

# insider

Fall 2008

## New ID Cards Being Distributed

It's the most recognized ID card in the state of Kansas – and now, it's undergoing a new look. Don't look for drastic changes. The new Blue Cross and Blue Shield of Kansas cards sport the similar look your employees are already familiar with. However, members will quickly notice that the new design makes it even easier for them and health care providers to use.

*Here are some quick facts about the new BCBSKS cards:*

**Dates of distribution?** All members will receive a newly-designed card between now and Dec. 31, 2009.

**Reasons for new design?** The new cards are easier to read and understand. This helps providers easily find all the information they need when submitting claims. Members can also more quickly find what is covered under their plan. Members with drug coverage will also have important pharmacy information on their cards.

**What about other Blue Cross and Blue Shield Plans?** Each of the 39 independent Blue Cross and Blue Shield Plans collaborated on the new design. This ultimately will result in 100 million Blue members across the country carrying the same, recognizable card. That means claims that employees might have for medical services received outside of Kansas will be filed accurately and quickly.

**What should employees do when they receive their new cards?**

- Show their new card whenever they receive health care services
- Have their ID card handy when calling customer service
- Destroy their old card when they begin using the new card

### FRONT OF CARD

- A** One of the most recognizable symbols in health insurance
- B** Name of your provider network
- C** Member's name and ID number
- D** Who and what is covered under your plan
- E** Group ID number
- F** Numbers used by BCBSKS for administration of coverage
- G** Information for your pharmacy if you have drug coverage
- H** Date the card was issued
- I** Notes if you have deductible or co-insurance responsibilities
- J** Specific information about your coverage
- K** Name of your benefit plan
- L** Suitcase indicates whether or not you are in our preferred provider network
- M** Indicates whether you have drug coverage

**SAMPLE (FRONT)**

<b>A</b>		<b>BlueCross BlueShield of Kansas</b>	<b>B</b>	<b>BlueChoice Network</b>
<b>C</b>	<b>MEMBER NAME</b> Member Identification Number <b>XSB123456789</b>		<b>D</b>	BLUE CROSS BLUE SHIELD OF KS Health Individual-Children Dental-Family
<b>F</b>	Group No. <b>987654321</b>	<b>E</b>	Office Visit Copay <b>\$25</b>	<b>J</b>
<b>G</b>	Plan Code <b>650/150</b>	Specialist Copay <b>\$40</b>	Emergency Copay <b>\$100</b>	
<b>I</b>	Rx BIN/PCN <b>610455/KSB</b>	<b>H</b>	Inpatient Copay <b>\$35</b>	<b>M</b>
<b>K</b>	Card Print Date <b>01/01/2009</b>	Deductible/Coinsurance Applies	Ded. <b>\$100/200</b> Coin. <b>\$500/1000</b>	
			Dental <b>Basic 100%</b>	
			<b>A50% B50% C100% D100%</b>	
	Benefit Plan <b>Comprehensive Major Medical</b>			<b>L</b>

### BACK OF CARD

- N** Our Web site address
- O** Information for members and providers
- P** Important telephone numbers
- Q** Our postal mailing address
- R** Information on benefits administration

**SAMPLE (BACK)**

	<b>www.bcbsks.com</b>	<b>N</b>
Members: See your contract for covered services. Possession of this card does not guarantee eligibility for benefits.	Customer Service: <b>1-800-123-4567</b> In Topeka: <b>785-123-4567</b> Eligibility: <b>1-800-123-4567</b> Nervous and Mental Health: <b>1-800-123-4567</b> Pharmacy Benefits*: <b>1-800-123-4567</b> *Not a Blue Cross and Blue Shield product.	<b>P</b>
Hospitals or physicians: File claims with your local Blue Cross and/or Blue Shield Plan.	Blue Cross and Blue Shield of Kansas 1133 S.W. Topeka Boulevard Topeka, Kansas 66629-0001 An Independent Licensee of the Blue Cross and Blue Shield Association.	<b>Q</b>
Inpatient care and nervous and mental may require prior authorization.	<b>R</b>	
	Pharmacy benefits administrator – not a Blue Cross and Blue Shield product	

\* An Independent Licensee of the Blue Cross and Blue Shield Association.

# Coverage for Brand-Name Antihistamines To Undergo Changes in 2009

A Jan. 1, 2009 change to the Blue Cross and Blue Shield of Kansas prescription drug coverage involves non-sedating antihistamines (NSAs). These types of drugs are used to treat hay fever or other allergies by relieving symptoms including nasal congestion, runny nose, sneezing, watery eyes and skin rashes.

Two common drugs in this class, Claritin and Zyrtec, previously required a prescription but are now only available over-the-counter (OTC). The NSA brand-name drugs currently available by prescription include Allegra, Clarinex and Xyzal. The generic of Allegra, fexofenadine, is also a prescription drug. There are older antihistamine drugs available OTC, such as Benadryl, Chlor-Trimeton, Dimetapp and Tavist.

None of the prescription NSA drugs have been proven to work better than the OTC antihistamine drugs. Therefore, as of Jan. 1, 2009, BCBSKS will no longer cover the following drugs: Allegra, Allegra-D, Clarinex, Clarinex-D, Semprex-D and Xyzal. Generic fexofenadine will continue to be covered at a generic copay. Physicians and pharmacists across the state have received this drug coverage change information.

The formulary, or Preferred Medication List (PML), mailed to members on an annual basis will identify drugs requiring prior authorization or those that are not covered. The PML may also be found at [www.bcbsks.com](http://www.bcbsks.com). Employees with questions regarding NSAs should call the customer service number on their identification card.

The following chart demonstrates the changes for 2009:

Drug Name	2008	2009	Alternative
ALLEGRA (fexofenadine)	Covered Tier 3	Not Covered	FEXOFENADINE or OTC alternatives
ALLEGRA-D (fexofenadine-PSE)	Covered Tier 3	Not Covered	FEXOFENADINE or OTC alternatives
FEXOFENADINE GENERIC	Covered Tier 1	Covered Tier 1	
CLARINEX (desloratadine)	Covered Tier 3	Not Covered	CLARITIN and Generics
CLARINEX-D (desloratadine-PSE)	Covered Tier 3	Not Covered	CLARITIN-D and Generics
CLARITIN (loratadine), GENERICS	OTC	OTC	
CLARITIN-D (loratadine-PSE), GENERICS	OTC	OTC	
SEMPREX-D (acrivastine-PSE)	Covered Tier 3	Not Covered	ACTIFED and Generics
ACTIFED (triprolidine-PSE), GENERICS	OTC	OTC	
XYZAL (levocetirizine)	Covered Tier 3	Not Covered	ZYRTEC and Generics
ZYRTEC (cetirizine), GENERICS	OTC	OTC	
ZYRTEC-D (cetirizine-PSE), GENERICS	OTC	OTC	

TIER 1 Generics – lowest copayment

TIER 2 Formulary brands – higher copayment

TIER 3 Non-formulary brands – highest copayment

*OTC drugs are not covered. The decongestant pseudoephedrine (PSE) is available OTC.*