

You Deserve a Medical Home

When you drive a brand-new car off the lot, odds are you're not pondering which mechanic to trust when it breaks down.

In the same way, if you think you're healthy, the question of where to get quality medical care may not even be on your radar.

But finding a Medical Home is a lot more important than choosing a garage for car repairs.

A Medical Home is more than just an office or clinic. It's a team of healthcare providers who know you, your health history, your lifestyle and how you want your care to be provided. It uses information technology to track your health needs and to keep you and the whole team up to speed no matter what health issues you experience.

Quality and Convenience

If you don't have a Medical Home when a health issue comes up, you may find yourself:

- Reciting for multiple providers every medication you're taking – along with how long, how much, when and why
- Filling out a new medical history each time you're referred to someone new

- Taking (and paying for) another lab test, X-ray or screening because previous results aren't available when and where they're needed
- Juggling schedules around your providers' availability, not yours
- Wondering if all your providers are sharing important details about your health issues.

That changes when you have a Medical Home.

- You can be confident that all your information is securely gathered in one system, office or clinic.
- Every member of your home team knows and follows standards that ensure you get the right care at the right time.
- All important information flows both ways with every referral, test or treatment.
- The system focuses on your health outcome, not just providing services.

Getting Organized

The Benefit Board selected the current medical plans in part because

each offers or has the potential to offer a Medical Home for every PEBB member.

The Medical Home concept is inherent in the way the Kaiser Permanente plan is organized. And Providence Health System created the Providence Choice plan for PEBB members specifically around the Medical Home concept. Members in these plans are encouraged to pick a clinic as their Medical Home and initiate a long-term relationship with a principal provider.

As a community-based health system, the Samaritan plan is also well on its way to organizing around the Medical Home concept. As an insurance company, Regence has a different model; it is exploring the concept of piloting Medical Homes in medical practices around the state.

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2007: THE FIRST YEAR OF THE HEALTHY REST OF YOUR LIFE

The New Year is the perfect time to change your habits for a healthier 2007. First, set goals to help you stay on track – things you know you can do and that can make a difference. Share your goals with people who love and support you. Then, monitor your progress, and reward yourself (with something other than food!) if you achieve your goals.

Check the state's Healthy Worksites Initiative Web site for motivation to keep going in the right direction all year long: www.oregon.gov/DHS/ph/worksites/index.shtml.

MEMBER TURNS THE CORNER TO HEALTH

Eric Andersen knew he had to do something. His doctor confirmed that his diabetes and recent heart attack were directly related to his weight and lack of physical activity. "I know now that my bad lifestyle choices were detrimental to my health," Eric said.

He had heard that his medical plan offered discounts on health club memberships. But the Salem resident found the discounts were currently available only for clubs in the Portland Metro area.

That didn't stop him, though. "The monthly cost of membership in a health club is less than the cost of just one of the 10 medications I am taking! Yet the exercise I am getting

probably offers me more tangible health benefits than any of the drugs I am currently taking."

While he advocates free health club memberships as a plan benefit, Eric concedes that not every PEBB member would make that choice. "Exercise is about as popular as getting a root canal," he said. "Yet this is exactly what is needed."

Eric says he has turned the corner. "I have learned that exercise makes me feel good, so I don't need to be encouraged to exercise any longer." Still, he expresses concern "for the thousands who should exercise but won't because they don't think they can afford it."



HAVE YOU RESOLVED TO QUIT TOBACCO?

If it's your New Year's resolution to quit tobacco, help is at hand. With the Free and Clear Quit For Life™ Program, your chances of quitting will be six times better than quitting on your own. You will work with Quit Coaches™, who are trained professionals – and many are former smokers – who will help you develop a personalized quit plan. In addition, the program provides free nicotine patches or gum.

Prepare for a happy and healthy New Year. Call today at 1-866-QUIT-4-LIFE (1-866-784-8454). **Be sure to tell them you're a PEBB member so you get the maximum benefit.**

Or enroll online at www.freeclear.com/pebb.

WHAT'S YOUR STYLE?

Even if you don't join a health club, you can find a fitness style that fits your personal style.

Do you:

- Want visible results? Consider active gardening or housekeeping.
- Accomplish more with a plan? Call your medical plan to ask about a health coach who can help you set reachable goals and manageable steps to success.
- Like to keep track? Check your medical plan's Web site for "trackers" to log progress.

- Want to work out at work? Walk during breaks and lunch; use the stairs whenever possible.
- Need immediate feedback? Wear a pedometer and check it throughout the day.
- Enjoy competition? Set up a contest to see who can walk the most, the farthest, the fastest...
- Want more family time? Take a walk after dinner; play catch or Frisbee; ride bikes.

FITNESS SUPPORT IN MEDICAL PLANS

Kaiser Permanente: <http://my.kp.org/nw/pebb/yourhealth.html>; health consultant: (503) 286-6816 or (866) 301-3866.

Providence Choice: www.providence.org/pebb/tools.aspx.

Regence BCBSO: www.myregence.com; health coach (800) 856-8543.

Samaritan Select: www.samaritanselect.com/online-resources.html.

Use of Generics on the Rise Congratulations, Members!



Give yourself a pat on the back if you chose to go with a generic version of a prescription drug in 2006. You're saving money for yourself and for all PEBB members.

In 2003, members in the Regence plan used generics less than half the time – about 48 percent. In the first half of 2006, that grew to about 64 percent.

Kaiser members used generics about 75 percent of the time in 2003. That climbed to 81 percent in the first half of 2006.

Use of generics in the two new plans – Providence Choice and Samaritan Select – was at 67 percent and 65 percent, respectively, during the first half of 2006.

When you work with your provider to choose the prescription drug that's right for you, you can often choose one that's as effective as a brand name drug but less costly, because it's available in a generic form. You get effective treatment at less cost to you, to the plan and, ultimately, to all of PEBB. Good for you!

2007 PRESCRIPTION DRUG PLAN DESIGN FULL-TIME EMPLOYEE PLANS

	Kaiser	PPOs	Kaiser Added Choice	
			Kaiser	MedImpact
Retail Supply	30-day	34-day	30-day	
Generic	\$1	\$5	\$5	\$20
Preferred brand	\$15	\$15	\$15	\$20
Non-preferred brand	NA	Greater of \$50 or 50%*	NA	\$20
Mail Order 90-Day Supply				
Generic	\$1	\$12.50	\$10	NA
Preferred brand	\$15	\$37.50	\$30	NA
Non-preferred brand	NA	Greater of \$125 or 50%*	NA	NA

* When exact generic equivalent is available, co-pay includes cost difference between generic and brand, unless exception granted by the plan.

Note: To ensure members have access to the right medications in their particular case, each plan has an exceptions process when both the provider and plan agree it is medically appropriate for a member to have access to a non-preferred-brand drug at the preferred brand cost.

Check out Your Wellness Library

State agency employees can access the Employee Wellness Collection at the State Library. Check out the wide range of books, videos and tapes on wellness topics available through the library's online catalog. Visit www.oregon.gov/osl, select "Online Catalog," and use the keyword "Wellness."

Time for Your Annual Benefits Checkup

Review your first pay stub or earnings statements of the year and your online benefits record to check your 2007 benefit elections. This is especially important if you:

- Changed medical or dental plans, or added or removed dependents from coverage
- Enrolled in or increased optional life insurance (*see right*)
- Enrolled in dependent life insurance, or short term or

- long term disability insurance
- Started a healthcare or dependent care flexible spending account (FSA) for 2007. (University employees will see their first FSA deduction on their end-of-January earnings statement.) Agency employees: contact your payroll office by Jan. 31 to correct errors. OUS employees: contact your benefits office by February 28.

Don't See the Life Insurance You Applied For?

If you enrolled in or increased optional life insurance coverage for you (and/or your spouse or domestic partner) and you don't see that reflected on your pay stub or statement, it may be because you didn't get a form in on time. The insurance company had to receive the required medical history statement by December 15, 2006. If you didn't get the form in on time, your request was not approved.

Clues to Pay Codes

The following codes identify PEBB benefit deductions on pay stubs issued through the Oregon State Payroll System. Ages and amounts are examples. (K= benefit amount in \$1,000s.)

Vendor	Explanation	Description	Explanation
BASIC LIFE	Mandatory life insurance	PRETAX/5K	Premium deducted before pay is taxed
EMP LIFE/40+	Employee life insurance; number denotes age group	PRETAX/45K	Premium for up to \$45,000 deducted before pay is taxed
SP/DP LIF40+	Optional spouse or domestic partner life insurance; number denotes age group	POSTAX/60K	Premium deducted after pay is taxed
DPNDT LIFE	Optional dependent life insurance (a policy that covers all dependents)	5K/DEPNDT	Benefit per dependent; premium deducted after pay is taxed
EMP AD&D	Employee accidental death & dismemberment insurance	POSTAX/100K	Premium deducted after pay is taxed
EMP/DEP AD&D	Employee and dependent accidental death & dismemberment insurance	POSTAX/100K	Premium deducted after pay is taxed
SHORTERM DIS	Short term disability insurance, 7-day waiting period	60% BENEFIT	Replaces 60% of weekly salary; premium deducted after pay is taxed
LONGTERM DIS	Long-term disability insurance	180DAY/60% 90DAY/60% 180DAY/66% 90DAY/66%	Days denote waiting periods; percentages denote amount of salary replaced; premiums deducted after pay is taxed
FSA/DEP CARE	Dependent care flexible spending account	Monthly deduction	Amount deposited to account; deducted before pay is taxed
FSA/HLTHCARE	Healthcare flexible spending account	Monthly deduction	Amount deposited to account; deducted before pay is taxed

Did You Know?

Prostate Cancer: To Screen or Not to Screen?

The medical community doesn't always agree on treatment for some conditions. Did you know that they sometimes don't agree on screenings, either?

Screening for prostate cancer is a case in point. Some medical experts believe all men should be offered regular screening tests for prostate cancer. Other medical experts do not recommend

screening – except for those at increased risk because of family medical history or race.

Who's Right or Wrong?

Medical experts who encourage regular screening believe current scientific evidence shows that finding and treating prostate cancer early, when treatment

might be more effective, may save lives. They recommend that men should be offered annual screening tests beginning at age 50.

Medical experts who do not recommend regular screening want convincing evidence that finding early-stage prostate cancer, and treating it, saves lives. They believe some of these cancers may never affect a man's health, and treating them could cause temporary or long-lasting side effects like impotence and incontinence.

What's a Guy to Do?

While they may not agree on screening, the medical experts do agree that every man needs balanced information on the pros and cons of screenings to help him make an informed decision.

All PEBB medical plans cover screenings for prostate cancer, beginning at age 50. But the choice of whether to have a screening is up to a man and his doctor.

If you fit the profile, start the discussion with your provider and ask for more information to help you decide. Find a good starting point at <http://www.cdc.gov/cancer/prostate/decisionguidespotlight.htm>. This Web site by the national Centers for Disease Control and Prevention offers several decision guides that can help you talk with your doctor and weigh the risks and benefits.

Benefit **HOT TOPICS**

You Benefit from a Cafeteria Plan

PEBB often hears from members asking whether PEBB would consider a cafeteria plan. In fact, many PEBB benefits are part of the state-sponsored cafeteria plan that meets IRS requirements.

A cafeteria plan is a package of options from your employer that lets you pay for certain expenses – such as health insurance and dependent care – with **pre-tax dollars**.

When your agency pays you cash, you must pay Social Security and Medicare taxes.

The state must match that amount. By buying benefits with pre-tax dollars, your withholding decreases as do the state's matching payments.

PEBB pre-tax benefits include medical, vision and dental care, group-term life insurance (to \$50,000 in coverage) and flexible spending accounts. AD&D and disability premiums are post-tax, but the benefits paid are not taxed.

To offer a cafeteria plan, PEBB must ensure its eligibility rules and other aspects of the program comply with federal regulations. The program must also meet state rules and laws. PEBB's administrative rules are written to ensure PEBB compliance, along with member equity.

FSA Reminder

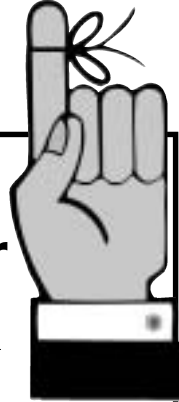
Did you have a healthcare or dependent care FSA in 2006? Is there money left in the account? You have until March 15, 2007, to incur eligible expenses that can be reimbursed with your 2006 funds. Learn more at www.oregon.gov/DAS/PEBB/december06.shtml.

If you have questions, call BenefitHelp Solutions at 800-556-2230.

Public Meetings

The Benefit Board meets monthly. For meeting information, please check the Meetings section of the PEBB Web site: oregon.gov/DAS/PEBB/meetings.shtml.

One to Remember



Does your child still qualify for coverage under PEBB rules? If not, tell your agency as soon as possible. Don't put yourself at risk of repaying premium or claims costs. If you have eligibility questions, contact PEBB at (503) 373-1102 in Salem or (800) 788-0520 statewide.

Public Employees' Benefit Board

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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.odscompanies.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 Plan)

www.unumprovident.com/enroll/pebb

(800) 227-4165

PEBB Mission

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