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Historic bill brings change to health care and health care coverage

A historic \$938 billion health care overhaul that guarantees coverage for uninsured Americans was signed into law in March. The first changes will take effect by the end of September. Most changes would not kick in until 2014.

The bill immediately starts to close the gap in the Medicare prescription drug benefit. Seniors who fall into the "doughnut hole" gap in coverage will get a \$250 rebate this year.

Other changes starting this year include prohibiting health insurance companies from cancelling coverage if you get sick and banning lifetime dollar limits on coverage. Insurers also would be prohibited from denying coverage to children because of a pre-existing medical condition. In addition, parents will get to keep adult children on their health plan until they turn 26.

The legislation also has a transition program meant to help sick individuals who are currently uninsured.

Beginning in 2014, the government will provide tax credits to help pay for premiums for working middle-class families with annual incomes up to \$88,000. Medicaid will also be expanded to cover more low-income people.

Starting that same year, health insurance companies could not



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deny coverage to people in poor health or charge them higher premiums.

Employers aren't required to offer coverage under the bill. Tax credits will help smaller companies get and keep coverage for their employees. Companies with more than 50 workers could see hefty fines if just one of their employees gets government-subsidized coverage.

Individuals would be required to carry health insurance, either through an employer or a government program or by buying it themselves. Those who refuse would be fined by the IRS.

Many legal experts say Congress does have the power under the

Constitution to require coverage. Attorneys general from 13 states have already filed suit to stop the mandate.

The Congressional Budget Office estimated that the legislation would cut federal budget deficits by an estimated \$143 billion over a decade. More than 30 million people will gain coverage, and by 2016 about 95 percent of eligible working-age adults and their families would have health insurance. Most would buy their coverage through health insurance exchanges, new state-based purchasing pools. Illegal immigrants wouldn't be able to participate.



The Member Update is also available online at thehealthplan.com

Save money and paper, view your membership information online

Geisinger Health Plan has begun an initiative to help reduce paper use and mailing costs by offering members the option to view their member documents online, for free, any time! When you select this option, you will no longer receive the annual member packet mailing from the Health Plan.

Log in to the secure member section of www.thehealthplan.com to select this paperless option. Your important membership information, including the Subscription Certificate and riders, will be updated annually and available for you to view at any time. You can also search for doctors and hospitals, look for information on wellness programs, and look up your prescriptions in our online formulary search.

This paperless option is in addition to and separate from the already announced Explanation of Benefits (EOB) opt-out process. You will need to opt-out for both the member packet and the EOB if you wish to use the paperless option for both.

To opt out of the paper EOB and member packets:

- Log onto GHP's secured member Web site at thehealthplan.com.
- In the navigation section on the left side of the welcome screen, click "PROFILE"
- Scroll down to "Paper Opt In / Out" and then click "Edit" to make your choice.

For your convenience, you will receive e-mail notification whenever a new EOB is available for you to view.

If you're not a registered user of the Health Plan's Web site, a



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simple registration process is required.

By choosing the paperless options, you can help the Health Plan save paper and money, and help us achieve our ongoing goal of high quality, affordable service to all our members!

Bariatric surgery reminder

For any member considering bariatric surgery, keep in mind that Geisinger Health Plan requires that the surgery is performed in a facility that has been designated as a level 1 Bariatric Surgery Center of Excellence by either the American Society of Bariatric Surgery (ASBS) or American College of Surgeons (ACS).

These facilities have been designated as Centers of Excellence because they have met rigorous standards of safety, surgical experience and clinical outcomes in the surgical management of morbid obesity outlined by the ACS and/or ASBS.

If you are starting a pre-surgical program for bariatric surgery it is important that any pre-surgical care also takes place in one of these Centers of Excellence. If you have any questions about this benefit, or how to find a facility designated as a Center of Excellence, please call the Customer Service Team at (800) 447-4000 Monday through Friday between 8 a.m. and 6 p.m.

Gardasil coverage update

The Food and Drug Administration (FDA) recently approved the use of Gardasil in males age 9 to 26 for the prevention of genital warts caused by the human papillomavirus. Geisinger Health Plan has completed an in-depth review of Gardasil for use in males and decided to limit the coverage of Gardasil to female members only. This decision was based on the Advisory Committee on Immunization Practices (ACIP) guidelines. While ACIP does recognize the potential for Gardasil to be used in males, they currently do not recommend it as part of their vaccination schedule. At this time, male members may receive the Gardasil vaccination, but payment for the vaccination is completely the member's responsibility. If you have any questions regarding the coverage of Gardasil, please contact the Customer Service Team at the phone number on the back of your member identification card.



You can view your benefit documents, change your PCP and e-mail a customer service representative online at thehealthplan.com

Pennsylvania is smoke free. Are you?

PA's smoking ban

On September 11, 2008, Pennsylvania passed the Clean Indoor Air Act, which banned smoking in most public places, including restaurants and workplaces. The #1 reason for Pennsylvania's new Clean Indoor Air Act is to protect Pennsylvanians – smokers and nonsmokers – from secondhand smoke.

According to the Pennsylvania Department of Health, smoking has decreased significantly in the last six years. If you are thinking of quitting, you're not alone! Almost two-thirds of adult smokers in Pennsylvania are planning to kick the habit!*

If you or anyone in your family smokes or regularly uses any other tobacco products we would like to take this opportunity to advise you to quit and let you know there are medicines, methods and strategies to assist you with quitting.

Talk with your doctor

Your doctor can be an important resource in your effort to quit. Your doctor or other health care providers may do the following each time you have a visit:

- Ask if you use tobacco and advise you to quit.
- Tell you about medicines that can help you quit.
- Tell you about things that you can do (besides medicine) to help you quit, including enrolling in a tobacco cessation program and learning how to change behaviors that contribute to your use of tobacco.

If your health care provider doesn't offer this information at your next visit, be sure to ask.

GHP can help

If you would like to quit using tobacco, Geisinger Health Plan has a program to help you. To learn more about quitting tobacco, talk to your doctor or other health care provider or call toll-free at (800) 883-6355 or (570) 271-8763.

Other resources for quitting

- American Cancer Society Quitline® – (800) ACS-2345
- American Lung Association – (800) LUNG USA
- Pennsylvania FREE QUITLINE – (877) 724-1090
- National Cancer Institute Smoking Quitline – (877) 44U-QUIT
- National Cancer Institute LiveHelp service – support from smoking cessation counselors through instant messaging online
- The federal government's Web site – <http://www.smokefree.gov>.

*Pennsylvania Department of Health Pennsylvania Tobacco Facts 2009/2010

First Lady launches campaign against childhood obesity

According to First Lady Michelle Obama's new Web site, www.letsmove.gov:

"Obesity threatens the healthy future of one third of all American children. Obesity rates have tripled in the past 30 years. We spend \$150 billion every year to treat obesity-related conditions, and that number is growing. For the first time in American history, our children's life expectancy may be shorter than their parents!"

Healthy eating and fitness habits can be learned, and can help ensure a long, healthy life for all adults and children. Geisinger Health Plan shares this commitment to healthy living. Ask your employer about wellness programs. Call the Health Plan if you need extra help managing your health issues. Discuss nutrition and fitness with your doctor, and with your child's doctor. Spend time as a family planning and preparing healthy meals. Take a walk after dinner, or visit a playground, or just kick a soccer ball around the yard!

For more information on healthy eating (including how to help your children eat healthy when they are away from home) and physical fitness, please visit www.letsmove.org.



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Summer safety leads to summer fun

The summer months are a time to enjoy the outdoors, picnics, sports and lot of family fun! With a few simple precautions, you and your family can stay safe while enjoying all the summer has to offer.

Skin care

You can help to prevent sun-damaged skin by taking the following steps:

- Apply a sunscreen before you go outdoors. Choose a sunscreen that has a sun protection factor (SPF) of 15 or above, with a broad spectrum of protection against both UV-A and UV-B rays.
- Use a sunblock on your lips. Choose a product that has been specially formulated for the lips, with a SPF of 20 or more.
- Limit your time outdoors when the sun is at its peak (from about 10 a.m. to 3 p.m. in most parts of the continental United States).
- Wear sunglasses with UV light protection.
- Wear long pants, a shirt with long sleeves and a hat with a wide brim.
- Be aware that some medicines and skin care products can increase your skin's risk of UV damage. These include certain antibiotics, as well as some prescription medicines that are used to treat psychiatric illness, high blood pressure, heart failure, acne and allergies. If you are taking a prescription medication and you normally spend a great deal of time outdoors, ask your health care professional whether you should take any special precautions to avoid sun exposure. Also, be aware that certain nonprescription skin care products containing alpha-hydroxy acids can make your skin more vulnerable to damage from sunlight.

Too much sun isn't the only potential danger that waits for us during the summer months. With a few precautions, you and your family can safely enjoy all your favorite summer activities!

Swimming

- Never leave children unattended in or near a swimming pool. Infants and toddlers should always be within arm's length when near water.



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- Don't use inflatable swimming aids in place of life jackets or life preservers. These items give parents and children a false sense of security.
- Check water depth before entering. The American Red Cross recommends nine feet as a minimum depth for jumping and diving.

Boating

- Wear life jackets at all times.
- Tell someone where you are going and how long you'll be gone.
- Check your boat, equipment, engine, and fuel supply before leaving.
- Never drink alcohol before or while operating the boat.

Fireworks

- Fireworks that are often considered safe, such as sparklers, can reach temperatures above 1,000 degrees and can cause severe burns to users and bystanders. Never allow children to use fireworks without adult supervision.
- Attend professional fireworks displays instead of using fireworks at home.

Ticks and mosquitoes

- Avoid infested areas.
- Wear light colored clothing.
- Use insect repellent that contains DEET or permethrin, and wear protective clothing.
- Check yourself, kids and pets for ticks after being outdoors.

Take the opportunity to visit the doctor!

Summer is also a great time to get the kids to the doctor for their well-child visits! This is especially true if your children are in college, and do not have a chance otherwise to visit their PCP during the school year.

Well-child visits are a good time to get important immunizations, as well as a time for your PCP to discuss various issues with your children, such as growth and development, mental health, nutrition and physical activity, and any other concerns.

Effective January 1, 2010, there are no copayments for well-child visits, up to age 21!*

**In-network visits only. If services such as lab work or diagnostic testing are provided during the office visit, or if a specific medical condition is treated, these may incur a charge.*

Important information for members

Health Management and wellness

Geisinger Health Plan offers programs for our members with certain chronic health conditions. Specialized nurses, called case or health managers, work with you and your health care provider to help you better manage your health care needs.

The case/health manager will educate you and your family about the condition including monitoring of diet, exercise, medications and other lifestyle changes. They can also help you coordinate recommended care and services and work with you if you have been discharged from the hospital with certain conditions.

The Health Plan offers the following programs:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Stop Tobacco Use
- Hypertension (high blood pressure)
- Heart Failure
- Diabetes
- Heart Disease
- Osteoporosis
- Case Management



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If you would like to learn more about these programs or enroll, you can log onto to our Web site (www.thehealthplan.com) or call (800) 883-6355.

Submit a claim

Providers normally bill Geisinger Health Plan first for your medical care, so with some exceptions, you will not receive bills for covered services. You will receive bills for most out-of-area emergency and urgent care services. Specialists might also bill you, even if you have a PCP referral.

If you have a deductible or coinsurance for certain services, your provider may ask you to pay an estimated amount at the time of service, or they may wait and bill you after the Health Plan has processed the claim for services.

Providers will often bill you and the Health Plan at the same time. If you get a second bill, submit it to the Health Plan or call the customer service team. Please provide your member ID number and a contact phone number with the bill. For an emergency care bill you will also need to explain the situation that led to the services.

If you paid anything other than a copayment, deductible, coinsurance or fees for non-covered services, request a claim form from the customer service team at the number on the back of your ID card. Submit the claim form along with receipts and instructions to pay you, not the doctor.

Claims must be received by the Health Plan within 180 days of the date of treatment.

Benefit exclusion reminder

As a reminder, there may be limitations and/or exclusions to some of your coverage. Services such as breast reduction surgery, panniculectomy and the use of non-participating providers are exclusions, except as listed in your Subscription Certificate or benefit riders. Please refer to your benefit documents for more information. If you have any questions regarding you benefits and what services are covered please call the Customer Service Team at phone number on the back of your identification card for additional information. Benefit limitation or exclusions can affect what you pay for services, so it is important for you to have as much information as possible before receiving services.

Get the most from your health plan

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.

Special communication services

- If you are hearing impaired, contact the Health Plan with questions or concerns by dialing 711 (PA Relay), Monday, through Friday, 8 a.m. to 4:30 p.m.
- If you are visually impaired, the Health Plan will provide large print or audio cassettes of important member material upon request.
- For non-English speaking members, Health Plan communication occurs via a special third-party telephone line known as "Language Line." Non-English printed materials can also be produced upon request.

New physicians

This list includes new PCPs who have joined the Health Plan since January 1, 2010. 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.



Bedford

Internal Medicine

Victor R. Felipa, MD
Stephen C. Love, MD

Berks

Family Practice

Katharine Ada Nicol Navone, MD

Internal Medicine

Bernardo A. Gutierrez, MD
Bina Jain, MD
Lisa M. Motz, MD

Cameron

Family Practice

Saira Bano, MD

Centre

Family Practice

Jack William Zimmerly, DO

Clearfield

Family Practice

Jack William Zimmerly, DO

Cumberland

Family Practice

Sarah Y. Noorbaksh, MD
Jennifer Eileen Weber, DO

Pediatrics

Kara Garcia, MD

Dauphin

Internal Medicine

Joseph R. Kreiser, MD

Pediatrics

Kara Garcia, MD

Lackawanna

Internal Medicine

Robert W. Kaville, MD
Eugene A. Turchetti, MD
Valerie Dawn Weber, MD

Lancaster

Family Practice

Mamatha Yeturu, MD

Internal Medicine

Shagufta H. Shaikh, MD

Lehigh

Family Practice

George W. Hartzell, MD
Joon-Seok Jeon, MD
Richard B. Sirard, MD
Ralph E. Stolz, DO

Pediatrics

Elaine A. Donoghue, MD
Colleen A. Gulczynski, DO

Luzerne

Family Practice

Sumaira Khan, MD
Krishnakant A. Patel, MD

Internal Medicine

Jude Francis Sidari, MD

Monroe

Family Practice

Gary C. Wright, MD

Montgomery

Internal Medicine

Marian Catherine Bryce, DO
Paula Andrea Chaitas, MD
Robert J. Pearlstein, DO
Priya Vasdev, MD

Northampton

Family Practice

Elena A. Ackah, MD

Pediatrics

Hassan Bozorgnia, MD

Pike

Family Practice

Joseph A. Cirello, MD

Internal Medicine

Martin Louis Evers, MD
Herbert M. Green, MD
Maureen M. Kelleher, MD

Pediatrics

Emmanuel M. Martakis, MD
Suman Sawhney, MD

Susquehanna

Internal Medicine

Mahendra Kantil Shah, MD

Warren

Internal Medicine

Raghuveer Annam, MD

York

Family Practice

Lavanya Karri, MD

Internal Medicine

Sadia N. Baqai, MD



Remember to log onto thehealthplan.com for additional information about GHP PCPs, specialist, hospitals and more!



100 North Academy Avenue
Danville, PA 17822-3240

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Formulary Updates

Drug Deemed Formulary:
Janumet (2)

Drugs Deemed Non-Formulary:
Votrient (3) *,t,**
Valturna (3) *,t
Arcalyst (3) *,t

() = tier

* = requires prior authorization under the non-tiered benefit

t = requires prior authorization under the tiered benefit

** = quantity limits apply

Effective July 1, 2010, Oxycontin will require prior authorization for new starts and new members to GHP. To be exempt from the new start requirement, a current member must have been receiving Oxycontin for at least 60 days through GHP. New members to GHP currently using Oxycontin for greater than 60 days can request continued coverage by having the provider request a prior authorization showing the need for continuity of care. For those newly prescribed Oxycontin, members will be required to have a trial of generic morphine sulfate extended release or show a documented contraindication to such therapy in order to be approved for coverage of Oxycontin. An exception will be made for members who have cancer or are in an end of life situation.

Effective July 1, 2010, injectable anticoagulants (Lovenox,

Arixtra) will have a quantity limit of one copay per 14-days supply. Only up to a 14-day supply can be dispensed per fill. These drugs are not available via mail order.

For the most recent formulary information, members can search the formulary online at thehealthplan.com. A printed version is also available by contacting the pharmacy customer service team at (800) 988-4861.

Geisinger Health Plan Member Update is published quarterly.

Comments are welcome.

Please write:

Editor

**Geisinger Health Plan
Member Update**

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

or e-mail:

memberupdate@thehealthplan.com

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