a formulary drug, you can fill the prescription at a MedImpact pharmacy at the Tier 2 copay.

Kaiser will also offer you an appointment with a Kaiser doctor to determine if continuing the non-formulary prescription is medically necessary. If it is, Kaiser will fill it at the Tier 1 copay.

Providence Choice

You and your doctor can see if your current medication is on the plan's formulary by going to www.providence.org/resources/pebb and selecting the "My Benefits" tab.

If your current medication requires prior authorization, ask your doctor to work with the plan to get it authorized. Or ask to change your prescription to an effective alternative on the formulary. By taking this step now, you will be able to avoid any delay in having your prescription refilled.

After Jan. 1, 2006, when you and your home clinic doctor feel that there are medical reasons for using a non-preferred brand-name drug, your doctor will work to get approval to have the drug covered at the preferred-brand rate. This is a simple process handled by your home clinic.

If you refill a prescription for a non-preferred brand-name drug after Jan. 1, 2006, the plan will contact you with information about your alternatives and the exception process.

If you see an out-of-network provider in the future, you or the provider will need to contact the plan at (503) 574-6620 or (800) 423-9470 to arrange for approval for a non-formulary drug to be covered at the preferred-brand level. The average time for prior authorization review is less than 24 hours when all the necessary information is available.

Regence BlueCross BlueShield

You and your doctor can see if a drug is on the plan's formulary by doing a search at www.regencerox.com. If your doctor prescribes a non-formulary drug, he or she can fill out the online Pharmacy Prior Authorization Request Form on the Web site and fax it to (888) 437-1510 or submit it online.

The online form lets your doctor:

- See why the drug is not preferred by the plan
- Enter the formulary drugs you have tried for this condition and what your outcomes were with those drugs.

The plan may grant exceptions if formulary alternatives have failed to treat your condition or caused side effects that made you stop taking them.

Regence is sending a letter to current members with non-preferred brand drug prescriptions as well as to their doctors. The letter advises them of alternatives to their current prescriptions and notifies them of the plan's exception process. Members enrolled in a Regence plan who are taking a non-preferred brand drug and do not receive a letter from the carrier should call (800) 643-5918 for more information.

Samaritan Select

If you refill a prescription for a non-preferred brand-name drug after Jan. 1, 2006, the plan will contact you with information about your alternatives and the exception process.

You and your doctor can view the Samaritan Approved Medication List at www.samaritansselect.com/drug-page-1.html. If it is medically necessary for you to have medication that is not on the list, your physician can fill out a medication exception form and fax it and any necessary documentation to the plan for review.

(Continued on page 4)

Online Wellness Services Transition Dec. 31

PEBB's contract with WebMD to operate the State of Health Online ends Dec. 31, 2005.

To ensure members have continuing access to health resources on the Web, the Board required each of the 2006 medical plans to offer members a variety of online health education and wellness services. See PEBB Resources, page 3, to find your plan's Web site address, and go online to view the services available through your plan. Look for the January PEBB newsletter to learn more about these services.

PEBB members who registered to use The State of Health Online may want to log back in to their home page before the end of the year. The Web address is www.wellmed.com/stateofhealth. There you can print pages where

you entered personal information about you and/or your family members. Keep these printed copies with your other health records.

On Jan. 1, 2006, all PEBB member data will be deleted from the online system and archived by WebMD as an offline database. This database will be protected by WebMD under the same privacy policies established for The State of Health Online.

If you want to continue to use WebMD online services, go to www.webmd.com to join MyWebMD.

Wellness Collection Moves to State Library

With the PEBB Health Center closing at the end of the year, PEBB and the Oregon State Library are pleased to announce that PEBB's valuable collection of health and wellness materials will be available through the Library beginning January 2006.

The PEBB Health Center collected these materials during the last 11 years. The Library will continue to maintain the collection. Its mission is to provide consumer health materials and educational resources that promote the health and wellness of state employees.

State employees are welcome to browse the collection and check out materials in the State Library's reference room. The Library is located at 250 Winter St. NE in Salem (Court and Winter streets). The reference room is open from 10 a.m. to 5 p.m. every state business day.

Employees can also search for and check out materials online. The catalog is located on the Web at http://catalog.osl.state.or.us/screens/opacmenu_2.html. A Subject Heading search for the word "Wellness" will bring up the materials in the collection. Other Library services, including the registration form to request materials, are available at <http://library.state.or.us>.

PEBB Resources

PEBB

www.oregon.gov/das/pebb
Salem: (503) 373-1102
Statewide: (800) 788-0520

BenefitHelp Solutions

(FSA Administrator)
www.benefithelpsolutions.com
(800) 556-2230

Kaiser Permanente

(Medical & Dental Plans)
<http://my.kp.org/nw/pebb>
Portland: (503) 813-2000
Outside Portland: (800) 813-2000
TTY: (800) 735-2900

The ODS Companies

(Dental Plans)
www.theodscompanies.com/pebb
Portland: (503) 265-5680
Outside Portland (877) 277-7280

Providence Choice

(Medical Plan)
www.providence.org/resources/pebb
Portland: (503) 574-6620
Outside Portland: (800) 423-9470

Regence BlueCross BlueShield

(Medical Plans)
www.or.regence.com/pebb
Portland: (503) 220-3849
Outside Portland: (800) 826-9813

Samaritan Select

(Medical Plans)
www.samaritanselect.com
Corvallis area: (541) 768-6900
Outside Corvallis area: (800) 569-4616

The Standard Insurance Company

(Life & Disability Plans)
www.standard.com
Life Benefits (800) 242-1888
Disability Benefits (800) 842-1707

VSP

(Routine Vision Services except Kaiser)
www.vsp.com
(800) 877-7195

Willamette Dental

(Dental Plan)
www.willamettedental.com
Portland: (503) 644-6444, Option 8
Statewide: (800) 460-7644, Option 8

UnumProvident

(Long Term Care Plans)
www.unumprovident.com/enroll/pebb
(800) 227-4165



Members who enrolled for new plans or optional benefits during Open Enrollment in October may have questions about the plans going forward.

Q *Will I receive a new ID card? When?*

A If you enrolled in a new medical or dental plan during Open Enrollment, you will receive a new ID card from the plan in January.

Q *What if I need to access services before I receive the new ID card?*

A After Jan. 1, 2006, before you receive the card, call the plan (See PEBB Resources, page 3) and ask for your ID number. Give that number to your provider when you access services.

Q *I applied for optional life insurance coverage; how will I know when it goes into affect?*

A The Standard Insurance Company will let you know if your application has been approved after review of your medical history statement. Your coverage will go into effect upon approval but no earlier than Jan. 1, 2006.

Q *I submitted a paper form during Open Enrollment; how can I verify my selections?*

A You can check your selections online using pebb.benefits (www.oregon.gov/das/pebb/pdb). After you register and/or login, select "See my current benefit selections." It will show your 2005 and 2006 enrollment selections. You can also check your first pay stub or pay statement in 2006. It should show all your benefit elections and deductions. PEBB will also mail a benefit statement to your home address in February.

Q *Who do I contact if my benefit selections or deductions don't appear to be correct?*

A Agency employees can contact their agency representatives; university employees can call their benefits office. Or, you can call PEBB at (503) 373-1102 in Salem or (800) 788-0520 statewide.

What Do You Think?

Look for an online survey this month as a way to provide feedback to PEBB.

The survey will ask what you think about changes introduced during October's Open Enrollment. These included:

- The new technology for enrolling online
- The new incentive program.

It should take less than five minutes to complete the survey. Your response is very important in helping PEBB ensure quality programs and customer service. Please take a few minutes to complete the survey, which is totally anonymous and confidential.

Rx Exception Processes *(Continued from page 2)*

The plan's medical reviewer will review the documentation and will either ask for additional information or make a determination within three business days.

If the reviewer approves the request, Samaritan will place the approval into the claims payment system for the time frame determined by the reviewer. Your doctor will be notified.

If the exception is denied, Samaritan will notify you and your doctor within five business days.

Public Meetings

The Benefit Board and its subcommittees usually meet monthly. Times and locations are subject to change. For schedules, please check the Meetings section of the PEBB Web site: oregon.gov/das/pebb/meetings.shtml. *(Please follow agency policy on use of the Internet at work.)*

PEBB Mission

To provide a high quality plan of health and other benefits that are affordable to both the employee and the state.