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The Member Update is published quarterly by Geisinger Health Plan and serves as an informational resource for members.

Comments are welcomed.
Please email: memberupdate@thehealthplan.com

This issue and previous issues of the Member Update can be viewed at thehealthplan.com.

Geisinger Health Plan and Geisinger Choice are collectively referred to as "Geisinger Health Plan" or "GHP" unless otherwise noted.

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What is health care reform and the Affordable Care Act (ACA)?

Health care reform is a process to build the current health insurance system in order to provide more people with access to coverage, establish legal protections for members, and provide opportunities for members to "shop" knowledgeably for insurance.

The **Affordable Care Act (ACA)** is the main piece of legislation in the health care reform process. It is a law that aims at offering every American access to affordable health coverage. The ACA is comprised of two separate pieces of legislation: **The Patient Protection and Affordable Care Act (PPACA)**, which was signed into law on March 23, 2010, and the **Health Care and Education Reconciliation Act (HCERA)**, which was signed into law on March 30, 2010 to amend the PPACA.

What do I need to know?

Health care reform will affect you. Under the ACA, the government created "provisions," or laws, that health insurers must adapt to, which change health benefits for consumers. While many of the provisions will not affect everyone, there are a several provisions that are good to know:

- **Dependent coverage** - Children can now stay on a parent's insurance until age 26
- **No canceled coverage** - Insurers may no longer drop a member if and when a member becomes ill
- **No coverage denial** - Insurers can no longer deny member coverage based upon age or pre-existing conditions
- **Individual mandate** - All United States citizens and legal residents must obtain coverage (at least minimum essential benefits) or face paying a penalty
- **Little to no-cost preventive services** - Many preventive care services are little to no cost for the member, including immunization vaccines, various screenings, and more. For a complete list of benefits, please visit www.healthcare.gov/what-are-my-preventive-care-benefits/

Do I need to purchase health insurance?

As previously mentioned, the individual mandate requires all United States citizens to acquire health insurance, effective January 1, 2014, or pay a tax penalty. This includes both individual enrollment and employees who receive health coverage through an employer.

Individuals who do not obtain coverage through an employer will need to purchase coverage or pay a penalty tax. Coverage can be purchased through online Marketplaces, which are online “shops” for employers and individuals to compare coverage plans before purchasing. The federal Marketplace will open for enrollment October, 1, 2013.

Beginning January 1, 2015, employers with more than 50 full-time and full-time equivalent employees will be penalized if they do not provide coverage to employees or if the employer offers coverage but it is not affordable or does not meet minimum requirements.

In contrast, businesses with fewer than 50 full-time equivalent employees are not required to provide employees with health coverage, but have the option to do so. If they choose to provide coverage, they can direct employees to the Small Business Health Options Program (SHOP) where employees will enroll online for the employer’s chosen health insurance.

What happens if I don’t buy health insurance?

If an individual chooses not to obtain health insurance, does not have coverage through an employer, or does not qualify for an exemption, he or she will have to pay an **annual penalty tax**. The penalty for not having health insurance in 2014 is \$95 per adult and \$47.50 per child (up to \$285 for a family) or 1% of a family’s income, whichever is greater. This tax will increase each year the household is without insurance.

Year	Per Child	Per Adult	Household Max.	% of Family’s Income
2014	\$47.50	\$95	\$285	1.0%
2015	\$162.50	\$325	\$975	2.0%
2016	\$347.50	\$695	\$2,085	2.5%

How can I get health insurance?

There will be a few ways to obtain health insurance: Medicare, Medicaid, through an employer or self-purchased. While the option to apply for coverage via paper application is still available, **online Marketplaces** will provide an alternate option for enrollment.

There will be two types of Marketplaces: federal and private. Individuals and business owners will be able to log on either Marketplace and choose a product that best supports their needs.

Federal Marketplaces will offer a choice of many different health plans and provide information to help consumers better understand and compare product options before purchasing. **Private Marketplaces** will be specific to an insurance company and will offer more product options than what can be offered in the federal Marketplace.

While some private Marketplaces are open now, the federal Marketplace will officially open for enrollment on **October 1, 2013** with an effective date of January 1, 2014. GHP will launch its own private Marketplace on **October 1, 2013**.

Want more information about health care reform?

Coming soon, GHP will launch an informational website. Once launched, you can view the website at www.thehealthplan.com/reform.

Advanced tax credit subsidies

Individuals and families purchasing coverage on their own may be eligible for government subsidies through a tax credit.

Advanced tax credit subsidies are available for low-income individuals and families with an income between 100% and 400% of the federal poverty level. These subsidies are available through the federal Marketplace.

Subsidies will also be available through Geisinger Health Plan’s private Marketplace.

Mark your calendars!

- Open enrollment for 2014 begins **October 1, 2014** and ends **March 31, 2014**

If you enroll...	Your coverage is effective...
On or before December 15, 2013	January 1, 2014
December 2013 - March 2014, between the 16th and end of each month	First day of the month after the following month (ex. Enroll Dec. 20, 2013, effective February 1, 2014)
January - March 2014, between the 1st and 15th of each month	First day of following month (ex. Enroll April 8, 2014, effective May 1, 2014)

New Physicians

This list includes new primary care physicians (PCPs) who have joined our network since May 1, 2013. For more information on these and other participating providers, please visit thehealthplan.com, or call the customer service team at the number on the back of your member ID card. (Key: FP, Family Practice; IM, Internal Medicine; and P, Pediatrics)

Bedford

Basma Khalil, M.D. - IM

Berks

William W. Shay, D.O. - FP

Carbon

Pravinkumar Patel, M.D. - IM

Centre

Susan Holencik, D.O. - FP

Chester

Robyn Medina, D.O. - FP

Lancaster

Aileen John, D.O. - FP

Robert Martin, M.D. - IM

Lehigh

Mary Ellen Williams, D.O. - FP

Elena Khromenko, M.D. - FP

Luzerne

Paul Tayoun, D.O. - FP

Richard English, M.D. - FP

Maureen Litchman, M.D. - FP

Shaifali Gupta, M.D. - P

Lycoming

Lee Ciccarelli, M.D. - IM

Monroe

Meredith Stempel, M.D. - IM

Montour

Salma Mustafa, M.D. - IM

Thomas Morland, D.O. - IM

Northampton

Bruce G. Miles, D.O. - FP

Anita Shah, M.D. - P

Northumberland

Travis Treadway, M.D. - FP

Philadelphia

Howard Rudnick, M.D. - IM

Shehryar Anjum, M.D. - IM

Schuylkill

Kristin O'Donnell, C.R.N.P. - FP

Tioga

Benjamin Konell, D.O. - FP

Union

Roseline Reed, M.D. - IM

Wayne

Gerard Maritato, M.D. - FP

Formulary update

The table below represents recent updates to GHP's formulary. If you have any questions, please contact the pharmacy customer service team at 800-988-4861 Monday through Friday, 8 a.m. to 5 p.m. To obtain a hard copy of the formulary, call customer service or log on to thehealthplan.com.

Brand Name	Status	Triple Tier Formulary	4th Tier Application	Traditional Formulary	Prior Authorization	Quantity Limit	Detailed Limit	Formulary Alternatives
Firazyr	Formulary	3	Yes	2	Yes	Yes	3 syringes (9 mL) per 30 days	None
Rescula	Formulary	3	No	2	Yes	No	-	latanoprost, travoprost, Travatan Z
Gattex	Formulary	3	Yes	2	Yes	Yes	1 vial per day	None
Signifor	Formulary	3	Yes	2	Yes	Yes	60 ampules per month, for each strength	None
Juxtapid	Formulary	3	Yes	2	Yes	Yes	5 or 10 mg Capsules: 28 capsules per 28 days 20 mg Capsules: 84 capsules per 28 days	atorvastatin, simvastatin, Zetia, Crestor*, Kynamro*
Fulyzaq	Formulary	3	No	2	Yes	No	-	diphenoxylate-atropine, loperamide
Kynamro	Formulary	3	Yes	2	Yes	Yes	4 vials per 28 days	atorvastatin, simvastatin, Zetia, Crestor*
Ravicti	Non-formulary	Non-formulary	No	Non-formulary	Yes	Yes	19 gm (17.3 mL) per day	None
Tarceva	Formulary	3	Yes	2	Yes (New starts only)	Yes	100 mg or 150 mg: one tablet per day 25 mg: three tablets per day	None

*Indicates prior authorization (PA)

- As of October 1, members will no longer be charged a copay/coinsurance per injection of Humira. A copay/coinsurance per 34 day supply will be applied.
- The following migraine medications will require prior authorization starting October 1: Axert, Frova, Relpax, and Zomig Nasal. Members currently taking these medications as of October 1 will not require prior authorization for continued use.
- The following will have a quantity limit applied of 16 units per dose type (tablet, injection, nasal spray) per 28 days: sumatriptan (Imitrex), naratriptan (Amerge), rizatriptan (Maxalt), zolmitriptan (Zomig), Axert, Frova, Relpax, and Treximet. (1 unit = 1 tablet or 1 injection or 1 nasal spray.)



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Excuse me, I have a question

Customer service frequently asked questions



Participating providers and facilities

Q: *How do I know if a provider or facility is participating with Geisinger Health Plan?*

A: *You have two options.*

1. Go to thehealthplan.com and click on “Providers” on the left side of the screen. Select your plan and the type of provider you want to search. Complete the basic search information and click on the “Go” button.
2. Call customer service at the number on the back of your member ID.

Women’s health

Preventive screenings

Geisinger Health Plan, along with the United States Preventive Services Task Force, recommend the following women’s health screenings:

- **Chlamydia** - Yearly between the ages of 16-24, especially if you are sexually active or pregnant. It is also important to get tested if you are 25 or older and at an increased risk for chlamydia, whether pregnant or not.
- **Cervical cancer (pap test)** - Every three years between the ages of 24-64. If you are 65 or older, contact your doctor or nurse to discuss more details.
- **Breast cancer (mammogram)** - Every two years between the ages of 42-69. If you are at an increased risk for breast cancer (genetics, etc.), contact your doctor or nurse to discuss more details.

