

Healthwise

A PERS Health Insurance Program newsletter



SUMMER 2010

Sun sense

Who doesn't love the thought of outdoor barbecues, trips to the beach, or simply basking in the beautiful, warm sunshine? But take care in the sun. Too much of it can damage your skin and may cause health problems.

Protect yourself from the harmful effects of overexposure to the sun. You and your family can still enjoy the wonderful Pacific Northwest outdoors and be "sun smart" at the same time. Here's how:

Limit your time in the sun

Ultraviolet (UV) sunlight is radiation from the sun that penetrates the upper layer of our skin, causing damage. UV rays are most intense between mid-morning and mid-afternoon (from approximately 10 a.m. to 3 p.m.). By simply limiting exposure during these hours, you can greatly decrease your risk of sun damage. Be especially careful if you spend the majority of your time indoors and then suddenly expose yourself to the intense sunlight. Your skin is most vulnerable with this type of exposure.

Wear protective clothing

A wide-brimmed hat and a loose, long-sleeved cotton shirt offer good protection from the sun. To

protect your eyes, wear sunglasses with at least 99 percent protection against UV sunlight. Wearing proper eye protection is especially important when you're around snow, sand or water. These surfaces reflect sunlight that may cause burns to the outer layer of the eye. This can pose serious health risks — including temporary blindness.

Use sunscreen

Outdoors, use a sunscreen with a sun protection factor (SPF) of at least 15. There are two types of UV rays that are harmful to the skin: ultraviolet A (UVA) and ultraviolet B (UVB). Choose a sunscreen that protects you from both. And don't use sparingly! Apply sunscreen 15 minutes before exposure to the sun and re-apply after swimming or sweating. Even in cloudy weather, UV sunlight can penetrate and deliver up to 85 percent of the sun's harmful rays to your unprotected skin. In intense sunlight, use a total sun block (such as zinc oxide) on your lips, ears and nose. Don't be fooled into thinking sunscreen alone can fully protect you from the sun's harmful rays. It's wise to wear protective clothing in addition to sunscreen.

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Avoid tanning beds

Have you heard claims that tanning beds are safer than the sun because they emit only UVA rays? While UVB rays pose a greater risk for skin cancer, UVA rays penetrate deeper into the skin. This can cause wrinkling and loss of elasticity; UVA rays also may increase the damaging effects of UVB rays, including skin cancer and cataracts. Be safe and forgo the artificial tan.

Talk to your doctor about medication and sun exposure

Medication helps us live longer, feel better and lead more productive lives. Some medications can increase your sensitivity to sunlight (photosensitivity) and your risk of being sunburned. Drug-induced photosensitivity may manifest itself as sunburns, with severe cases leading to blisters or rashes. Consult your doctor when taking a thiazide and/or other diuretics, tetracycline or sulfa antibiotics. Also, check with your personal physician/provider if you're taking anti-inflammatory drugs, such as Aleve or ibuprofen, in dosages used to treat arthritis. If you have questions, consult your physician or pharmacist. Prevention is the easiest way to avoid drug-induced photosensitivity.

Who is most at-risk for skin cancer?

People with light or fair complexions are at higher risk for developing skin cancer. Fair-skinned people have less

melanin, a substance that's produced in skin cells. Melanin gives skin its color, helps it absorb UV rays and protects skin from the sun's damaging rays. This lack of melanin makes lighter-skinned people more susceptible to developing skin cancer. (People with dark complexions sometimes get skin cancer, but it's rare.)

The tendency to develop skin cancer sometimes runs in families because skin types are inherited. Also, long-term exposure and sudden and intense exposure to the sun increase the risk of skin cancer. People who live in sunny climates are more at risk for skin cancer, but people in any region should respect the sun's strength.

Catch potential problems early

The general warning signs for skin cancer are a change in the size, shape, color or texture of a mole, or an open or inflamed skin wound that doesn't heal.

Basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) are two of the most common types of skin cancers. BCC and SCC are in the category of non-melanomas and are rarely life-threatening. These skin cancers are easily detected and highly curable if treated early. Signs of these types of skin cancers might be a pearly or flesh-colored bump, a smooth red spot with an indent in the center, or a reddish-brown or blue-black patch of skin on the chest or back. Also, watch out

for a firm, reddish, wart-like bump that grows gradually, or any other skin growth that looks unusual or does not heal.

Malignant melanoma is another common skin cancer, and a dangerous one. It's less common than BCC and SCC, but can be life threatening if left untreated. Melanoma may first appear as a small, dark, multicolored spot with irregular borders. It may bleed and form a scab, or it may appear as a cluster of shiny, dark bumps. Beware of a mole or other skin growth with a diameter larger than a pencil eraser. Early detection and treatment of melanoma usually equals a positive outcome. Keep in mind that BCC, SCC and melanoma are caused mainly by overexposure to the sun, and as such, are highly preventable.

For more information on skin cancer, visit www.cancer.org, or consult your personal physician if you have suspicions about any unusual growths on your skin. Be smart in the sun.

GoodHealth News - Providence Health Plans

Pharmacy — differentiating between Medicare Parts A, B, C and D

The Part D prescription drug benefit has been automatically included in all PERS Health Insurance Program Medicare plans since January 1, 2006. This benefit continues to evolve on both a national and local level, expanding access to a wide variety of medications and generating questions in the process. As the benefit develops and new medications become available, questions continue to arise as to what drugs are covered under Original Medicare Part A (a hospital benefit), Original Medicare Part B (an outpatient medical benefit) or Part C (Medicare Advantage plans) vs. those covered under Part D (a prescription drug benefit). Part D plans are not allowed to pay for drugs otherwise covered under Part A, Part B or Part C.

Part A-covered drugs include those administered during a stay in a hospital or skilled nursing facility. Original Medicare payments made to hospitals and skilled nursing facilities generally cover all drugs provided during a stay. All Original Medicare beneficiaries participate in the Part A program. Nearly all people are eligible for Part A, though some may be required to pay a premium for their Part A coverage. Members must have Part A to be enrolled in Part D. PERS members must be enrolled in Part A and Part B to stay in the PERS program.

Part B covers injectable and infusible drugs that are not traditionally self-administered and are provided as a part of a physician service out of the physician's supply. If the injection is self-administered (e.g. Imitrex), it generally is covered by Part D. Medicare Part B also covers influenza the vaccine, antigens, pneumococcal vaccine, hepatitis B vaccine (if at risk) and separately billable end-stage renal disease (ESRD) drugs such as erythropoietin (EPO), along with a limited number of other drugs in the chart on pages 4 and 5.

Part C-covered drugs would be those drugs eligible to be covered under Part A or Part B when a member has enrolled in a Medicare Advantage plan.

Part D-covered drugs are defined as medically necessary drugs available by prescription only, approved by the Food and Drug Administration (FDA), and used and sold in the United States. The Part D benefit provides coverage for both prescription drugs and biological medicines, such as insulin. The definition also includes medical supplies associated with the injection of insulin, including syringes, needles, alcohol swabs and gauze. Part D cannot pay for drugs when it is determined that Part A or Part B should pay.

Part D plans must operate and manage their list of drugs (called a formulary) eligible for coverage under the Part D benefit. All Part D plans are required to have a formulary that is approved by the Centers for Medicare and Medicaid Services (CMS) and includes a range of drugs in a broad distribution of therapeutic categories and classes. Each class contains drugs that work in a similar manner or are used to treat the same condition. CMS has also established a higher standard of coverage for six specific therapeutic drug classes. Part D drug plans must cover all or substantially all drugs in the following classes: anticonvulsants, antidepressants, anti-cancer drugs, antipsychotics, immunosuppressants and HIV/AIDS drugs.

The shingles vaccine (zostavax) is only covered under Part D. Some pharmacies will administer the shingles vaccine at the pharmacy. Call your Part D plan for a list of pharmacies that will administer the vaccine for you.

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By law, there are also certain drugs that are excluded from coverage under Part D plans. However, plans are allowed to offer enhanced benefit plans that may include those normally excluded products. The following medications are excluded from coverage under standard plans: barbiturates; benzodiazepines; drugs used for anorexia, weight loss or weight gain; drugs used to promote fertility; drugs used for cosmetic purposes or hair growth; drugs used for symptomatic relief of cough and colds; prescription vitamins and minerals; agents when used for the treatment of sexual or erectile dysfunction (ED drugs); and over-the-counter drugs.

As a Medicare beneficiary, it is important to understand the different parts of the Medicare program. These programs greatly enhance access to medically-necessary prescription medications. However, these programs can also be confusing and may pose a barrier to receiving the highest quality of care available. Beneficiaries are encouraged to contact their Part D plan for more information regarding the coverage of specific drugs.

Medicare Parts B and D coverage issues

This table provides a quick reference guide for the most frequent Medicare Part B drug and Part D drug coverage determination scenarios. It does not address all possible situations.

Part B coverage category	Part B coverage description	If retail pharmacy, which part pays? ¹	Comments
Durable medical equipment (DME) supply drugs (only available for people living at “home” ²)	Drugs that require administration via covered DME (e.g., inhalation drugs requiring a nebulizer, IV drugs “requiring” a pump for infusion, insulin via infusion pump in the home)	Part B: check with your pharmacy to see if they will bill Part B or your plan for you	Blood glucose testing strips and lancets covered under the Part B DME benefit are never available under Part D because they are not Part D drugs. Make sure your pharmacy can bill Original Medicare or your plan.
Drugs furnished “incident to” a physician service (i.e., the drug is furnished by the physician and administered either by the physician or by the physician’s staff under the physician’s supervision)	Injectable/intravenous drugs 1) administered incident to a physician service; 2) considered by Part B carrier as “not usually self-administered” and 3) an expense to the physician	Part D	If the member receives a Part B drug at the pharmacy, it generally will be covered under Part D.
Immunosuppressant drugs	Drugs used in immunosuppressive therapy for people who received a transplant from a Medicare-approved facility and were entitled to Medicare Part A at the time of transplant (i.e., “Medicare-covered transplant”)	Part B or D: Part B for Medicare-covered transplant; Part D for all other situations	Participating Part B pharmacies must bill Original Medicare or your plan when these drugs are covered under Part B.

Part B coverage category	Part B coverage description	If retail pharmacy, which part pays? ¹	Comments
Oral anti-cancer drugs	Oral drugs used for cancer treatment that contain the same active ingredient and are used for the same indications as chemotherapy drugs that would be covered if they were not usually self-administered and were administered incident to a physician's service	Part B or D: Part B for cancer treatment; Part D for all other indications	Participating Part B pharmacies must bill Original Medicare or your plan when these drugs are covered under Part B.
Oral antiemetic drugs	Oral antiemetic drugs used as full therapeutic replacement for IV antiemetic drugs within 48 hours of chemotherapy	Part B or D: Part B for use within 48 hours of chemo and provider writes full replacement on the prescription; Part D for all other situations	Participating Part B pharmacies must bill Original Medicare or your plan when these drugs are covered under Part B.
Erythropoietin (EPO)	Treatment of anemia for persons with chronic renal failure who are undergoing dialysis	Part B or D: Part B for treatment of anemia for people undergoing dialysis; Part D for all other situations	EPO may also be covered under Part B for other conditions if furnished incident to a physician's service. (A physician, not a pharmacy, bills for "incident to" drugs.)
Prophylactic vaccines	Influenza, pneumococcal and hepatitis B (for intermediate-to high-risk individuals)	Part B or D: Part B for influenza, pneumococcal & hepatitis B (for intermediate-to high-risk); Part D for all others	Except for influenza and pneumococcal vaccines, if you receive the vaccine at the pharmacy, it will be covered under Part D.
Parenteral nutrition	Prosthetic benefit for individuals with "permanent" dysfunction of the digestive tract (must meet "permanence" test)	Part B	

¹For the purposes of this chart, retail pharmacies include home infusion pharmacies.

²In addition to a hospital, a skilled nursing facility (SNF) or a distinct part SNF, the following long-term care (LTC) facilities cannot be considered a home for the purposes of receiving the Medicare Part B DME benefit:

- A nursing home that is dually-certified as both a Medicare SNF and a Medicaid nursing facility (NF)
- A Medicaid-only nursing facility that primarily furnishes skilled care
- A non-participating nursing home (i.e., neither Medicare nor Medicaid) that provides primarily skilled care
- An institution that has a distinct part SNF and that also primarily furnishes skilled care

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