

**In this Issue**

2	Is it an emergency?
3	New physicians
4	H1N1 information
	Cold and flu information
5	Benefit information
	Formulary updates
6	Women's Health Issues
7	Prenatal care
	Postpartum depression
8	Can you protect yourself from medical errors?

A health plan like no other

The superior quality and value of Geisinger Choice is no accident. Over the years, we have developed programs and service specifically for you. Geisinger Choice strives to keep members healthy and continually improves customer satisfaction. We are *your* health plan and here are a few things we offer to you:

- We help you stay healthy with exercise and weight loss resources (including discounts for Weight Watchers®) and tobacco cessation
- We offer savings on eyeglasses and chiropractic care and medical advice from nurses any time
- We provide you with personal reminders by phone about childhood and adolescent immunizations, breast and cervical cancer screenings and new mother checkups
- We provide health management programs to members with chronic conditions such as asthma, diabetes, hypertension and COPD, to name a few
- You can select their primary care site from more than 1,400 convenient neighborhood locations. We have more than 25,000 health care providers and more than 80 participating hospitals in our service area
- We can help you to schedule a timely doctor's appointment
- If you find yourself outside our service area and in need of medical attention, we will still see to it that you get the care you need. We will even arrange transportation back home, if necessary



Because we're part of a health care system, our treatment standards and care practices are often set by health care professionals. This ensures high level of quality in the care that our members and their families receive.

Our commitment to quality

Geisinger Choice is committed to providing quality health care to our members. One way we can ensure that we are holding ourselves to the highest standards is to review our performance against accepted care and service measures. The Healthcare Effectiveness Data and Information Set (HEDIS®)* provides a set of measures against which we can judge our effectiveness.

Geisinger Choice conducts an aggressive preventive health program geared toward members most at risk for a variety of preventable illnesses, ailments and diseases.

Quality improvement nurses work directly through personal and automated telephone calls and

mailings to reinforce the importance of preventive measures and suggested screenings. These measures include mammography, pap smears, colorectal cancer screenings, blood pressure and cholesterol screenings, and comprehensive diabetes care.

Quality indicators, such as HEDIS and other initiatives, are set forth by the National Committee for Quality Assurance (NCQA) to ensure members receive high quality care. Administering the highest quality care possible helps Geisinger Choice keep members healthy and happy.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).



The Member Update is also available online at thehealthplan.com

Is it an emergency? If you're unsure, call your PCP

When you are really sick or seriously injured, it's important that you get the right care in the right amount of time. If you are experiencing an emergency, you should call 911 or go to your nearest emergency room.

If your condition is not an emergency, you may still need medical attention but an emergency room may not be the best place to receive that care. You can have long waits and unnecessary costs in these instances.

For anything other than a true emergency, it's usually best to call your primary care provider (PCP) to schedule an appointment or request advice.

What is an emergency?

A medical emergency is when your health is in serious danger – when every second counts. An emergency may include severe pain, a bad injury, or a serious illness or medical condition that is quickly getting worse.

If you believe you are experiencing a medical emergency you should call 911 or go to the nearest emergency room.

Medical emergencies are covered anywhere in the United States, at any time. However, emergency services provided by non-participating providers are covered only until the doctor caring for you determines that your condition is stable. At that time, Geisinger Choice or your PCP may arrange to take over your care or, if you are out of the area, have you transported back to our coverage area.

Your PCP or Geisinger Choice should be notified of the emergency as soon as possible, preferably within 48 hours, so they can provide post-emergency care and coordinate follow-ups.



In the emergency room, you are required to pay any applicable emergency room copayments. These copays are waived if you are directly admitted to the hospital or admitted within 72 hours for the same condition.

After you have been discharged from an emergency room, any additional follow-up medical services must be authorized by

your PCP to be covered.

Please note: You may be placed in an observation bed after an emergency room visit; this is not the same as an admission. If you are kept for observation and later discharged without being admitted, you will be charged an emergency room copay.

What to do when it's not an emergency

Fortunately, emergencies are rare. However, there are many other situations when, although your health may not be in serious danger, you need medical attention for a sudden illness or injury. These situations are referred to as urgent care. Often, you may be unable to seek help from your PCP or other Geisinger Choice providers because you are out of our coverage area.

In urgent care situations you have a few options. In most urgent care situations, it is usually best to contact your PCP, since

Tel-A-Nurse is available 24 hours a day, seven days a week to offer Geisinger Choice members support and health care advice.

they know your specific health care needs. You can contact your PCP's office 24 hours a day, seven days a week. They may have you schedule an appointment or provide you with other medical direction.

For non-emergency situations, you can also contact Tel-A-Nurse for advice regarding your situation 24 hours a day, seven days a week at (877) 543-5061.

Geisinger Choice will cover urgent care anywhere in the United States. If possible, contact your PCP before seeking urgently needed care or as soon as you can afterwards.

You should return to your PCP for follow-up care; however, you will be covered for continued care outside the service area as long as the treatment continues to fit the definition of urgently needed care.

Urgent and emergent care are covered no matter where you are

If you are traveling outside the Geisinger Choice service area, certain services will still be covered. We will pay for medical emergency care, urgently needed care, renal dialysis and any care that has been pre-approved by Geisinger Choice.

If you have questions about coverage of treatment, please refer to your Subscription Certificate or contact the customer service team at the number on the back of your ID card.

New physicians

This list includes new primary care providers who have joined Geisinger Choice since August 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 the number on the back of your ID card. *Note: Members who have Geisinger Choice with No Referral are not required to designate a primary care physician.*

Adams

Family Practice

Bruce E. Walther, MD

Internal Medicine

Moushumi F. Kundu, MD

Allegheny

Family Practice

Steven Richard Wolfe, DO

Berks

Family Practice

Jeffrey Allan Gold, DO

Timothy J. Kutz, MD

Clearfield

Pediatrics

Fatima Malik, MD

Clinton

Family Practice

Sabir Khan, MD

Mark V. Pace, DO

Cumberland

Family Practice

Christina M. Griffith, DO

Mary Sneider, DO

Pediatrics

Andrea L. Burks, DO

Sherie L. Love, MD

Dauphin

Family Practice

Douglas L. Charles, DO

Richard Rayner, MD

Internal Medicine

Pauline K. Bridgeman, MD

Ravinder Dhatt, MD

Pediatrics

Margaret E. Patterson, MD

Pauline K. Bridgeman, MD

Forest

Family Practice

Deborah Jo Chambers, MD

Huntingdon

Pediatrics

Allen B. Ettenger, MD

Maheshwor Kafle, MD

Priyanka Sherchan, MD

Jefferson

Family Practice

Deborah Jo Chambers, MD

Pediatrics

Fatima Malik, MD

Lackawanna

Family Practice

Phaythoune Chothmounethinh, MD

Internal Medicine

JayaKrishna Chintanaboina, MD

Luiz Felipe Galvao, MD

Ludy Lukose, MD

Chad P. Walker, DO

Anthony J. Yanni, MD

Lancaster

Family Practice

Kamlesh R. Acharya, MD

Gretchen Marie Dickson, MD

Sharon C. Eltz, MD

Mandy Renea Fannin, MD

Zachary Andrew Geidel, MD

Michael J. Leser, DO

Trevor Martenson, MD

Kimberly K. Williams, MD

Internal Medicine

Hemalatha Chaparala, MD

Minnie Taw, MD

Pediatrics

Ricardo G. Baler, MD

Lehigh

Internal Medicine

Brian J. Costello, DO

Jose Santiago Rivera, MD

Pediatrics

Colleen A. Cooper, MD

Mahim Shah, MD

Jana K. Tribble, MD

Luzerne

Family Practice

Daniel G. Walker, DO

Lycoming

Family Practice

Frederick Coleman Funk, MD

Monroe

Internal Medicine

Manju Chanana, MD

Northampton

Family Practice

Gabriela E. Popescu, MD

Jennifer L. Reif, DO

Internal Medicine

Meena Agarwala, MD

Jeffrey M. Hostetter, DO

Prasanthi Marella, MD

Cara E. Ruggeri, DO

Pediatrics

Anthony P. Acquavella, MD

Mahim Shah, MD

Jana K. Tribble, MD

Northumberland

Internal Medicine

Mouna A. Al-Agha, MD

Constance McKelvy, MD

Perry

Family Practice

Douglas L. Charles, DO

Pike

Internal Medicine

Shalini Byadgi, MD

David M. Garrison, MD

Schuylkill

Family Practice

Jason Hendrix, DO

Internal Medicine

Philip T. Zachariah, MD

Pediatrics

Donald C. Moyer, DO

Snyder

Internal Medicine

Constance McKelvy, MD

York

Family Practice

Trevor Martenson, MD

Jessica S. Starner, MD

Marcel A. Ionita, MD

Mobin Shah, MD



Remember to log onto the [healthplan.com](http://thehealthplan.com) for additional information about Geisinger Choice PCPs, specialist, hospitals and more!

H1N1 information

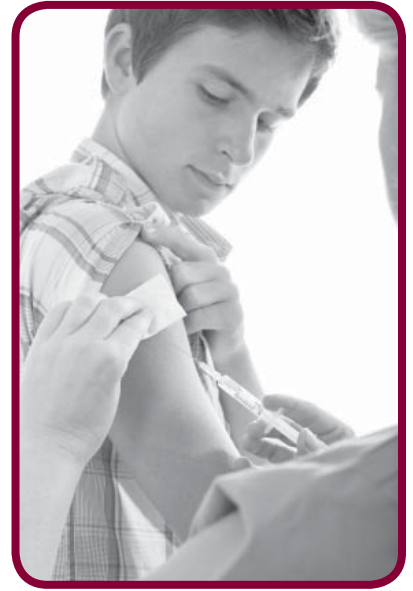
Geisinger Choice will cover the cost of administering the H1N1 flu vaccine for its members. The cost of the vaccine itself is covered by the Federal Government.

While members are encouraged to receive their H1N1 flu vaccine from a participating provider, Geisinger Choice will also reimburse non-participating providers at in-network rates. Members with billing questions should contact the customer service phone number on the back of your member identification card.

The seasonal flu vaccine and FluMist® are covered for members when given by a participating provider. Members can also receive the injectable vaccine at participating retail pharmacies. (FluMist is not covered when given at a retail pharmacy.)

Geisinger Choice covers the prescription antiviral drugs Tamiflu (oseltamivir) and Relenza (zanamivir) for members with prescription benefits for the treatment and prevention of both the seasonal and the H1N1 flu. These drugs (for those who have been exposed) should be started within 48 hours of the first symptoms of the flu to be effective.

For questions regarding your coverage, call the customer service phone number on the back of your member identification card.



Cold and flu season is here

This time of year, many people develop colds, as the temperature gets colder, the air gets drier and more time is spent indoors. Most colds, characterized by runny noses, sore throats coughs and mild fevers, are caused by viruses.



Since antibiotics will not cure viruses, a cold or sore throat has to run its course. However, if you or your child has a cold, you can alleviate some of the symptoms.

- Soothe sore throats with lozenges or ice chips
- Drink lots of fluids
- Use a humidifier to help with congestion
- Use over-the-counter cold medicines as appropriate (Always check with your provider before giving these medicines to young children)

On average, colds usually last about two weeks. If a cold or sore throat persists beyond that, or symptoms worsen, it is a good idea to schedule an appointment with your doctor.

Your doctor can determine whether you or your child has a virus or a bacterial infection. For a sore throat, your doctor will probably swab the back of your throat to test for strep.

If your provider feels that you have a bacterial infection he/she may prescribe an antibiotic. However, if your provider does not recommend an antibiotic, do not request one.

Antibiotic resistance is a rapidly increasing problem in health care. When bacterial infections become resistant to antibiotic treatments, they can cause prolonged illnesses, more expensive treatments and even death.

The main reason for this resistance is the overuse and misuse of antibiotics. Antibiotics kill bacteria; they do not provide any defense against viruses. Yet, antibiotics continue to be prescribed every day for common viral infections. Many people are not aware that antibiotics will not cure or even relieve the symptoms of viral infections. In fact, taking an antibiotic when you have a cold or other virus will increase your risk of getting an antibiotic resistant infection in the future.

That's why it's important to understand how to use antibiotics and to always follow your physician's treatment instructions.

If your provider does prescribe an antibiotic:

- Follow all instructions
- Make sure to take the entire course of medication even if you feel better after a few days
- Do not take antibiotics prescribed for someone else
- Discard any leftover antibiotics you may have after you complete your prescription. Do not save them to use the next time you are sick

Benefit information

Free well-child visits

Well-child visits are important for children of all ages. To thank you for completing the visit, we will reimburse members who complete their recommended visits from November 1 – December 31, 2009.

If your child has his or her visit during this time period, you'll receive a check to cover the copayment you made for this visit.

Effective January 1, there will be no copayments for well-child visits up to age 21! This benefit will be in effect year-round.

Michelle's Law

This law requires health plans to continue coverage for college students who are forced to take a medically necessary leave of absence or have a change in their enrollment status due to serious injury or illness.

On October 8, 2008, President George W. Bush signed H.R. 2851, making Michelle's Law a federal law effective October 9, 2009.

This was the first law to recognize the need to provide health insurance to college students.

Michelle's Law applies to students who are covered under their parent's health insurance plan. The law provides that seriously ill students, who otherwise have insurance, may keep their insurance if they drop below a full-time course load for medical reasons. Students are able to take up to 12 months medical leave of absence without a reduction in their health care coverage and/or

a COBRA premium.

For more information on Michelle's Law please contact the customer service team at the number on the back of your identification card.

Visiting non-participating providers

If you choose to see a non-participating provider, in addition to your deductible and coinsurance, you may be billed for any charges over the PPO's allowed amount for the out-of-network service. Seeing a non-participating provider can possibly make your out-of-pocket costs significant and unpredictable.

Before you choose a non-participating provider, please call the customer service team at the number on the back of your ID card for specific cost sharing information.

Mental Health Parity

The Federal Mental Health Parity Act requires plans to provide "parity" between the financial requirements and treatment limitations applied to mental health and substance use disorder benefits and medical and/or surgical benefits.

The new act is effective 11/1/09 upon renewal for employers with a group size of 51 or more employees. This means that if your groups renewal date is February 1, 2010, the new mental health parity requirements will be effective for your group as of February 1, 2010. See your benefits document for more details.



View your benefit documents, change your PCP or email a customer service representative online at thehealthplan.com

Formulary Updates

Drugs Deemed Formulary:

Afinitor (3) *,t,**
Aggrenox (2)
Astelin (3)
Geodon (2)

Drugs Deemed Non-Formulary:

Kapidex (3) *,t,**
Exforge HCT (3) *, t
Aplenzin (3)*,t
Apriso (3) *,t
Astepro (3) *, t
Fanapt (3) *, t
Patanase (3) *, t

Formulary Change:

Rhinocort Aqua will be moving from tier 2 to tier 3 effective January 1, 2010.

General Updates:

Effective immediately for members who choose to use a retail pharmacy to obtain an influenza vaccination (seasonal and H1N1): coverage for such influenza vaccinations will be offered when administered by a participating pharmacy. It is important to consult the pharmacy to confirm availability, administration times, and other restrictions that may apply (such as age limits, etc.).

Synvisc, Synvisc One, and Euflexxa are available via the Health Plan's Specialty Vendor program in a voluntary manner.

Women's Health Issues



Women over 40 need annual mammograms

According to the American Cancer Society, breast cancer is the most common form of cancer to affect women. When breast cancer is detected in its early stages is highly curable. Early detection and treatment are the best ways to increase survival rates and a mammogram is the best tool available for early detection.

All women over the age of 40 are encouraged to have annual mammogram screenings. Regular clinical breast exams by your health care provider are also recommended.

Did you know that as a Geisinger Choice member, a mammogram is a covered benefit with little or no additional cost to you? We encourage you to call your doctor and schedule your yearly mammogram today.

To find out what screenings are covered by Geisinger Choice, refer to your Subscription Certificate or call the customer service team at the number on the back of your ID card.

For more information on breast cancer, or for assistance with scheduling, call the Health Plan at (570) 271-5108.

The facts about cervical cancer

Cervical cancer is preventable, treatable and curable when the disease is detected in its early stages. However, many women still develop and even die from cervical cancer each year.

The American Cancer Society estimates approximately 11,070 women in the United States will be diagnosed with cervical cancer this year and about 3,870 will die from the disease.

Fortunately, the number of deaths related to cervical cancer has decreased over the last several years, and is continuing to drop. Probably the largest reason for this decline is the introduction of the Papanicolaou (Pap) test.

The Pap test (or smear) is when cells are scraped from the cervix and examined under a microscope to detect abnormal cells or pre-cancerous lesions. If found and treated in its initial stages, the five-year survival rate for cervical cancer is 92 percent according to the American Cancer Society.

The leading cause of cervical cancer is a sexually transmitted

virus called the human papilloma virus (HPV). There are usually no symptoms with HPV, and most of the time the infection clears up without any treatment.

Most sexually active women have had HPV sometime in their life; however, the virus only leads to cervical cancer in some of those women. There are some risk factors that increase the possibility of the HPV infection developing into cervical cancer such as:

- sexual intercourse at an early age
- multiple sex partners
- smoking
- failure to have regular screenings

The Pap test is the most effective way to detect abnormalities in the cervix caused by HPV. Women who have regular Pap tests can drastically reduce their risk of developing cervical cancer because the abnormal cells are detected early.

If you are sexually active or over the age of 21, schedule a screening or talk to your physician about Pap tests.

The importance of chlamydia screenings

How would you know if you have chlamydia? You probably wouldn't. According to the Centers for Disease Control and Prevention (CDC), about three-quarters of the women infected with chlamydia never experience any symptoms from the disease.

Screening for chlamydia is an easy and painless process. Chlamydia can be detected either by a culture or through a simple urine test. If an individual is diagnosed with chlamydia, it can be treated with antibiotics. If diagnosed in the early stages, the chances of developing complications are greatly reduced.

If left untreated, however, chlamydia can cause lasting damage. About 40 percent of women with untreated infections develop pelvic inflammatory disease (PID), a very serious infection that can cause scarring of the fallopian tubes. If this occurs, a woman's ability to bear children may be affected.

A chlamydial infection can also affect a newborn baby. If the baby is exposed to a chlamydial infection in the birth canal at the time of delivery, he or she may develop conjunctivitis (pink eye) within the first ten days of life. The newborn is also at risk of developing pneumonia within the first three to six weeks of life.

Talk to your doctor about being screened. Chlamydia screenings should be completed for all sexually active women under the age of 25, women over the age of 25 with risk factors, women who are pregnant or as recommended by a physician.

Are you pregnant or planning a baby?



Planning a baby

If you are planning a baby, take time before you conceive to also plan a visit to your doctor.

During this appointment you and your doctor can discuss nutrition, exercise, vitamins and any other concerns you may have. Your doctor may review your immunization history and administer any needed vaccinations such as rubella (German measles) or varicella (chickenpox), which should be given at least three months prior to becoming pregnant. If you have any pre-existing health problems, such as high blood pressure or diabetes, it is important to talk to your doctor about getting these conditions under control before you conceive.

You're pregnant

Once you become pregnant, receiving early and regular prenatal care is one of the best things you can do for the health of your baby and yourself.

You should schedule your first prenatal visit within the first three months of pregnancy.

Many women choose to schedule their prenatal visits with an obstetrical/gynecological physician (OB/GYN) or a certified nurse midwife instead of their primary care physician. If you do not use your primary care provider for your prenatal care, ask your OB/GYN or midwife to keep your PCP up-to-date on your pregnancy and care.

After your first visit, your provider will help you schedule regular visits throughout your pregnancy. These visits will increase as you get closer to your delivery date. It is important that you keep all of your appointments so your provider can quickly spot any health problems and administer vital tests and screenings needed during certain stages of pregnancy.

During your first prenatal visit, your provider may ask about your family history, your health history and any prior pregnancies. You can also expect your provider to conduct several tests including a Pap test, urine test and blood test. This appointment is a good opportunity for you to ask any questions you may have about your pregnancy.

Congratulations on your new baby!

Once your baby arrives, life will become a whirlwind of excitement until you find a new routine. Although you're busy with your new responsibilities, it's imperative that you continue your care after the baby is born. A postpartum visit should be scheduled within 6 to 8 weeks after your delivery. This visit is essential to make sure you are physically and emotionally healthy after your pregnancy. Your doctor will check to see that you are recovering normally, and answer any questions you may have. Take this time to talk to your doctor about issues such as breast health and breast feeding, sexual activity, exercise, and weight loss.

Are you feeling blue?

If you've recently had a baby and you're feeling sad or depressed, it's ok. Depression after pregnancy, or postpartum depression, is a condition that can be triggered by hormonal changes in a woman's body after pregnancy. Stress, lack of sleep and a change in your routine can also contribute to these feelings of depression.

If you are experiencing postpartum depression you can become irritable, withdrawn, and overwhelmed. You may have trouble sleeping, lose interest in activities, have no energy, experience feelings of guilt and worthlessness, and cry often.

Often women are reluctant to talk to anyone about these feelings because they are ashamed. It's important to understand postpartum depression can happen to anyone.

Postpartum depression can happen anytime within the first year after your pregnancy. If you are experiencing symptoms of depression, you should talk to your primary care doctor, OB-GYN or mental health provider. They may recommend counseling, medication or a combination of both. In addition, try to get as much rest as you can, don't do everything yourself, ask for help, and develop support networks, such as other mothers, relatives and friends.



Can you protect yourself from medical errors?

Medical errors are preventable. In order to protect yourself against medical errors, it's important that you can feel comfortable openly talking to your doctors, pharmacists and nurses.

Listed below are five major steps that you can take to help prevent medical errors.

- 1. Ask questions.** Be sure to speak up if you have any questions or concerns. Choose a provider that you feel comfortable talking with about your treatment. It's ok to ask a lot of questions and expect to receive answers that you can easily understand. Take a friend or relative with you if this will help you ask questions and understand the answers.
- 2. Keep an up-to-date medication list.** Tell your doctor and pharmacist about all of the medications you are taking. This list should include over-the-counter medicines, as well as prescriptions. Tell them about any medicine allergies you may have and ask about side effects and what you should avoid while taking the medication. Make sure the medicine you get is what your doctor prescribed.
- 3. Discuss test results.** Make sure you always get the results of any test or procedure. Ask your provider when and how you will receive the results. If you do not get them when expected, do not just assume that they are fine. Call your provider and ask for them. Ask what the results mean related to your care.
- 4. Choose hospitals carefully.** Talk with your provider and health-care team about your options if you require hospital care. If you have more than one hospital to choose from, ask your doctor which has the best results for your condition. Before you leave the hospital be sure to ask about follow-up care and understand instructions. You can also compare hospitals online at thehealthplan.com.
- 5. Make sure you understand what will happen if you need surgery.** Ask your provider and surgeon: Who will take charge of my care while I am in the hospital? Exactly what will you be doing? How can I expect to feel during recovery? Make them aware of any allergies and be sure your doctor and surgeon agree on what will be done during the operation.

Geisinger Choice Member Update is published quarterly. Comments are welcome.

Please write:

Editor

**Geisinger Choice
Member Update**

**100 North Academy Avenue
Danville, PA 17822-3240**

or e-mail:

memberupdate@thehealthplan.com

For questions about your plan, please call the number on the back of your identification card weekdays between 8 a.m. and 6 p.m.

Note: If you have Geisinger Choice coverage but are not enrolled through an employer, please note that the term "member" is used in this document to describe you and your covered dependents. Your benefit documents use the term "covered persons."

HPM50 js November09 PPOMU 10/29/09

