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GOOD HEALTH

A JOURNAL DEDICATED TO YOUR GOOD HEALTH

WINTER 2004

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GIVE THE GIFT OF safety

All of us probably know someone who seems to have everything.

That can make gift giving a challenge. But you may not have thought of giving the gift of safety.

Consider giving a:

- ▶ First aid kit.
- ▶ Smoke detector with extra batteries.
- ▶ Heavy-duty flashlight with extra batteries and a battery-powered lamp.
- ▶ Winter car kit stocked with items such as emergency flares, a shovel, a windshield scraper, a battery-powered radio, a flashlight, water, snacks, a tow chain or rope, tire chains, and a fluorescent distress flag.
- ▶ Sturdy plastic tub filled with nonperishable, high-energy foods and canned goods.

Source: Federal Emergency Management Agency

HEART-HEALTHY holiday TIPS

It's that time of year again, and it's never too soon to think about how you can stay fit and healthy during the holidays.

Between parties, feasts, and traveling, it's easy to indulge in high-calorie meals and snacks. Extra calories can quickly convert into additional pounds, which can increase your risk of cardiovascular disease.

Here are some tips to help you stay healthy during the holiday season:

- ▶ Use the holidays to create quality family time. Turn off the television and go bike riding or sledding with the kids. Walk around the neighborhood after dinner to look at holiday lights.

USE THE HOLIDAYS TO CREATE quality FAMILY TIME.

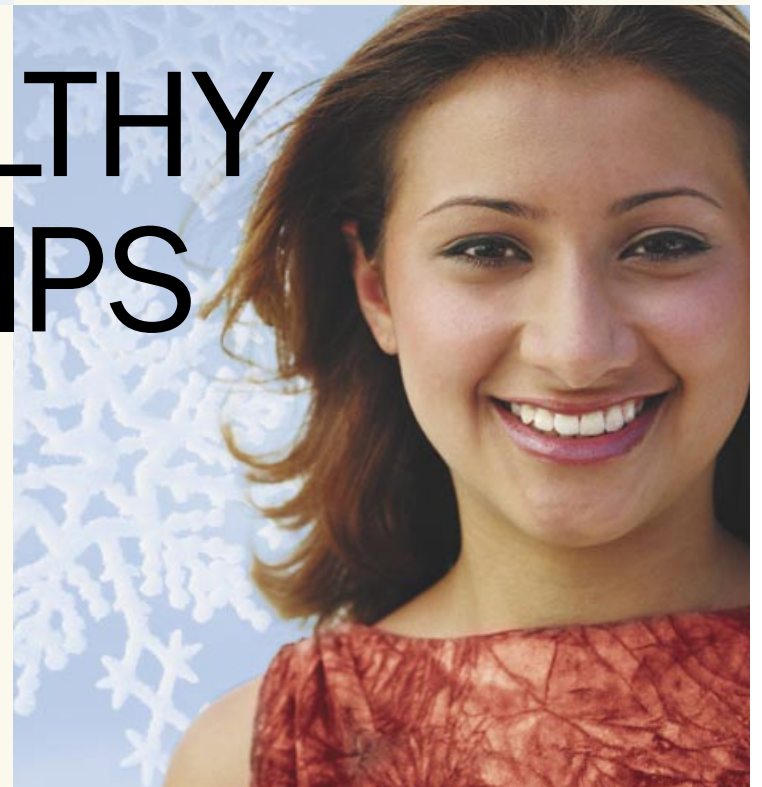
convenient time and place to fit in physical activity. Try to make it a habit, but be flexible. If you miss an exercise opportunity, work it into your day another way. Take a walk during lunch or during a work break.


- ▶ Share your workouts with a family member, friend, or coworker. If you are at different fitness levels, see what activities you can share and be active together.
- ▶ Fill your shopping cart with plenty of fresh fruit and

- ▶ Continue to be physically active. From holiday shopping to party planning, you can still find a

vegetables, which are naturally low in saturated fat and cholesterol. Choosing foods low in saturated fat and cholesterol helps reduce total cholesterol and LDL (bad) cholesterol.

- ▶ Prepare healthy snacks, such as nuts, fruit, or low-fat dairy products.
- ▶ Don't starve yourself the day of a party so you can fill up on food that evening. If you eat normally throughout the day, you are much less likely to overeat at the party.
- ▶ Wait 20 minutes before getting another plate of food from the buffet. You'll often find that you are no longer hungry.



CLICK  Get more nutrition tips and a free cookbook from the American Heart Association's Website, www.americanheart.org.

CALL first!

Have you experienced an unexpected after-hours illness or injury? If you believe you have a life- or limb-threatening medical emergency, call 911 or go directly to an emergency room.

Otherwise:

"Call First!"

Physicians who care for Rocky Mountain Health Plans patients are available for you to call 24 hours a day, seven days a week, 365 days a year.

If you "Call First!" your primary care physician can help you:

- ▶ Get the best care in the best place.
- ▶ Minimize the amount of time you spend waiting for care.
- ▶ Keep your out-of-pocket costs (copays) lower.

If you "Call First!" your physician may:

- ▶ Solve the problem over the phone.
- ▶ Set up an office appointment.
- ▶ Recommend that you go to an urgent care facility.
- ▶ Encourage an emergency room visit.

Use the emergency room for:

- ▶ Chest pain.
- ▶ Life- and limb-threatening

- conditions.
- ▶ Loss of consciousness.
- ▶ Major burns.
- ▶ Poisonings.
- ▶ Severe bleeding.
- ▶ Spine injuries.
- ▶ Stroke symptoms.

Urgent care facilities are a good place to seek care for minor illnesses and injuries,

such as:

- ▶ Colds.
- ▶ Coughs.
- ▶ Cuts.
- ▶ Diarrhea.
- ▶ Earache.
- ▶ Eye infections.
- ▶ Minor burns.
- ▶ Rashes.

- ▶ Sinus infections.
- ▶ Sore throats.
- ▶ Sprains.
- ▶ Stomach upsets.
- ▶ Urinary infections.

Uncertain whether there is an urgent care facility in your area? "Call First!" and your primary care physician will help direct you.



beyond A BAD DAY

YOU'RE NOT ALONE IF YOU HAVE DEPRESSION

During trying times, it's normal to feel frustrated, worn out, worried, or sad.

But for some people these feelings don't pass. Motivation, pleasure, and joy fade away. Hopelessness and self-doubt are daily companions.

When this experience spans weeks, or negative thoughts and feelings get in the way of living, depression may be the cause.

This disease affects both men and women and people of all ages, races, backgrounds, and incomes.

Signs of depression can include:

- ▶ A sad, anxious, or empty mood.
- ▶ Sleeping too much or too little.
- ▶ Unplanned weight loss or gain.
- ▶ A loss of interest in favorite activities.
- ▶ Restlessness or irritability.
- ▶ Headaches, chronic pain, or digestive problems that don't improve

- with treatment.
- ▶ Difficulty concentrating, remembering, or making decisions.
 - ▶ Fatigue.
 - ▶ Feelings of guilt, hopelessness, or worthlessness.
 - ▶ Thoughts of death or suicide.

Different forms The most common form of depression is called major, or clinical, depression. It causes at least five of the listed symptoms nearly

TALK TO YOUR DOCTOR IF YOU THINK YOU MAY HAVE DEPRESSION.

every day for at least two weeks. The symptoms interfere with normal life.

When depression alternates with phases of mania, it's called manic-depressive illness, or

bipolar disorder. The mania often includes a high-energy level, difficulty sleeping, constant talking, impaired judgment, and/or dangerous risk taking.

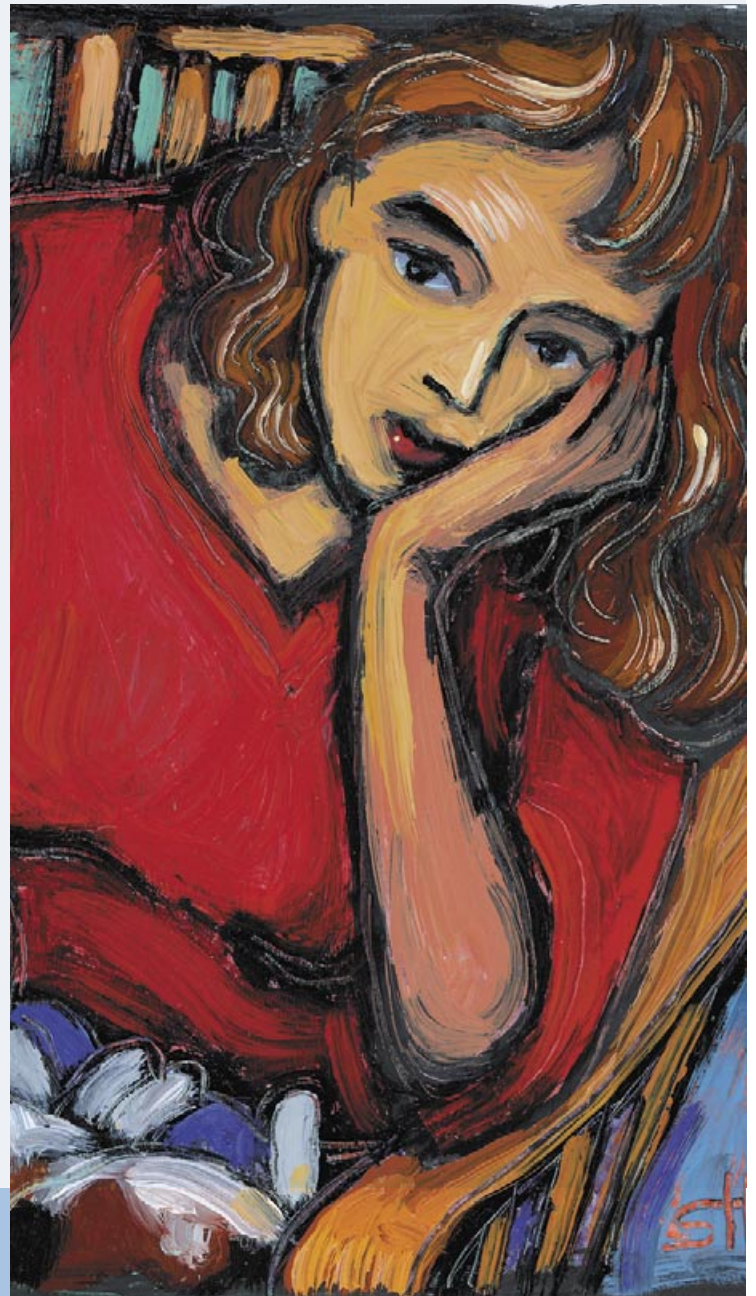
What's happening?


Many factors can contribute to depression, including:

- ▶ An imbalance of chemicals in the brain called neurotransmitters.
- ▶ A family history of depression.
- ▶ A negative outlook on life or low self-esteem.
- ▶ Life stresses such as the loss of a loved one or problems with school, work, or finances.

Sometimes depressive symptoms are caused by a reaction to a medicine, exposure to a poison, or drug or alcohol abuse.

Depression can also happen at the same time as another illness, such as heart disease, cancer, or multiple sclerosis.



CLICK  For more information, visit the National Mental Health Association Website at www.nmha.org or call 1-800-969-NMHA (1-800-969-6642).



HELPFUL TIPS FOR choosing YOUR PRIMARY CARE PHYSICIAN

Getting good medical care depends to a large extent on the doctor-patient relationship.

That's why choosing your primary care physician carefully is so important.

We put a great deal of effort into selecting the physicians who make up our provider network. But it's up to you to choose the doctor you're most comfortable with.

There are many ways to choose a good doctor.

For starters, think about the characteristics in a doctor that are important to you.

- For instance, do you prefer:
- ▶ A man or a woman.
 - ▶ Someone in a particular age range or with a number of years of experience.

- ▶ Someone with expertise in a certain area of medicine, such as diabetes.

After you've identified those doctors who meet your initial criteria, you may want to consider other factors, such as:

- ▶ Location of the doctor's office.
- ▶ Doctor's office hours.
- ▶ How long it takes to get a routine appointment.
- ▶ Where the doctor has hospital privileges.

A quick call to the doctor's office can help answer these questions.

Once you have narrowed your list to one or two names, consider meeting with the doctors in person. You can ask any questions you might have

and get a sense of what kind of relationship you could expect.

Consider whether he or she:

- ▶ Listens to you.
- ▶ Explains things clearly.
- ▶ Treats you with respect.

All of these things are important to your well-being. If you don't feel you have a good match, continue your search. Your health is worth the effort.

THINK ABOUT THE CHARACTERISTICS IN A DOCTOR THAT ARE IMPORTANT TO YOU.

benefit CHANGES

Each year, we review our existing plan designs and make changes based on feedback from our

members, brokers, providers, and employees.

These changes result in more comprehensive coverage

for you and, in some cases, help to keep premiums in check.

The changes shown in the table do not apply to everyone—they apply to members covered through employer groups only, but do not apply to all members in all employer

groups. Check with your employer to find out if these changes apply to your coverage. Employers were mailed information about these changes in October. You will receive more detailed information about these changes

after the first of the year.

Medicare members— We sent you information about the changes to your plan in the mail. If you did not receive this information, please call RMHP Customer Service and request a copy.

2005 BENEFIT revision summary — CHANGES EFFECTIVE JAN. 1, 2005

BENEFIT	AFFECTED PLANS	CURRENT BENEFIT	2005 BENEFIT
Initial prenatal office visit <small>(subsequent office visits covered as a basic benefit)</small>	C plans	Basic benefit	PCP office visit copay: <ul style="list-style-type: none"> ▶ C-1, C-3, C1000, NC50—\$15 office visit copay ▶ C-8, C5000—\$20 office visit copay
Radiation therapy	RM Direct plans	Covered at 100 percent in-network, after deductible for plans with deductible	<ul style="list-style-type: none"> ▶ 20 percent member coinsurance, after deductible for plans with deductible ▶ No change out-of-network—covered as a basic benefit
Home health	C plans RM Direct plans	Covered at 100 percent in-network, not subject to deductible for plans with deductible	<ul style="list-style-type: none"> ▶ C plans—covered as a basic benefit with percentage copays ▶ RM Direct plans—20 percent member copay, after deductible for plans with deductible ▶ No change out-of-network—covered as a basic benefit for PPO
Colorectal cancer screening	C plans RM Direct plans FITT Single Track plans	<ul style="list-style-type: none"> ▶ Preventive colorectal cancer screenings covered at 100 percent ▶ Diagnostic colorectal cancer procedures covered with the outpatient surgery copay, after deductible for plans with deductible 	<ul style="list-style-type: none"> ▶ All colorectal cancer screenings covered with a 20 percent copay, not subject to deductible for plans with deductible. Copay applies to out-of-pocket maximum. ▶ Associated services, such as anesthesia, are subject to the deductible.
Cochlear implants	C Plans RM Choice plans <small>(excluding Delta Chamber of Commerce)</small> RM Direct plans	Specifically excluded	Cochlear implants including surgery, medical equipment, and speech therapy, which will be covered as basic benefits with preauthorization and copays applicable to the type of service.
Lab and x-ray	RM Direct plans	<ul style="list-style-type: none"> ▶ In-network lab—covered in full, after deductible for plans with deductible ▶ In-network x-ray—\$50 copay, after deductible for plans with deductible 	<ul style="list-style-type: none"> ▶ In-network lab—PCP level copay, not subject to deductible for plans with deductible. Copay does not apply to out-of-pocket maximum. ▶ In-network x-ray—specialist level copay, not subject to deductible for plans with deductible. Copay does not apply to out-of-pocket maximum.
Outpatient surgery	RM Direct plans	If member is admitted inpatient directly following an outpatient surgery, the member is responsible for both the outpatient surgery copay and the inpatient hospital copay.	The in-network outpatient surgery copay is waived if member is directly admitted inpatient the same day.
Mental health	C plans RM Direct plans RM Choice plans FITT Single Track plans	Outpatient mental health office visits are covered with the specialist level copay.	<ul style="list-style-type: none"> ▶ Nonbiologically based outpatient mental health—covered with a 50 percent copay, not subject to deductible for plans with deductible and does not apply to out-of-pocket maximum ▶ Biologically based outpatient mental health—covered with the PCP level copay
Injectable medication	C plans RM Direct plans FITT Single Track plans	<ul style="list-style-type: none"> ▶ Injectables obtained at a physician's office or outpatient facility: C plans—covered as a basic benefit Other plans—20 percent copay, after deductible for plans with deductible. Copay applies to out-of-pocket maximum. ▶ Injectables obtained at a retail pharmacy: 20 percent copay up to a maximum copay of \$500 per fill. Not subject to deductible for plans with deductible. 	<ul style="list-style-type: none"> ▶ Injectables obtained at a retail pharmacy and those identified on the <i>Select Injectable List</i> (drugs which are usually self-administered): 20 percent copay up to a maximum copay of \$500 per fill, not subject to deductible for plans with deductible. Copay does not apply to out-of-pocket maximum. ▶ Other injectable and infusion drugs not received at a retail pharmacy: C plans—covered as a basic benefit. Other plans—20 percent copay, after deductible for plans with deductible. Copay applies to out-of-pocket maximum.
Oxygen/durable medical equipment	C plans RM Direct plans RM Choice plans <small>(excluding Delta Chamber of Commerce)</small>	<ul style="list-style-type: none"> ▶ C plans—maximum benefit level of \$1,500 per member per calendar year ▶ RM Direct plans and RM Choice plans—maximum benefit level of \$1,200 per member per calendar year 	<ul style="list-style-type: none"> ▶ C plans—maximum benefit level of \$2,000 per member per calendar year ▶ RM Direct plans and RM Choice plans—maximum benefit level of \$1,500 per member per calendar year
Out-of-network pre-authorization penalty	RM Direct PPO plans RMHCO Group plans	50 percent coinsurance, not subject to deductible and not applying to out-of-pocket maximum, for failure to obtain preauthorization for specified out-of-network services	50 percent coinsurance, subject to deductible and not applying to out-of-pocket maximum, for failure to obtain preauthorization for specified out-of-network services
Interest	All plans	18 percent annual interest rate charged on all overdue amounts owed to RMHP	24 percent annual interest rate charged on all overdue amounts owed to RMHP (this mainly affects HMO plan members who receive care from Western Slope providers)

GET MORE FROM **your** PLAN

We want you to get the most from your RMHP coverage. We think the best way for that to happen is to make sure you have information about your coverage and the rules that go along with it.

Many RMHP members pay the lowest costs by receiving care from participating providers. Others may pay the entire

cost of care received from nonparticipating providers.

This means that it is to every member's advantage to be sure that the provider he or she receives services from is participating in the RMHP network for the member's plan. A provider can be a doctor, a hospital, an oxygen or medical equipment supplier, a laboratory, a pharmacy,


or any other provider of a service, drug, or item that is a benefit of your health plan.

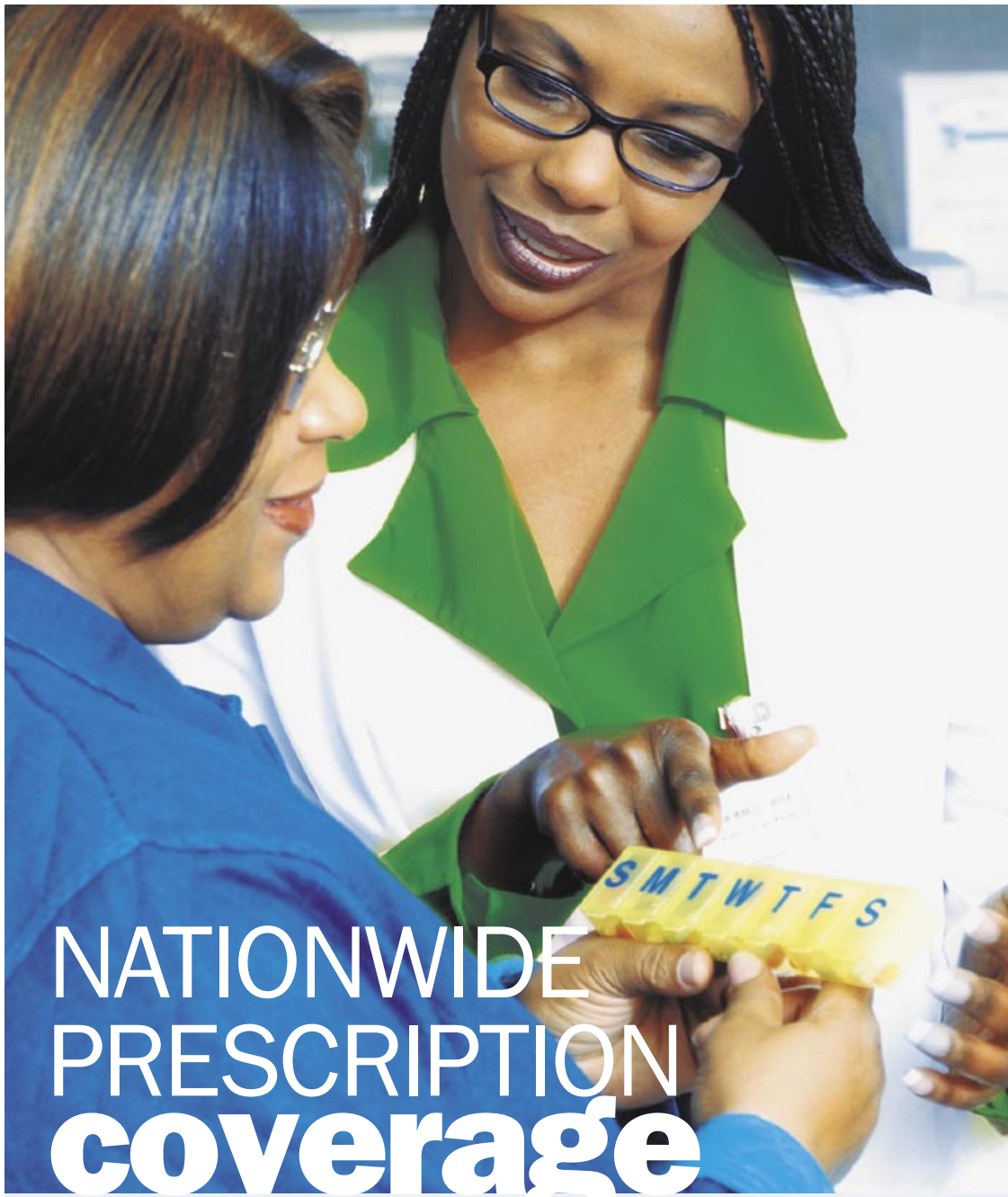
Sometimes a participating provider will refer you to another provider for services such as specialty care, lab work, or

hospital services. It is your responsibility to be sure the new provider is participating with RMHP before you see the new provider. The participating provider's referral does not ensure that the new provider is

part of our network.

Some providers only participate with certain RMHP health benefits plans. Be sure that the provider you are going to see participates with RMHP for the health benefits plan you have.

CLICK  You can find participating providers by going to www.rmhp.org/directory or by calling RMHP Customer Service. PPO members can find participating providers out-of-state by going to www.PHCS.com and finding providers in the Healthy Directions network.



NATIONWIDE PRESCRIPTION coverage

Did you know?

Most RMHP members have national pharmacy benefits.* That means you can go on vacation to almost anywhere in the United States, fill your prescriptions at most major retail pharmacy chains, and pay only your RMHP copay to the pharmacy. And that means one less thing to worry about before going on vacation.

All you need to do to refill a prescription while on vacation is:

- ▶ Call the National Pharmacy Network at

800-788-2949 and ask for participating pharmacies in the area or go to a major retail chain pharmacy, show your ID card, and ask if they participate.

- ▶ Give the pharmacy your prescription and show them your RMHP member ID card.
- ▶ The pharmacy will collect the appropriate copay for the type of medication you purchased.

Keep in mind that if you pay the entire cost for a prescription while traveling and send us the

receipt, we can only reimburse you for our price for the drug—which may be less than the retail price you paid for it.

You can avoid this by being sure to show your ID card every time you fill a prescription.

Hint: This is a great option for out-of-state college students on your plan. They can fill prescriptions in the same city where they attend school and pay only the applicable copay for the drug.

*Not all members have a prescription drug benefit with RMHP—check your coverage.

GOOD HEALTH

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GOOD HEALTH is published as a community service for the friends and patrons of ROCKY MOUNTAIN HEALTH PLANS, PO Box 10600, Grand Junction, CO 81502-5600, telephone 800-843-0719, www.rmhp.org. Information in GOOD HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider. Models may be used in photos and illustrations.

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EOB improvements

Many of you receive an explanation of benefits (EOB) from us after you receive services. The EOB shows the services you received, how much the provider billed, how much we paid, and how much you owe, along with other important information.

We are making noticeable improvements to the EOB that will be completed after the first of the year.

- ▶ You will no longer receive a separate EOB for every claim and for each family member. We will keep track of claims we receive for services

provided to you and your family members and will send you one EOB every month containing this information.

- ▶ The EOB will be easier to read. We have redesigned the layout of the EOB to make it easier for you to find and understand the information you need.

You'll be hearing more from us in the upcoming months about the redesigned EOB and other improvements we are making to help you get the most out of your membership with Rocky Mountain Health Plans.

RxWEST ENHANCES YOUR refill SERVICES

Use the RxWEST Automated Prescription Line for quick, convenient prescription refill requests seven days a week, 24 hours a day.

Call 888-479-2000 and choose option 2.

RxWEST has recently made enhancements that allow you to:

- ▶ Order your refill and receive an order/confirmation number.
- ▶ Choose your delivery method.
- ▶ Check the status of your refill.
- ▶ Find out the copay for the

refill you're calling about.

- ▶ Hear the number of refills remaining.

If you have any questions or need assistance, RxWEST Member Services can be reached at 888-479-2000, option 5.

Remember that the main advantage to using the RxWest mail-order service is to reduce the amount of your copay. You save 33 percent over filling prescriptions at a retail pharmacy on most medications.

RMHP medicare PLANS: MORE BENEFITS FOR YOU

RMHP Medicare plans offer low premiums, enhanced benefits, new choices, and many value-added services, all designed to meet the needs of today's Medicare consumer. Our top-selling Standard Plan adds limited prescription drug coverage, hearing benefits, vision discounts, lower copays, and much more.

When you compare, we think you'll agree that no other plan delivers more benefits for a lower cost. These are just a few of the reasons we're the fastest-growing Medicare plan in Colorado.

Medicare beneficiaries have responded to our plans and prices with enthusiasm, resulting in significant enrollment growth. Based on data released by the Centers for Medicare & Medicaid Services, RMHP Medicare enrollment grew more than 30 percent in the past year in the Denver/Boulder metro area and nearly 10 percent statewide, leading all competitors.

We've been a Medicare-approved HMO since 1977. Anyone with Medicare may apply. No physical is required. There is virtually no paperwork. Call us today for more information.

HOW TO reach US

HEALTH CARE BENEFITS QUESTIONS

Customer Service800-346-4643 or 970-243-7050

Para asistencia en español 800-346-4643

TTY line for the hearing impaired 800-704-6370

(special equipment required)

CUSTOMER SERVICE HOURS

Monday through Friday, 8 a.m. to 5 p.m.

CHECK OUT OUR WEBSITE

Our site www.rmhp.org

