Medicare Part D Program Update and Reminders

As most participants are aware by now, the federal government’s Medicare Part D prescription drug program has been available to provide coverage for retirees on Medicare since January 1, 2006. The deadline for most people to sign up or withdraw from a Medicare Part D plan for calendar year 2006 is May 15, 2006.

State government retirees
For state retirees with coverage through the state’s Group Health Insurance Program, however, there is no need to enroll in a Medicare Part D plan. The Department of Employee Trust Funds (ETF), administrator of the program, opted for an “employer subsidy” from the federal program. This means that instead of enrolling in Medicare Part D, retired state employee participants on Medicare will continue to get their drugs through our Navitus prescription drug manager and continue to use their Navitus identification card. Remember: Our coverage is considered “creditable coverage” for Medicare Part D, which means that if you terminate your health insurance coverage under the state program, you will have an enrollment opportunity at that time in some other Medicare Part D plan. Be aware that if you are enrolled in a Part D plan, it will make your Navitus coverage payable after the Part D plan pays its share and, at this time, require you to submit the balance to Navitus manually. If you did enroll, you should reconsider whether you need that coverage.

Local government retirees
Local government retired participants with health insurance coverage through their former employer under ETF’s Wisconsin Public Employers Program should have enrolled in the Part D plan through DeanCare Rx by now. Although enrollment with Medicare Part D in the DeanCare Rx Part D plan is handled by DeanCare, you may still need to provide DeanCare with your Medicare A and B effective dates and your Medicare health insurance claim number. DeanCare may contact you for this information. Upon being fully enrolled, DeanCare will send you an identification card and verification letter. If you are unsure about your enrollment status, or have not received your identification card or verification letter, call DeanCare Rx toll-free at 1-888-422-3326.

News from Navitus: New Generic Drugs
Coming; Tablet Splitting Program Saves Money

In a previous issue of Its Your Benefit, Navitus Health Solutions shared important information about the strict criteria generic drugs need to meet before being allowed on the market. This article brings news about some “blockbuster” drugs that are set to go “off patent,” resulting in equivalent generics being available at a lower cost. Generic drugs are considered interchangeable with equivalent brand name drugs.

Availability of generic products in 2006
Once a generic product becomes available, it can take as little as a few weeks or up to several months for the cost of the drug to be reduced. Once the cost is reduced, the Navitus Pharmacy and Therapeutics (P&T) Committee may decide to move the brand name medication to a Level 3 ($35 copayment) drug and offer the generic product at Level 1 ($5 copayment). Thus, members covered under our program will save money by paying a lower copayment for the same drug.

Currently, when a generic product becomes available at your pharmacy, the pharmacist automatically substitutes the brand name product with the generic equivalent. The only time a generic is not dispensed in place of the brand

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Update on Transition to New Administrator

Effective January 1, 2006, WPS Health Insurance (WPS) became the administrator of the Standard Plan, State Maintenance Plan and Medicare Plus $1,000,000 plan. We would like to provide participants enrolled in these plans a brief update on the transition to the new administrator.

- Make sure you show your WPS cards to your provider(s). Some health care providers are erroneously submitting claims for services provided on or after January 1, 2006 to Blue Cross & Blue Shield of Wisconsin (BCBSWI), the former program administrator. These claims should instead go to WPS for processing and payment. However, claims for services provided on or before December 31, 2005, should still be sent to BCBSWI. If you forgot to present your WPS card to your physician, please provide the information as soon as possible in order to avoid future claim payment delays or denials.

- Standard Plan members who live outside of Wisconsin and who are or were employed by either the state or one of the Wisconsin Public Employers who have selected a preferred provider plan, must utilize the Beech Street network for in-network providers. The Department of Employee Trust Funds continues to work with WPS to expand the Beech Street provider network in many areas of the country. If your providers are not in-network currently, those providers may contract with Beech Street if they wish to become preferred providers. Your providers may nominate themselves or you may nominate them via an online process. The nomination documents are available on the Beech Street Internet site, http://www.beechstreet.com. In addition, you may contact WPS toll free at 1-800-634-6448 or review its Internet site, http://www.wpsic.com/state.

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name product is if your physician indicates “no substitution” on the prescription order.

Sometimes you may notice that the color, shape, or packaging of the generic may vary from prescription to prescription when more than one manufacturer produces a generic drug. This does not affect the active ingredients. Generic drugs may look different because your pharmacy uses more than one manufacturer for a generic drug. However, never assume that it is the same product. Always check with your pharmacist to verify the drug you are receiving is what your physician prescribed.

Over the next four years, 19 blockbuster drugs are scheduled to become available generically. These 19 drugs have combined annual worldwide sales of $46 billion. Considering that generics typically offer a 40% to 80% savings, the combined savings to the healthcare system and you will be substantial. This year the Food and Drug Administration may approve generic versions of the most popular brand name drugs that treat cholesterol, depression, insomnia, enlarged prostates, nausea, high blood pressure and allergies. Specific examples include Zocor, Zoloft, Imitrex, Plavix, Wellbutrin, Provigil, and Ambien.

If you are wondering if the brand name medications you are taking are available in generic form or have generic alternatives, please speak with your pharmacist, call Navitus Customer Care toll free at 1-866-333-2757, or access the Navitus Internet site at http://www.navitus.com.

Tablet splitting saves money

Keep in mind that tablet splitting provides significant savings for members. Through this program, members who split their tablets pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are as follows:

Abilify Acemet Aboque Acres Ariept Aquicron Atacand Avandia Avepro Cestor Divoan Laminical Leophro Mirapex Noruvac Razadyne Riaperdal Seroquel Topamax Toprol XL Zocor Zoloft Zypreta

To take advantage of this cost savings opportunity, contact your physician or health care provider’s office to determine if tablet splitting is appropriate for your situation. Your health care provider can then phone a new prescription order into your pharmacy, and you can begin saving up to 50% on your monthly copayments.

How are medications chosen for the tablet splitting program? Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Navitus P&T Committee.
- The drug is flat priced (various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

It’s a good idea to regularly check the Navitus prescription drug formulary for periodic updates. New and existing drugs are continually reviewed to keep the formulary up to date and ensure patient needs are being met. Go to http://www.navitus.com/formulary/formulary_main.asp

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Health News Capsules

NIH releases glucosamine and chondroitin sulfate study results

Many people use the dietary supplements glucosamine and chondroitin sulfate to treat osteoarthritis. A new study sponsored by the National Institutes of Health (NIH) shows that these substances may not work as well as some users hope. As part of a study involving nearly 1,600 people with osteoarthritis in their knees, researchers randomly assigned participants to receive one of five treatments for 24 weeks: glucosamine, chondroitin sulfate, glucosamine and chondroitin sulfate combined, a placebo, or the pain medication celecoxib. Those taking celecoxib had less pain after 24 weeks than those taking the placebo. However, there were no significant differences between the other treatments and the placebo. When researchers looked closer, they found that glucosamine combined with chondroitin sulfate did provide pain relief for a smaller subgroup of people with moderate-to-severe pain.

Because of the small number of people in the moderate-to-severe pain group, researchers pointed out that the findings “should be considered preliminary and need to be confirmed in a study designed for this purpose.” The NIH team is continuing its research to examine whether glucosamine and chondroitin sulfate can delay the progression of osteoarthritis. The results of an ancillary study are expected in about a year.

Source: National Center for Complementary and Alternative Medicine, NIH. http://nccam.nih.gov

Five to nine a day

Fruits and vegetables should be the foundation of a healthy diet. Yet most people don’t eat enough of them. Men should shoot for nine servings of fruits and vegetables a day; women should aim for seven. See how big a serving is, read about why you should eat more fruits and vegetables, and find easy ways to add more of them to your diet, by visiting http://www.5aday.gov, a joint project of the U.S. Department of Health and Social Services, the National Institutes of Health, and the National Cancer Institute.

Drinkers, smokers need early colon cancer test

People who smoke and drink should start screening for colon cancer earlier because they tend to contract the disease at a younger age than those who abstain from cigarettes and alcohol, according to a study published in the Archives of Internal Medicine, a journal of the American Medical Association. Screening for colon cancer is generally recommended for anyone 50 or older, and 90% of cases occur after that age. Colon cancer is the second-leading cause of cancer deaths, killing nearly 50,000 people annually.

Men have a 1-in-17 chance of contracting the disease in their lifetime, according to the American Cancer Society. Use of alcohol and cigarettes are known to heighten the risks of all types of cancer, including colon cancer. An analysis of 161,000 colon cancer patients found that those who were smokers and drinkers in the previous year contracted the disease an average of eight years earlier than people who never smoked and never drank. The average age of initial diagnosis was 62 for male smokers and drinkers and 63 for women. Those who smoked but did not drink, or the reverse, developed the disease an average of five years earlier than abstainers, with female smokers particularly at risk of getting the disease earlier. A family history is another important risk factor for colon cancer, which often produces symptoms, such as bleeding, only after it has progressed, said the study.

Source: Reuters Health

Dual-Choice Enrollment Period
October 9-27

The Group Insurance Board set the 2006 Dual-Choice enrollment period for October 9-27, 2006. During this period, currently insured participants may switch from one health plan to another plan and/or from single to family coverage without restrictions. All coverage changes are effective January 1, 2007.

For news and information regarding specific health insurance program benefits and changes, check the September issue of It’s Your Benefit and review your It’s Your Choice booklet, available from the Department in late September. The information will also be available on our Internet site, http://etf.wi.gov.
Tips to Get Older Adults Moving Safely

How are you doing with your resolution to get off the couch and into a fitness routine? If you are over 50 years old or in the early stages of a new exercise program, did you check with your physician to make sure your approach to physical activity is appropriate for you? Check out the International Council on Active Aging’s (ICAA) “Welcome Back to Fitness” toolkit on its Internet site, http://www.icaa.cc. It is filled with tips and advice to help older adults become more active, including how to get started—and keep going—with an exercise program, choosing proper footwear, strength training, evaluating and tracking your progress, selecting an age-friendly fitness facility and/or personal trainer, and much more.

If you enjoy walking to stay in shape, review these tips from the Mayo Clinic—they’ll help make your path to good health a safe one:

- **Identify yourself.** In case of an emergency, carry your name, address, and a friend’s or relative’s phone number on the inside sole of your shoe or tied to a shoelace.
- **Alert others to health conditions.** Wear a medical alert bracelet or necklace if you have diabetes, an allergy to bee stings or other conditions that could result in an emergency.
- **Buddy up.** When possible, walk with a companion.
- **Stay in touch.** Carry a cell phone or enough change to make an emergency phone call.
- **Be defensive about traffic.** Don’t assume a car will automatically stop for you, even if you have the right of way. Use sidewalks when available.
- **Be visible.** If you have to walk after dark, consider wearing sportswear made of reflective fabric or with reflective stripes that glow in the dark. You can also purchase reflective tape to attach to your clothing or shoes.

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