



Health WATCH

Issue 3 / Vol. 13 / August 2005

STATE EMPLOYEES' INSURANCE BOARD

Staff

Administration

Executive DirectorWilliam Ashmore
Deputy Administrator.....Gary Matthews
Legal CounselJim Bradford
Clinical Director....Deborah T. Unger, RN
Editor.....Susan Sheppard

Operations

State Program DirectorJanice Foreman
State RetireesDarlene Williams
State COBRAMarie Bettis
Flex Program ManagerWynnette Smith
Local Government
Program ManagerTeresa Scroggins

Program Representatives

Blue CrossSheneka Miller
Shirley Simmons

State Employees' Insurance Board

500 RSA Tower / 201 Monroe Street
Montgomery, AL 36130-4900
334-833-5900
1-800-513-1384
Fax: 334-240-3257

www.seib.state.al.us

**"An investment in
knowledge pays the
best interest."**

—Benjamin Franklin

The Perfect FIT for Your Healthcare Needs

If you are an active employee who has coverage through the State Employees' Health Insurance Plan and you are eligible for coverage under another plan, you owe it to yourself to get more information on the two new plans being offered by the SEIB.

Supplemental Coverage, administered by Blue Cross Blue Shield of Alabama, and Optional Coverage, provided by Southland National Insurance, are now available to those subscribers eligible for other group health coverage. Both plans work in tandem with the group health care plan and provide more complete coverage for those eligible subscribers.

Are You Eligible?

Can you be covered by any other group health insurance (such as through your spouse's employer)?

Are the premiums for the other group's coverage reasonable compared to your State premiums?

Do you want to increase your benefits for free?

If you answered "yes" to all of these, you should enroll today.

It's easy!

Complete the application on page 3 and return to the SEIB at the address listed. You can visit our website at: seib.state.al.us/supp.htm

Once we have processed your application, you'll be on your way to better benefits at reasonable costs.

Continued on page 2

Synopsis of Plans

Optional Coverage Southland National

Provides four benefits: vision plan, dental plan, hospital indemnity and cancer benefits at no cost. Available for all active and retired employees, this coverage will replace the primary health care plan provided by the State Employees' Insurance Board.

Optional coverage will be most appealing to employees who have coverage available through their spouse's insurance and retirees who don't need prescription drug coverage through the State plan.



Supplemental Coverage Blue Cross Blue Shield

Coordinates as a supplement (for the entire family) to other health insurance coverage.

Supplemental Coverage picks up the costs of copays and deductibles and provides the family more coverage. Supplemental Coverage relieves you and your family members of the hassles of copays and deductibles.

If you have additional questions, call us today at 334.833.5900 or 1.800.513.1384

You can read the Blue Cross Supplemental Plan Booklet and the Southland Benefit Booklet by visiting our website at: seib.state.al.us/supp.htm

Deadline Fast Approaching for The Non-Tobacco User Discount

The Law: In November 2004, the Alabama Legislature enacted a new law (Act No.: 2004-647) that required the State Employees' Insurance Board (SEIB) to charge a premium to all employees and retirees enrolled in the State Employees' Health Insurance Plan who use tobacco products. To comply with this law, the SEIB approved a premium increase of \$20 per month on all active and retired employees effective October 1, 2005.

Notification: Because this new law increases premiums for every active and retired State employee who uses tobacco products, the SEIB had to develop a campaign that would notify all subscribers. Multiple mailings were scheduled to allow subscribers every opportunity to participate in the discount program. (NOTE: You can apply for the non-tobacco user discount online at: www.seib.state.al.us)

The Procedure: Once the SEIB received an authorization, it was checked for completed information and signatures. Each application was then either scanned into our system or returned to the subscriber for corrections.

The Results: More than 38,000 subscribers have responded to these three mailings and are set to receive the non-tobacco user discount.

If you are eligible for this discount, and have not yet applied, you should do so before August 15. After that, it's too late!

“Change does not necessarily assure progress, but progress implacably requires change. Education is essential to change, for education creates both new wants and the ability to satisfy them.”

—Henry S. Commager

State Employees' Health Insurance Program Enrollment Form

- | | | |
|---|--|---|
| <input type="checkbox"/> SEHIP (Blue Cross) | <input type="checkbox"/> Tri-Care Supplement
(Must be eligible for Tri-Care) | <input type="checkbox"/> Tri-Care For Life Dental Only
(Blue Cross) |
| <input type="checkbox"/> Supplemental Coverage (Blue Cross)
Secondary Medical | <input type="checkbox"/> Optional Policies (Southland)
• Vision • Dental • Cancer • Hospital Indemnity | |

Subscriber Information

Name (First, Middle Initial, Last):	Sex:	Effective date of Coverage:
Social Security Number:	Date of Birth:	
Street Address:		

City:	County:	State:	Zip Code:
Home Telephone Number: ()		Work Telephone Number: ()	

First Name	Middle Initial	Last Name	Documentation is required. See back of form. Relationship to Employee	Date of Birth	Social Security Number
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife		
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter		
			<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter		
			<input type="checkbox"/> Other Relationship _____		

Additional Group Health & Dental Coverage

(Must be completed if choosing supplemental coverage.)

Health Insurance Company	Contract Holder	Insurance Policy #	Name of Employer
Dental Insurance Company	Contract Holder	Insurance Policy #	Name of Employer

Affirmation & Release

I hereby affirm that I have completely read and fully understand the terms and conditions of this form. I attest that all the representations made by me on this form are true and correct. I understand that any misrepresentation may result in the forfeiture of insurance coverage and that I will be personally liable for all claims related to such misrepresentation. I further understand that there is mandatory utilization review and I do hereby give permission to release any information necessary to evaluate, administer, and process claims for benefits to any person, entity, or representative acting on the State's behalf.

Member Signature

Date

Return To:
State Employees' Insurance Board
PO Box 304900
Montgomery, AL 36130-4900
334-833-5900/ 1-800-513-1384/ FAX: 334-240-3257

Cut along dotted line, and mail to State Employees' Insurance Board

STATE EMPLOYEES'
INSURANCE BOARD
500 RSA Tower, 201 Monroe Street
P. O. Box 304900
Montgomery, AL 36130-4900

PRSR STD
U.S. Postage
PAID
Montgomery, AL
Permit No. 109



To Do List

- Would like to get info on changes to your health insurance?
- Want to update your address?
- Need to submit your Non-tobacco user application?
- Wish to enroll in new supplemental and optional programs?

Do it all on our website!

www.seib.state.al.us