

OSU Holidays

OSU employees receive 12 paid holidays per year. The 2008 OSU holidays are:

- Tuesday, January 1 - New Year
- Monday, January 21 - Martin Luther King Day
- Monday, May 26 - Memorial Day
- Friday, July 4 - Independence Day
- Monday, September 1 - Labor Day
- Thursday and Friday, November 27-28 - Thanksgiving
- Wednesday, December 24, through Wednesday, December 31* - Winter Break
*Wednesday, December 31 is a mandatory leave day.

The *University Holidays* Policy and Procedure Letter, 3-0709, can be found at <http://hr.okstate.edu>.

BlueCross BlueShield Personal Health Manager

The *Personal Health Manager* (PHM) helps you find practical information about specific medical conditions and self-management tools for common health problems. You can also create a personal health record, receive targeted wellness information, and set up reminders about doctor appointments and screenings.

Each time you track a fitness workout, report a meal, use any of the expert coaching features, or utilize other features of the *For Your Health* section of the PHM, you will earn Blue Points. Points are redeemable at the BluePoints Redemption Center on the PHM for health promotion products and other merchandise.

Check out the *Personal Health Manager* at www.bcbsok.com.

OSU Human Resources developed this information for the convenience of OSU employees. It is a brief interpretation of more detailed and complex materials. If further clarification is needed, the actual law, policy and contract should be consulted as the authoritative source. OSU continually monitors benefits, policy and procedures and reserves the right to change, modify, amend, or terminate benefit programs at any time.

Training Opportunities

If you plan to attend any training seminars, please pre-register to ensure we have adequate space and materials.

Seminars

- | | |
|------------|---|
| January 10 | Sexual Harassment/Gender Discrimination Policy Training |
| January 15 | Purchasing Card Training |
| January 15 | Airfare and Lodging Training |
| January 15 | OSU Research Enterprise and Grant Basics |
| January 16 | Imprest Cash Fund Basics |
| January 16 | Imprest (Petty) Cash Procedures |
| January 17 | HR and the Law: The Employment Relationship |
| January 17 | HR and the Law: Federal Laws and Supervisory Responsibilities |
| January 23 | Safety is Everybody's Business |
| January 24 | Purchasing Policies and Procedures |
| January 24 | Working with the Media (<i>Exclusive to ALP</i>) |
| January 29 | Coaching Strategies |
| January 30 | The University Culture |
| January 30 | Endnote Training - Beginners |
| January 30 | FRS and Purchasing |
| January 30 | Information Security Awareness |

For a description of the classes, go to <http://hr.okstate.edu> or call Training Services, (405) 744-5374.

Dial 1-877-BLU-OSU1 (1-877-258-6781)

If you have questions about BlueCross BlueShield (BCBS), you can call toll-free, 1-877-BLU-OSU1 (1-877-258-6781) and speak to a BCBS representative. The BCBS representatives are familiar with the OSU health care plans and can answer your questions.



Human Resources

News You Can Use! Important Information for Employees of Oklahoma State University

January 2008

Blue Access® for Members of BlueCross BlueShield

Effective January 1, 2008, you can use your BlueCross BlueShield (BCBS) identification number to access *Blue Access*®, a secure BCBS member website giving you immediate access to health care benefit information.

With the easy-to-use tools provided, you can:

- Confirm your coverage and benefit coverage for your dependents;
- Check the status of a claim;
- View your *Explanation of Benefits*;
- Sign up for alerts about your claim activity;
- Print a temporary ID card or request a new one;
- Locate a pharmacy, obtain mail service forms and order refills online;
- Search the drug formulary, get information about generic drugs and obtain the cost of your prescription;
- Use the *Provider Finder*® to locate a contracting doctor or hospital;
- Use the *Hospital Comparison Tool* to compare hospitals' outcome data;
- Use the *Treatment Cost Advisor* to obtain estimated costs of various medical procedures;

- Take charge of your health with the *Personal Health Manager* to find information about specific conditions and common health problems, take a health risk assessment, create a personal health record, and set up reminders about doctor appointments and screenings;
- Earn Blue Points and redeem online for health promotion products and other merchandise;
- and much, much more!

To get to Blue Access, go to www.bcbsok.com. Click on *Members* then click on *Member Online Services*. A new window will open. Click on *Register Now* if you are registering as a new user.

You will need your member identification number (found on your BCBS Certificate of Insurance, which you received in December).

You will be prompted to enter your member identification number, date of birth, first name and gender.

Minimizing Prescription Costs

Prescription drugs help us manage and prevent health conditions – it's one of the reasons we're living healthier, longer lives. However, the amount we spend on medications continues to increase each year. To help control the rising costs, BlueCross BlueShield of Oklahoma has some tips to help you get the most out of your health care benefits.

Preparing for your trip to the doctor's office:

- Keep a current list of prescription and non-prescription medications that you take, including the medication's name, strength, reason for taking the medication and current dosage.
- Also, keep a list of medications that you previously used. Include the reason you took the medication, reason for discontinuing usage and the dates it was taken.
- Before your appointment, write down the main reason for your office visit, any symptoms you are experiencing and any concerns or questions. This alerts your doctor to potential side effects from your current medication list.
- Print a copy of the online prescription drug formulary at www.bcbsok.com. This formulary will help your doctor keep your out-of-pocket costs as low as possible by prescribing generic or preferred brand list of medications. The formulary is updated quarterly, so be sure to print a new copy with each office visit.

At your doctor's office visit:

- Provide your doctor with the medication list you prepared before the visit.
- Explain to the doctor that you have provided your insurance plan's formulary to help him keep your out-of-pocket costs as low as possible. Let the doctor know that you

have a percentage copayment and that your out-of-pocket depends on the total cost of the medication.

- Ask your doctor if there is a generic medication or preferred brand name drug to help maximize your prescription drug benefit. If the doctor chooses a non-preferred medication, be sure to ask why it is being prescribed over a preferred medication. This will help you understand why it may be better suited for you.
 - Ask your doctor to write your prescription for 100 units or three months (not 30 days at a time) - you will pay one copayment instead of three copayments.
- Your trip to the pharmacy:**
- Request a generic equivalent, if available, when having your prescription filled.
 - Provide the pharmacy staff with a copy of your medication lists.
 - Speak with the pharmacist so s/he can explain to you the potential side effects, how often and best time of the day to take the new medication, and potential drug interactions with your current list of medications.
 - Ask the pharmacist if the new medication is on your past medication list or if it is closely related to one of the medications listed. This can help avoid a potential drug misadventure and higher out-of-pocket cost.
 - Remember it is always better to communicate before you take a new medication.

Choosing generic drugs and working with your doctor to find the right treatments are a few simple things you can do that will make a big difference in keeping health care affordable. Visit www.bcbsok.com for information about generic drugs or for more ways to help keep health care affordable.

2007 Flexible Benefits Reimbursement Reminder

Employees currently enrolled in the Flexible Spending Account can incur expenses through March 15, 2008, and apply them to their 2007 plan year balance. Employees have until the deadline of March 31, 2008, to submit paper claims for reimbursement if they did not use their MBI debit card.

Remember that a debit card transaction cannot exceed the balance available. If you try to use your card for an amount that exceeds the balance, the entire transaction will be denied.

If this happens, you can reduce the amount of the charge to be equal to or less than the balance of your account and pay for the remainder of the expense by other means, such as cash, check or another credit card. Or you can pay for the entire transaction using another form of payment, and then submit a paper claim for reimbursement.

You can check the status of your account online at www.mbicard.com.

Receipts may be submitted to Planned Benefit Systems for reimbursement up to your goal amount. Any unreimbursed money remaining in your account will be forfeited which means it is unavailable for reimbursement.

Problems Logging in to Your MBI Debit Card Account Online?

Software that blocks pop-up windows can prevent you from logging in to the MBI debit card web site. If you use such software, you need to disable it for this site. If you have tried disabling and you are still having problems, you may manually turn off your pop-up blocker by holding down the CTRL key and simultaneously clicking the icon to enter the cardholder

Flexible Benefits MBI Debit Cards

If you participated in the unreimbursed medical plan in 2007, you need to keep your MBI debit card(s) to use in 2008. If you elected to participate in the unreimbursed medical plan in 2008, you should have received an MBI debit card in the mail.

The MBI debit card allows you to pay for some eligible health care products and services at the point of sale without submitting claim forms and waiting for reimbursement. The debit card will cover most expenses currently allowed under the medical reimbursement account. The debit card will work at any medical, dental and vision provider that accepts MasterCard.

It is important to ask for a receipt, just as you would if you were submitting a paper claim form. Additional documentation will be requested in some cases by Planned Benefit Systems (PBS) in order to confirm the eligibility of some debit card purchases. Documentation may also be required by the Internal Revenue Service during an individual audit.

If you have not received your card, call PBS, 1-800-800-0133 x266. To request an additional card or a card for a spouse, forms are available at <http://hr.okstate.edu>. In the meantime, you can submit a paper claim form.

login. Doing this will only disable your pop-up blocker for this one particular action so you may need to hold down the CTRL key again when you enter your specific login information.

Questions? Call Planned Benefit Systems customer service at 1-800-800-0133 or you may attempt to log in again at www.mbicard.com.