

May 2011 Spring Issue

A reference guide
to the Penn-Ohio Alliance
HealthAssurance Program

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Letter from the Board of Penn-Ohio

As we leave another harsh winter behind and welcome spring to the area, we'd like to welcome new Penn-Ohio members who joined the Alliance over the past year, and thank those member companies that renewed and have continued to support our efforts to provide quality, affordable health care in the region. Penn-Ohio continues to grow, with membership exceeding 614 companies, representing over 15,500 covered lives.

Annual Meeting

The Penn-Ohio Annual Meeting was held February 24, 2011, at the Avalon County Club in Sharon, with 60 people attending representing 35 member companies.

Our speaker was Mr. Mike Kelly, newly elected United States Representative of the 3rd District of Pennsylvania. Mr. Kelly discussed why he decided to run for office, his perspective on what changes need to be made, and how we need to reign in out-of-control federal spending.

Health Care Reform

Health care reform continues to be in the news, with

much of it centered on court challenges to The Patient Protection and Affordable Care Act. We will continue to update the members as new issues arise. The most recent news on this front was that the Supreme Court rejected a call from Virginia's attorney general to invoke a rarely used procedure to bypass the normal appeals process and speed up a Supreme Court ruling on PPACA's constitutionality. The judicial review will now continue in federal appeals court.

Educational Meeting

Our next educational meeting will be held on Wednesday, May 18, 2011, with the focus on "How Best to Utilize your Health Care Dollar through Plan Design." Our speaker will be Mark Berger, director of Underwriting for HealthAmerica. The meeting will again be held at the Avalon Country Club.

Again, thank you for your continued support of the Penn-Ohio and the strength in numbers your membership provides.

We look forward to seeing you at the May 18th meeting.

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LEGISLATIVE CORNER

Health Care Reform. What Does it Mean?

Health reform adds new information, requirements and details to an already complex business. Everyone at HealthAmerica is committed to making sure that all customers have an easy, simple and productive health benefits experience. We want every person and group we serve to receive the greatest possible value for their health care dollar.

Understanding health reform and how it impacts members, employers and others is important. The following is a summary of actions and decisions that have already been put in place. These changes take effect upon the employer's first renewal. Use this information to



help you learn more about how reform affects you and your employees:

- Dependent coverage was extended to age 26.
- Children may not be denied coverage due to pre-existing conditions.
- Insurance companies may not void coverage due to situations like an error on an application.
- Lifetime benefit limits were removed.
- Certain preventive care must be covered without deductibles, copays or coinsurance. Your plan can require the member to pay some costs of the office visit, if the preventive

service is not the primary purpose of the visit, or if the doctor bills for the preventive services separately from the office visit. Preventive services may include:

- Blood pressure, diabetes and cholesterol tests
- Many cancer screenings, including mammograms and colonoscopies
- Counseling from the provider on such topics as quitting smoking, losing weight, eating healthfully, treating depression and reducing alcohol use
- Routine vaccinations against diseases such as measles, polio or meningitis
- Flu and pneumonia shots
- Counseling, screening and vaccines to ensure healthy pregnancies

- Regular well-baby and well-child visits, from birth to age 21

In the coming months and years, more changes will come to pass. Many major requirements of Health Care Reform will occur in 2014. Some of these include:

- Health insurance exchanges will be created to give people without coverage an opportunity to purchase insurance coverage.
- Most people will be required to have insurance coverage or pay a fee.
- Annual and lifetime dollar limits on coverage will be eliminated.

This information is provided as a general overview and is not a complete list of all provisions of the new law. To learn more, visit www.coventryhealthcare.com and select the Federal Health Care Reform tab at the top of the page. Additional information can also be found at www.hhs.gov, www.irs.gov and www.dol.gov.

Health Care Q&A

The answers to some common health law questions.

Do you have a dependent under age 26 that has lost coverage or was unable to join your group health plan due to age?

The Patient Protection and Affordable Care Act (PPACA) includes a provision that allows you to cover dependents until age 26. Exceptions may apply to “grandfathered” plans. The employer will let members know if your coverage is “grandfathered.”

When a group health plan renews after September 23, 2010, a dependent who was previously unable to enroll due to the maximum dependent age eligibility rule in place in a previous plan

year will be eligible to enroll. If a dependent enrolled on your group health plan lost coverage due to age, the subscriber may re-enroll that dependent at renewal.

Employers will provide you with a Special Enrollment Period notice around the time of the annual open enrollment period. This special enrollment period, though it may occur at the same time as your open enrollment period, is a separate entitlement for subscribers. The dependent has 30 days from the date of that notice to act on this special enrollment period and enroll in the group health plan. The dependent’s coverage will be effective on the first day of the renewal year.

Have you or one of your dependents lost coverage under your group health plan due to a lifetime maximum benefit clause?

PPACA also includes a provision that removes any lifetime limit on the dollar value of benefits. When your group health plan renews after September 23, 2010, the subscriber may re-enroll any individual whose coverage ended because he or she reached a lifetime limit.

The employer will provide a Special Enrollment Period notice around the time of

the annual open enrollment period. This special enrollment period, though it may occur at the same time as the open enrollment, is a separate entitlement. A subscriber has 30 days from the date of that notice to act on this special enrollment period. Coverage will be effective on the first day of the renewal year.

This information applies to all fully insured group plans and most self-funded plans. If you have questions, ask your account representative.

WELLNESS & EDUCATION

Colorectal Cancer: By the Numbers

3

Colorectal cancer is the **third** most common cancer diagnosed in men and women.

90

When colorectal cancer is discovered and treated early, before it has spread, the survival rate is **90 percent**.

50

Colonoscopies and sigmoidoscopies are the most effective tests for colorectal cancer. The American Cancer Society recommends periodic testing to begin at **age 50** for most Americans.

42

A new study found that only **42 percent of men and 31 percent of women** over age 50 have ever had these colon cancer screenings.

The story is in the statistics: If you are over age 50, get on the positive side of the statistics. Talk with your doctor about screening for colorectal cancer.

WELLNESS & EDUCATION

Joint solutions

There are several types of arthritis. Here's a quick primer on a few of the most common.

Think you're too young for arthritis? Think again. Far from being an "old people's disease," arthritis isn't age-specific, says Patience White, M.D., chief public health officer for the Arthritis Foundation. Two-thirds of arthritis cases occur in patients younger than 65.

But while the causes, symptoms and treatments for each type may vary, White emphasizes that lifestyle changes such as keeping your weight in the ideal range and being physically active not only can help alleviate symptoms but also could halt the progression of the disease. "Every 10 pounds you carry is like 40 pounds across your knees because of the knee mechanics," she explains.

One of the best things you can do to lose weight is exercise. "Most people think you shouldn't be moving your joints when they are affected with arthritis, but yes, you should," White says. If you're concerned about the effects on your joints, remember that exercise is not all running and racquetball. Instead, aim for 30 minutes five to seven days a week of low-impact exercises (like walking, swimming or tai chi) to keep or improve your joints' range of motion and to stretch and strengthen the surrounding muscles.

If your doctor thinks you have arthritis, any of the following might be ordered: blood work to check for antibodies and inflammation, synovial fluid examination, arthroscopic exam and imaging procedures. Depending on the results, treatment may include medication, massage, physical therapy, hyaluronan injections for osteoarthritis of the knee, joint replacement or resurfacing, or electrical stimulation.

While there are commonalities, arthritis is a general term for many types of the disease. In the chart below, you'll find what you need to know about a few of the most common types.

Osteoarthritis

Description:

With osteoarthritis (OA), the cartilage cushioning the ends of the bone at the joint frays and wears away. Bones then rub together, leading to pain, stiffness and swelling. Weight-bearing joints (knees and hips) are primarily affected, along with the hands, spine and neck.

Risk factors:

While you may have a genetic predisposition to OA, White emphasizes that other risk factors are controllable and, to some extent, preventable. These include excess weight, inactivity, past joint injury, a form of arthritis such as



rheumatoid arthritis that can injure cartilage and lead to secondary OA, and possibly alignment issues, which can cause one side of the joint to wear more than the other.

Treatment:

Medication includes over-the-counter or prescription-strength nonsteroidal anti-inflammatory drugs (NSAIDs) (aspirin, naproxen or ibuprofen), or acetaminophen (which affects the way the body senses pain).

Rheumatoid Arthritis

Description:

Occurring two to three times more often in women than in men, rheumatoid arthritis (RA) is an inflammatory disease of the synovium, or lining of the joint, tending to occur equally on both sides of the body. An autoimmune disease, RA can progress relatively quickly from joint pain and stiffness to loss of joint function and significant disability.

Risk factors:

RA "is a disease that has a strong genetic component, but the environment also plays a key role," says James R. O'Dell, M.D., president of the American College of Rheumatology Research and Education Foundation. Smoking is the most important modifiable risk factor, he adds.

Treatment:

New developments include using disease-modifying anti-rheumatic drugs (DMARDs) to decrease pain and inflammation, reduce or prevent joint damage, and preserve the structure and function of the joints, and biologicals that target the immune system molecules involved in RA.

Gout

Description:

Gout is caused by an overproduction or underexcretion of uric acid, which leads to deposits of uric acid crystals in the joints, most often the big toe initially. It's more common in men.

Risk factors:

While genetics plays a significant role in 20 percent of gout sufferers, other risk factors include excess weight, a diet rich in purines (such as beer, yeast, organ meats and certain vegetables) and other health problems such as high blood pressure.

Treatment:

For attacks, NSAIDs may ease the pain. Preventive treatments include drugs to increase uric acid elimination and a low-purine diet, notes health consultant Maurice A. Ramirez, D.O.



Lupus

Description:

An autoimmune disease, systemic lupus erythematosus



(also known as lupus or SLE) develops when the body's immune system attacks the patient's own tissues—the skin, joints, kidneys, lungs, nervous system and other organs. Symptoms include skin rashes, arthritis, fatigue and fever, with periods of remission and relapse. 90 percent of lupus sufferers are women, O'Dell notes, often in their teens and 20s.

Risk factors:

Researchers have been unable to fully understand

the interaction between genetics and environment that causes lupus. Recent research suggests a defect in the biological process that clears old or damaged cells from the body, triggering the immune system response.

Treatment:

Typical medications are NSAIDs, the anti-malarial drug hydroxychloroquine and steroids.

What Else Can I Do?

If you are searching for complementary remedies for your arthritis, Jacob Teitelbaum, M.D., author of Pain Free 1-2-3 (McGraw-Hill, 2004), has the following suggestions.

- **Before consuming unregulated substances, check with your doctor for possible drug and supplement interactions.** For more information, visit the National Center for Complementary and Alternative Medicine at nccam.nih.gov.
- **Willow bark** might ease inflammation in osteoarthritis of the hip and knee.
- **Cherries** may decrease inflammation related to gout and osteoarthritis.
- **Boswellia**, an Asian herb, may be effective for rheumatoid arthritis and osteoarthritis, possibly reducing inflammation and pain.
- **Hops** may inhibit inflammation, relax muscles and help promote sound sleep.
- **Fish oil** acts as an anti-inflammatory.
- **Glucosamine** and **Chondroitin sulfate** have possible benefits for symptoms and function, and may reduce other medication requirements.
- **Mind-body techniques** such as relaxation, hypnosis, visual imagery, meditation, yoga, biofeedback, tai chi, qi gong, cognitive-behavioral therapies and group support also have shown promise in pain management.

Real Men Ask for Help

If you're coping with depression, don't try to go it alone.

Many men won't even ask for directions if they get lost, so it's no surprise that they often don't ask for help when struggling with depression.

All kidding aside, male depression is a serious issue that affects about 6 million American men every year, says the National Institute of Mental Health. And many men don't seek the help they need or even tell loved ones about their mental state.



Symptom Check

Although researchers aren't exactly sure why, symptoms of depression in men may be different from those in women. Both men and women can experience feelings of hopelessness, decreased energy or trouble concentrating. But men are more likely to exhibit inappropriate rage, violent or abusive actions, escapism — such as working long hours — or risky behavior like reckless driving or casual sexual activity. Men are also more prone to abusing alcohol or drugs when they're depressed.

Also troubling, men think about suicide more often than women do. They're also more likely to complete suicide because they act quickly on suicidal thoughts and don't discuss them with anyone.

Seek Support

If you have even fleeting thoughts of suicide, seek medical attention as soon as possible. Even better, acknowledge feelings of depression before they reach that stage. Facing up to depression is the first step to feeling better. Then seek support from a professional. Some men think working with a therapist isn't "manly" or will damage their reputation, but having the courage to talk about your problems is a sign of strength.

It takes work to learn effective coping skills for dealing with depression, but it's well worth the effort.



Be Aware of MRIs

Get the lowdown on dealing with back pain.



Before you ask for a costly test, such as magnetic resonance imaging, or MRI, to diagnose your lower back pain, consider some facts about back pain.

According to the National Institute of Neurological Disorders and Stroke, almost everyone experiences back pain at some point that interferes with their daily activities. Most cases go away on their own in a few days or weeks, and the majority are related to muscular issues.

If your back pain persists or is severe even after home treatment, your doctor will want to examine you and prescribe nonsurgical treatments like ice, exercise and close monitoring of your body mechanics.

Only if your back pain has persisted through at least four weeks of nonsurgical treatment will your doctor consider additional tests. Even then, MRIs are reserved for certain serious conditions and may not provide helpful information. Other tests, such as X-rays, are less expensive and more effective at finding different causes of back pain.

You Can Save Money

Use your prescription drug benefit to purchase over-the-counter medications.



HealthAmerica covers the cost of certain over-the-counter (OTC) medications with a doctor's prescription. You may be used to taking these items off the shelf and paying for them at the retail counter at your local drugstore. To save money through your HealthAmerica prescription coverage, the process is different. Just follow these easy steps:

Steps:	Retail:	Mail-order:
1. Ask your doctor	For a 30-day supply prescription	For a 90-day supply prescription
2. Choose your fill method	Present the prescription to the retail pharmacist	Send the prescription to Medco with a mail-order form
3. Pay the appropriate copay	One retail tier 1 copay	One mail-order tier 1 copay

Covered OTC medications include:

Covered OTC	Is an alternative for these drugs:	Covered OTC	Is an alternative for these drugs:
Alavert	Clarinet, Xyzal	Prevacid OTC	Aciphex, Dexilant, Kapidex, Nexium
Alaway	Patanol, Pataday	Prilosec OTC	Aciphex, Dexilant, Kapidex, Nexium
Claritin	Clarinet, Xyzal	Zyrtec (cetirizine)	Clarinet, Xyzal
Claritin D	Clarinet-D	Zyrtec D	Clarinet-D
Miralax	Amitiza	Zaditor OTC	Patanol, Pataday
Allegra	Clarinet, Xyzal	Allegra-D	Clarinet-D

HealthAmerica strives to provide affordable, quality drug coverage to our members. These over-the-counter drugs provide comparable outcomes to higher cost prescription drugs. If you have any questions, call Customer Service at the number listed on the back of your ID card.

PROVIDER UPDATE

MedExpress Urgent Care Provides Treatment for Illness and Injury

A cost-saving and time-saving health care alternative.

Health care is important. As an organization that is dedicated to the safety and health of our employees, we are pleased to support a business that provides quality health care for Pennsylvania.

With centers throughout Pennsylvania and across the nation, MedExpress Urgent Care is the leading provider of full service urgent care in the United States. MedExpress currently has 24 locations in Pennsylvania and 54 locations in total nationwide. Many additional locations, both inside and outside of Western Pennsylvania, will be opened throughout the year 2011.

The success of MedExpress comes from its dedication to provide compassionate patient care in a warm and welcoming environment, and the fact that it provides a much needed service in the health care industry.

MedExpress is a full-service urgent care facility that treats illness and injury for all ages. No appointments are required — the centers are open from 9 a.m. to 9 p.m., every day of the week — and patients can just walk in whenever it is most convenient for them. Most patients are seen and treated in under an hour.

MedExpress facilities provide a comfortable and welcoming environment that maximizes patient flow and efficiency (with multiple check-in stations and a central nurses' station surrounded by multiple exam and treatment rooms) so that patients can be seen and treated in a shorter time period. As a full-service medical facility, there is a physician, registered nurse, X-ray technologist and a team of administrative specialists on site at all times. In addition to private exam and treatment rooms, each center is equipped

for on-site digital X-ray, laboratory work, EKGs, IV therapy, stitches, and splinting. Each MedExpress location also offers workers compensation and occupational medicine services.

With a wide range of services, bridging the gap between true emergency care and preventive primary care, MedExpress is a cost-saving and time-saving alternative that provides patients with a one-stop option for unscheduled, time-sensitive urgent care. Urgent care is defined as the delivery of acute, episodic medical care outside of a hospital emergency department on a walk-in basis without a scheduled appointment. Focused on the treatment of common injuries and illnesses that require timely attention, urgent care provides the convenience of emergency care at approximately one quarter of the cost.

If treatment for an urgent illness or injury is required, the copay and any additional out of pocket costs at MedExpress will be less than that of an emergency room. If you require treatment for a true emergency, one which threatens life or limb, you will need to utilize the emergency room.

MedExpress coordinates patient care with primary care physicians and emergency rooms, ensuring that patients receive the immediate care they need, in addition to any necessary follow-up care. In doing so, MedExpress both exceeds patient expectations and helps reduce health care costs.

For a listing of MedExpress locations and additional information on the services that are provided, please visit www.medexpress.com.

PLAN NEWS

HealthAmerica's Utilization Management Policy

HealthAmerica's utilization management program helps ensure that our members receive medically necessary health care services in the

most cost-effective setting according to their benefit package. Working with the member and the physician, we evaluate services for medical appropriateness, timeliness and cost.

Our decisions are based exclusively on appropriateness of care and service, and the existence of coverage. We do not compensate or reward

practitioners, employees or other individuals for denying coverage or care. In addition, HealthAmerica does not use incentives to reward inappropriate restrictions of care.

New Case-Manager Chat

Live chat gives members a new way to manage illness and serious conditions.



HealthAmerica's members now have a new way to contact our nurse case managers. By logging into My Online Services, members can initiate a live chat.

Members can ask about enrolling in disease management or case management programs and how to manage their illnesses better. When case managers are not available, the chat feature lets the member know.

The chat is currently available to commercial (group) members.

Mark Your Calendar

The next **educational meeting** will be held on **Wednesday, May 18, 2011.**

Contact Us

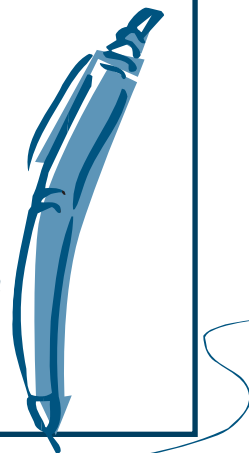
Are you on the Penn-Ohio e-mail list? Please send your updated e-mail address to: **tfinneran@tjsins.com**.

If you have a question, comment, or suggestion you want to share with HealthAssurance and/or Penn-Ohio; or if you have a particular HealthAssurance experience you would like to share with other Penn-Ohio members, let us know:

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Fax to:
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Penn-Ohio Annual Dues

Penn-Ohio Annual Dues and Renewal Notices for 2011 have been mailed to member companies. We would like to have all renewal forms by June 1, 2011. Please submit your form or form request to:

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