



Early detection can help prevention

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In 2008, approximately 148,810 Americans were diagnosed with colorectal cancer, also called colon cancer, making it the second leading cause of cancer death. Equally common in both men and women, colorectal cancer is one of the most preventable cancers. It is also one of the most curable when detected at an early stage.

Colorectal cancer often begins as non-cancerous polyps, which are grape-like growths on the lining of the colon and rectum. While most colon polyps are benign (non-cancerous), some polyps may become cancerous. Usually colon cancer strikes without symptoms, however some people experience a change in bowel habits or bleeding.

Who is at risk?

- Men and women age 50 and older
- People who use tobacco, are obese, or are sedentary
- People with a personal or family history of colorectal cancer or benign colorectal polyps
- People with a personal or family history of inflammatory bowel disease, such as long-standing ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer



If you are at average risk for colorectal cancer, start having regular screenings at 50. If you are at greater risk, you may need to begin regular screening at an earlier age. The best time to get screened is before any symptoms appear. That is why it is important to get a colorectal cancer screening test, such as a colonoscopy. If the cancer is found early, the doctor can use surgery, radiation and/or chemotherapy for effective treatment.

Colorectal cancer is preventable and easy to treat when detected early. Talk with your health-care provider about what kind of screening test is right for you.

Minimize your risk for colorectal cancer

- Be physically active and exercise regularly
- Maintain a healthy weight
- Eat a high-fiber diet rich in fruits, vegetables, nuts, beans and whole grains
- Consume calcium-rich foods like low-fat or skim milk
- Limit red meat and avoid processed meats
- Don't smoke or drink alcohol excessively

Knowing your provider

Your primary care physician (PCP) can be a very important person in your life. Your PCP is usually the first person you see when you require medical attention and the person who coordinates all your medical care from specialist referrals to medications. He or she should be your good-health partner, working with you to fulfill your health-care needs. For these reasons, it is important that you develop a relationship with your PCP. You should feel comfortable discussing any type of health problem you may have with your doctor.

Changing your PCP

We understand that at times, you may wish to change your PCP. However, in order to develop an ongoing relationship with your PCP, we recommend that you limit these changes to no more than twice a year.

If you do need to change your PCP, you may do so at any time by going online to thehealthplan.com, contacting the Customer Service Team at the number on the back of your ID card or by completing a Subscriber Application Change Form, available from your employer.

If your PCP retires or decides to discontinue participation with Geisinger Health Plan, we will notify you and help arrange care with another PCP. If you are currently seeing a specialist for an ongoing health condition, it may be possible to have a specialist serve as your PCP.

Contacting your PCP

For your convenience, the identifying number, name and telephone number of your primary care site are printed on your member identification card. Remember, if you receive services from a primary care site other than the one we have designated for you, these will not be covered.

Your PCP or a representative from your primary care site is required to be available 24 hours a day, seven days a week. If you require non-emergency care during non-business hours, call your primary care site. A representative from that site will provide you with further instructions.

Avoid denied claims by understanding referrals

Referrals are an important part of your health-care coverage. With the referral process, your PCP is responsible for

coordinating all of your care. When you need specialized treatment, you can rely on your PCP for referrals to some of the finest physicians and facilities in the region. Your PCP can also treat you more effectively when coordinating all of your care because he or she is aware of other treatments you are receiving.

A referral from your PCP is required before receiving specialty services, except in emergencies or for direct access services such as obstetrics or gynecology. If you do not have a referral, you will be responsible for all charges.

Below are six important questions to ask yourself to ensure coverage for special visits:

1. Did you obtain a copy of your referral from your PCP?
2. Has your PCP sent the referral to the specialist?
3. Has your PCP referred you to a specialist who participates in the Health Plan's network? Log onto thehealthplan.com or call the Customer Service Team to verify.
4. Is the service for which you have been referred covered? Check your Subscription Certificate or call the Customer Service Team if you are unsure.
5. Did you call the specialist's office prior to your appointment to confirm that he or she has received the referral?
6. Did you verify that your referral is still valid before making any follow-up appointments? To verify if your referral is still valid, you can access your referrals at thehealthplan.com or contact the Customer Service Team at the number on the back of your ID card. (Referrals expire 18 months from the date of issue. If your referral is no longer valid or has expired, contact your PCP for authorization of additional visits.)

Remember that only your PCP is authorized to grant you a referral. If a specialist refers you to another specialist, the services will not be covered.

If your PCP or specialist determines that you require hospitalization, he or she will precertify your admission through the Health Plan's Medical Management Department. In addition, some specialized treatments and services may require authorization by the Health Plan. If your

physician recommends a treatment or service that requires prior authorization, he or she must request authorization through the Health Plan.

Accessing behavioral health services

Members who wish to use their behavioral health benefits can do so by calling OptumHealth at (888) 839-7972.

For routine behavioral health services, you can go directly to a participating provider. However, for services such as inpatient treatment, partial hospitalization or intensive outpatient therapy, your mental health provider must contact OptumHealth Behavioral Solutions first for pre-authorization. A referral from your primary care physician (PCP) is not required, although we strongly encourage you to involve your PCP in your treatment or give your mental health or substance abuse provider permission to do so, so your PCP can continue to monitor your overall health.

Personalized feedback. Know about your health.

We're making it easy for you to find out about your health. The Health Risk Assessment (HRA) gives you tips on staying healthy and identifies your risks for illness.

The HRA is available online. You'll need to be a registered user of GHP's Web site to complete the HRA, which is found in the member section at thehealthplan.com. It should take 10 to 20 minutes to complete.

After completing the HRA, you will receive a wellness score and a personalized report. You can print your personalized report or return to thehealthplan.com at any time to review your results. Members without Web access can contact the Customer Service Team to obtain a hard copy.

Our goal is to help you and your family stay healthier. The HRA can help. To find out more about the HRA call the toll-free telephone number on your member ID card or go visit the member section of thehealthplan.com.

Low back pain

Half of American adults will experience low back pain each year and 80% of the population will experience a back problem some time in their lives.

Low back pain is often caused by overuse, strain or injury. Aging plays a part too. Your bones and muscles tend to lose strength as you age, which increases your risk of injury. According to the American College of Radiology, uncomplicated low back pain is usually benign, self-limiting and does not call for imaging studies such as X-rays, MRIs or CT scans. Most patients return to their usual activities within a month. Imaging studies are frequently overused in the evaluation of patients with acute low back pain. Less than one percent of X-rays find the cause of a case of low back pain.

Almost everyone has low back pain at one time or another. The good news is that most low back pain will go away in a few weeks with some basic self-care. If your symptoms are severe or you still have them after two weeks of self-care, see your doctor. You may need stronger pain medicines or you might benefit from physical therapy.

New physicians

This list includes new PCPs who have joined the Health Plan since February 1, 2009. For more information on these and other participating providers, please visit our Web site, thehealthplan.com or call the Customer Service Team at (800) 447-4000.

Allegheny

Pediatrics

John Randolph Norris, MD

Berks

Family Practice

William J Lien, MD
David K. Robel, MD
Jane A. Weida, MD

Cambria

Internal Medicine

Molly B. Trostle, DO

Columbia

Family Practice

Glenda Y. Buyo, MD

Cumberland

Pediatrics

Richard Blutstein, MD

Huntingdon

Family Practice

Gary Van Wertman, DO

Lancaster

Family Practice

Hyasmine M. Charles, MD
Ryan Scott DeLong, MD
Adrian F. Hazbun, MD
Guillermo Rodriguez, MD

Pediatrics

Jason Lawrence Gottlieb, MD

Lehigh

Internal Medicine

Loretta W. Keil, MD

Pediatrics

Afreen Subzposh, MD

Luzerne

Family Practice

Glenda Y. Buyo, MD

Northampton

Family Practice

Nandhini Veeraraghavan, MD

Internal Medicine

Jonathan Warren, MD

Pediatrics

Afreen Subzposh, MD

Pike

Internal Medicine-Pediatrics

Lisa Pathak, MD

Schuylkill

Internal Medicine

Craig Lee Reimer, MD

Somerset

Family Practice

Wassim Abosamra, MD

Internal Medicine

Tanaya Nayak, MD

York

Internal Medicine

Mary C. Davies, MD

Losing weight can benefit you

Did you know that losing just 10% of your body weight can have a significant affect on your health?

GHP member Mark Bezuhly, Watsontown, took small steps to improve his health. In December 2005, he made the commitment to change his eating habits and exercise everyday. He has lost 35 pounds and has kept it off for four years. He looks, feels better, has lowered his blood pressure and no longer suffers from back pain.

Just like Mark, you can make a few easy changes to get started on a road to a healthier you.

- Drink eight 8-ounce glasses of water each day.
- Reduce your portions. Say no to seconds and say yes to doggy bags when dining out.
- Cut out fried foods. Choose grilling, baking, roasting, broiling or boiling instead.
- Finish with fruit. Instead of helping yourself to a dessert after meals, finish with naturally-sweet fruit instead.
- Take a brisk walk for 10 minutes every other day. When you feel comfortable, up your time and/or walk more often.

In addition, GHP offers member discounts on a host of health-related products and services through our Accessories Program. Visit thehealthplan.com for more information.

Focusing on small daily changes will help you achieve your goals. Start making a better you today!



Formulary updates

Effective April 1, 2009, the prior authorization requirements from both Cozaar and Hyzaar have been removed for the traditional and tiered benefits. For the tiered benefits, the drugs will remain at a tier 2.

Effective June 22, 2009, Diovan and Diovan HCT will move from tier 2 to tier 3 for the tiered benefits. The prior authorization requirements will remain for both tiered benefits and the traditional benefits. Current users will be grandfathered from requiring prior authorization for continued coverage, however they will require a tier 3 copay. Affected members will be notified via letter of a special offer to see if Cozaar or Hyzaar may be right for them.

Chantix is now available without prior authorization at Tier 3 for those with the tiered benefit and at the brand copay/coinsurance for those with the traditional benefit. There is a coverage lifetime limit of 24 weeks.

Accolate will move to tier 3 for members with the tiered benefit and will require prior authorization for members with the traditional benefit effective June 15, 2009. Current users will be grandfathered from requiring a prior authorization.

Formulary Additions:

Promacta (3)*, t
Relistor (3)*, t **
Gelclair (3)*, t

Medications Deemed Non-Formulary:

Azor (3)*, t	Sancuso (3)*, t
Lybrel (3)*, t	Evamist (3)*, t
Elestrin (3)*, t	Divigel (3)*, t
Treximet (3)*,t**	Pristiq (3)*,t
Omnaris (3)*, t	

Specialty vendor pharmacy update

Effective July 1, 2009, Promacta and the oral formulation of Hycamtin must be obtained through the Specialty Pharmacy Vendor Program. Prior authorization requirements will still be required if applicable.

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Geisinger Health Plan Member

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Recent issues are available online at thehealthplan.com.

Comments are welcome.

Please write:

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memberupdate@thehealthplan.com

For questions about your plan, phone
(800) 447-4000 weekdays between
8 a.m. and 6 p.m.



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