



Health Plan Update

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Choices, Choices!

The open-enrollment period for the University System of Georgia's health plans, **Oct. 16 to Nov. 16**, has arrived. Every employee and any retired employees who currently have coverage will be required to make a written formal election of a health-care plan or choose "no coverage," even employees who wish to maintain enrollment in their current health plan.

Those who do not choose a specific plan will have their health-care coverage transferred to the Board of Regents' new preferred provider organization, as the PPO will provide more cost-effective premiums, as well as access to nearly 90 percent of the physicians and hospitals in Georgia.

USG Human Resources/Payroll personnel currently are distributing health-care-plan election forms and materials detailing plan options for System employees and retirees. Please take time to consider all of the available options and make an informed choice about your health care coverage. ☝

Health Plan Details Available

The Board of Regents Central Office has prepared a variety of materials explaining your health-care plan options during this year's open-enrollment period, which is slated for Oct. 16 to Nov. 16. During this time, you may make changes to your health-care coverage that are not allowed at any other time of year. The changes will take effect Jan. 1, 2001.

Informative booklets are being distributed to all USG employees, designed to take the mystery out of choosing the health-care plan best suited to your needs. Campus Human Resources/Payroll personnel also are planning Open-Enrollment activities that include showing a helpful video on the various plans and presentations by health-plan firm representatives. In addition, colorful posters offering easy comparison of the key features of each plan design will be posted on each campus.

As explained in previous issues of *Health Plan Update*, the following options are being offered to University System of Georgia employees and any retired employees who currently have coverage during calendar year 2001:

- The University System of Georgia's traditional self-insured **indemnity plan**, Blue Cross/Blue Shield of Georgia, which has **increased the maximum lifetime benefits payable from \$1 million to \$2 million**;
- A new **preferred provider organization (PPO)** called Medical Resource Network (MRN)/Georgia First, offering access to more than 9,300 physicians, 169 hospitals and ancillary facilities and a chiropractic network;
- Two **health-maintenance organizations (HMOs)**, Kaiser and Blue Choice (availability is limited to certain areas of the state); and
- **Consumer Choice** options (available through the PPO and HMOs), which allow members to nominate non-network health-care providers to render care on an in-network basis during the plan year. Consumer Choice premiums are slightly higher than their counterparts, and there is no guarantee that the provider you nominate will agree to participate or that the HMO or PPO will approve your nomination.

Employees opting for the PPO or the indemnity plan will be able to take advantage of several new services: a **pharmacy benefit management program**; **MedCall**, which provides free, accurate health information via a toll-free phone call; a **Disease State Management Program** for patients with chronic diseases; and a **Transplant Program**. ☝

New to USG Employees: Enhanced Pharmacy Benefit Program

The Board of Regents has entered into a contract with **Express Scripts** to manage the prescription drug benefits of University System of Georgia employees enrolled in the System's indemnity plan and new PPO.

How does this benefit you?

For starters, there are no deductibles for prescriptions to be met at the start of each year. Having a pharmacy benefits manager also means no more paying the full cost of prescriptions up-front and then waiting for reimbursement from your health-care provider.

Beginning Jan. 1, 2001, you and your dependents will pay for prescription drugs according to the terms of the following three-tier co-payment plan:

- 1) **Generic drugs:** For every 30-day supply of a generic drug, you will pay a flat \$10 co-payment (or, if the drug costs less than \$10, you pay only what it costs).
- 2) **Preferred brand-name drugs:** If your doctor prescribes a brand name drug from Express Scripts' list of recommended medications, you will pay a flat \$20 co-payment for each 30-day supply of the drug. If there is a generic equivalent and the doctor has not instructed the pharmacist specifically to dispense a substitute drug, you will pay \$10 plus the difference in cost between the brand-name and the generic drug. (See "Doctor's Orders" on this page.)
- 3) **Non-preferred brand-name drugs:** If your doctor

prescribes a brand-name drug not on Express Scripts' list of recommended medications, you will pay the full cost of the drug (if it costs less than \$35) or 20 percent of the cost with a \$35 minimum and \$75 maximum. How-ever, if the doctor instructed the pharmacist specifically to dispense only the brand-name drug, you will be responsible only for the preferred brand-name or non-preferred brand-name co-payment. (See "Doctor's Orders" on this page.) If your physician does not mandate the non-preferred brand-name drug and you choose to buy it anyway, you will pay the \$10 generic co-payment plus the difference in cost between

the non-preferred brand-name drug and the generic. Employees who enroll in the PPO or indemnity plan will receive a list of preferred drugs from Express Scripts before Jan. 1. The list will be created, reviewed and updated quarterly by a team of physicians and pharmacists. It will contain a wide range of generic and brand-name products that have been approved by the Food and Drug Administration. A medication becomes a preferred drug based first on safety and efficacy, then on cost-effectiveness. You are encouraged to share the preferred-drug list and discuss your prescription options with your physician during your next appointment.

In addition to the drug list, you will receive an ID card and *See "Express Scripts" on page 3 ...*

Doctor's Orders

Just because a doctor prescribes a brand-name drug, he or she isn't necessarily opposed to substituting a less-expensive, generic-equivalent drug. Be sure to discuss whether a generic would be appropriate for you.

Doctors who intend their patients to have only the brand-name drug they've specified usually write "dispense as written" (DAW) on the prescription, which tells pharmacists that no substitutions are allowed.

If your doctor prescribes a preferred or non-preferred brand-name drug for you and has reason to reject the generic equivalent, be sure that he or she indicates DAW on the prescription. It can make a difference at the cash register.

For Example:

Your doctor prescribes a \$50 non-preferred brand-name drug and does not write DAW on the prescription. The generic equivalent costs \$20, but you are uncertain whether your doctor would want you to have it, so you buy the non-preferred brand name.

Your cost: \$40 (\$10 generic co-payment plus the difference in cost between the drugs)

Your cost if the doctor had designated DAW: \$35



No Changes to Dental Plan, Premiums

The University System of Georgia's self-insured dental benefits plan will remain unchanged during the coming year. Also, for the second consecutive year, premiums will remain stable, as well. The premium for employee-only coverage is \$29.80, while employee-with-dependents coverage costs \$63.80.

There is no open-enrollment period for the dental plan. USG employees are offered a chance to enroll in the plan when they are hired, and if they decline, the offer is not re-extended. Employees also should be aware that if they cancel their dental coverage, they will not have another opportunity to enroll. ☰

Express Scripts

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a list of Express Scripts-affiliated pharmacies in your neighborhood.

The Express Scripts program will allow you to get your prescriptions filled at any of more than 53,000 participating pharmacies in the nation, including 2,000 stores in Georgia. Almost all of the major chains and thousands of independent pharmacies will be represented.

You will need to present your ID card the first time you get a prescription filled at any given pharmacy. If you obtain a prescription from a non-participating pharmacy, you will be required to pay cash and submit a claim form to Express Scripts. Be sure to ask the pharmacist for a printout

of the prescription transaction. When you are reimbursed, your share of the cost will be the co-payment plus the difference in cost between the cash price and what the contract rate would have been at a participating network pharmacy.

Beginning Oct. 16, any

questions you may have about the pharmacy benefits program or concerns about your medications will be handled 24 hours a day, seven days a week by members of a trained, knowledgeable staff that includes registered pharmacists. The toll-free number for Express Scripts' Customer Service Center is 1-877-

Something to Consider

Co-payments for prescription drugs will not apply to the deductible amount or the maximum annual dollar amount a member must pay out-of-pocket for covered expenses either under the indemnity plan or the new PPO.

650-9341. You also will find a link to the center's website (where updates to the preferred drug list are posted) on the Board of Regents website at www.usg.edu. ☰

Definition of Drug Types

Brand-name drugs: the brand name is the trade name under which a product is advertised and sold, and is protected by patents so that it can be produced only by one manufacturer for a pre-determined number of years.

Generic drugs: drugs for which the patent has expired, allowing other manufacturers to produce and distribute a chemical copy of the original product under a generic name. For example, diazepam is the generic equivalent of Valium. Companies must follow stringent FDA regulations for safety in manufacturing the generic equivalent. The shape and color may be different, but the active ingredients must be the same for both the generic and the original product.

Preferred brand-name drugs: medications that have been reviewed and approved by a group of physicians and pharmacists and selected for preferred status based on their proven clinical and cost effectiveness.

Non-preferred brand-name drugs: medications that have been reviewed by the same team of physicians and pharmacists and not included because an alternative drug is available that the team has determined is clinically equivalent and more cost-effective. The designations "preferred" and "non-preferred" may change as new clinical information becomes available. ☰

Periodic health benefits updates will be published this fall by the Board of Regents' Office of Media and Publications, the Office of the Associate Vice Chancellor for Human Resources, and the Office of the Senior Vice Chancellor for Support Services to help USG employees make an informed decision about their health-care benefits.