

At Your Service

Our Customer Service teams are here to help.

State-of-the-art technology and great people enable us to provide service that differentiates us from other health insurance companies. With service centers located in Cranberry Township and Harrisburg, Penn., we are able to provide a Customer Service experience that often exceeds your expectations.

HealthAmerica's Customer Service teams are aligned with our membership by region. Our Customer Service representatives have been consistently meeting our

goals for an average speed to answer of 30 seconds or less. We are also focused on quick, accurate claims processing and keeping our provider community satisfied with our claims payment operation.

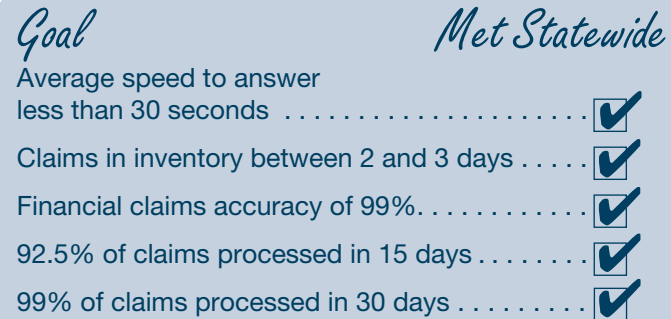
The chart to the right shows several of the key Customer Service goals we met last year. Customer Service can help you in many ways. We can verify benefits, answer questions about our wellness programs, connect you with



disease management, give you our formulary and help you find participating providers.

Feedback from you always helps us to improve our service. If you have any

questions or comments regarding your policy, your claims or your benefits, please call Customer Service at the telephone number listed on your ID card. We will be happy to assist you.



AGH Launches Expanded Concussion Center

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"It's a general misunderstanding that a concussion involves a loss of consciousness," said Dr. Wilberger. "Most individuals who sustain a concussion

may be momentarily dazed or 'dinged' and not appear to have any problems continuing to function. However, these episodes may be just as serious as those that do involve loss of consciousness."

Source: Allegheny General Hospital

Letter from the Board

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Ultimately, the fate of health care reform may be decided in the Supreme Court, as the Justice Department has requested a fast track of the appeal to the Supreme Court. The Court will have to decide the constitutionality of the individual mandate stating that all individuals are required to purchase coverage

or face a fine. There is also a question of severability and whether the individual mandate can be looked at separately or if the court's decision impacts the entire legislation.

Again, thank you for your support and we look forward to seeing you at future Penn-Ohio events.

*Tim Faller
Executive Director*

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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Pennsylvania in-area PPO and CCPPPO (POS) products are underwritten by HealthAssurance Pennsylvania, Inc. (d.b.a. HealthAmerica). All out-of-area PPO products, HealthAmerica One products, and Ohio in-area PPO products are underwritten by Coventry Health and Life Insurance Company (d.b.a. HealthAmerica).



NEWS

December 2011 Winter Issue

A reference guide to the Penn-Ohio Alliance HealthAssurance Program

Have Questions About Penn-Ohio? Call: 1-800-211-2253

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Letter from the Board of Penn-Ohio

As the holiday season approaches, we want to take this time to thank our member companies for their continued support. Penn-Ohio currently represents over 660 employers and 16,864 covered members. This critical mass allows us to provide a competitive health care program in the five Pennsylvania and three Ohio counties served by Penn-Ohio.

We'd also like to provide an update on some exciting news about additions to the HealthAmerica provider network and some recent news concerning health care reform.

Market Update

As you may know, there has been a significant change in the HealthAmerica hospital and provider network. As of July 1, 2011, UPMC hospitals and physicians are now considered in-network providers, increasing the choices our members will have. As you have likely seen in a variety of media reports, Highmark's contract with UPMC is expiring June 30, 2012. The hospital portion of the contract will have a one year run-out period, but there is a difference of opinion between the two parties on whether the

physicians' contract will end in 2012, or if there is a similar run-out period.

This uncertainty and HealthAmerica's expanded network should only increase our membership. In addition to the UPMC network, effective November 1, HealthAmerica's provider network includes the Cleveland Clinic Foundation. This agreement will allow HealthAmerica members to access the Cleveland Clinic's main campus and over 3,300 physicians.

This is great news, and allows Penn-Ohio to become an even stronger organization, and to attract more members.

Healthcare Reform

Public support for President Obama's health care law has hit an all-time low. A recent poll by the Kaiser Family Foundation found that 51 percent of the public now dislike the law and only 34 percent favor it. The public's dissatisfaction with the law is mostly due to a decrease in support from Democrats. When the law was initially signed, 78 percent of Democrats supported the bill; in October 2011 that number had declined to only 52 percent.

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The Affordable Care Act and Medical Loss Ratios Average Number of Employees Reporting

The Affordable Care Act (ACA) requires insurers to provide detailed information about medical loss ratios (MLR) based on small and large group classifications to the federal government. In order to provide accurate data to the government, Coventry Health Care and our affiliate health plans are required to collect the average number of employees for each employer group every calendar year. Establishing a baseline with credible data for all groups is important to ensure consistent and accurate reporting to the government.

In October 2010, Coventry sent letters to employer group customers to solicit the average number of employees within their group.

The “average number of employees,” as defined by the health care reform law for purposes of the minimum medical loss ratio (MLR) reporting requirement, is: “The average number of employees employed by the employer’s company during the preceding calendar year.” Employee means, any person employed by the employer whether or not such person is full-time, part-time, seasonal, and regardless of whether such person is eligible to enroll



in the group coverage. It also includes employees of affiliated companies, if the employer along with such other companies are aggregated and treated as a single employer under subsection (b), (c), (m) or (o) of section 414 of the Internal Revenue Code.

The following questions and answers address key points about this topic:

How does the law define “average number of employees” as it relates to MLR?

The definition of large and small employer can be found in Section 1304(b) of the Patient Protection and Affordable Care Act.

How does the employer group calculate the correct number?

The employer must provide the average number of employees employed by his/her company and any affiliated companies as described above during the preceding calendar year. *(See example on page 3.)*

How will Coventry obtain the average number of employees from each employer customer?

Coventry issued letters to all fully insured groups requesting the information. Groups can respond via mail, fax or online through Online Account Management. If an employer does not respond to the first letter, a second letter will be sent. We may also call customers if they do not respond to the letters.

Which groups will receive the letters?

Letters were sent to all of our fully insured employer customers. Establishing a baseline for all groups which can be maintained going forward is important. Since the guidance about the regulation and size requirements for MLR reports has fluctuated from 50 to 100, back to 50 employees, we are including all groups as we await final guidance from the government.

Does this change the segment that the employer will be rated in (small group versus large group)?

No. Employer groups will continue to be rated as they are today.

How is the MLR Average Number of Employees letter different from the Section III Medicare Secondary Payer questionnaire that is sent with renewal notices?

There are slight differences in the criteria used to determine the number of employees for Federal Mandates such as: Cobra, State Continuation, Medicare Secondary Payer (MSP Sec. 111), Mental Health Parity and MLR determination. Examined individually, these differences may seem minor but when they are combined, the impact can be significant. Differences include:

- average number of employees vs number of employees;
- preceding calendar year vs current and/or preceding calendar year;
- the period of employment—20 or more weeks versus 50% or more of the company’s regular business days versus no defined timeframe/duration.

Allegheny General Hospital Launches Expanded Concussion Center

A long-standing leader in both the neurosciences and sports medicine, Allegheny General Hospital (AGH) is bringing together a team of leading experts in the causes and care of mild traumatic brain injuries to enhance its comprehensive Concussion Center.

With Pennsylvania Gov. Tom Corbett poised to sign off on the Safety in Youth Sports Act unanimously passed by the Senate last week, Allegheny General’s expanded Concussion Center is prepared to meet our region’s increasing need for specialized concussion care.

The Safety in Youth Sports Act aims to ensure proper care for student athletes who suffer concussions in school-sponsored activities by requiring those who exhibit concussion symptoms to be removed from play until cleared by an appropriate and qualified medical professional.

Staffed by specialists in neurology, neurosurgery and orthopaedics sports medicine, AGH’s Center will provide a full array of evaluation and treatment options for patients who have suffered concussions while also focusing on concussion prevention education and research.

“One of our goals is to develop more sensitive tests to identify concussions and

determine their severity,” said Kevin Kelly, MD, PhD, Director of Neuroscience Research at AGH. “We’re looking to make testing simpler to administer and interpret and hoping to create portable testing systems so that athletes can be assessed without even leaving the playing field.”

Allegheny’s orthopaedics sports medicine and neurology specialists currently use the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) computer system to provide baseline cognitive testing and to evaluate athletes who have had a baseline test and then suffered a concussion. The hospital provides athletic training and medical oversight to 15 high schools in the region.

Research conducted by the new Concussion Center will focus on creating testing alternatives, including options for use with individuals, including athletes, who may not have baseline data.

“Allegheny General’s Orthopaedic Sports Medicine certified athletic trainers are experienced in the most state-of-the art methods for sideline concussion evaluation, but we want to take concussion assessment to the next level, offering on-site testing that doesn’t require a

comparison to a baseline,” said Edward Snell, MD, Director of AGH’s Primary Care Sports Medicine Fellowship and Director of the Hospital’s Sports Concussion Clinic. He also serves as head team physician for the Pittsburgh Pirates, on Major League Baseball’s concussion committee and on the sports advisory board for the Pennsylvania Interscholastic Athletic Association.

Research will also be conducted to provide new objective data on the link between the severity of a concussion and the brain’s ability to recover.

“We’re working to understand why concussions can impact different individuals in very different ways,” said Jack Wilberger, MD, Chairman of the Department of Neurosurgery for West Penn Allegheny Health System and Director of AGH’s Traumatic Brain Injury Program.

“While one person may weather a moderate concussion well and return to play relatively quickly, the next person may sustain a similar injury but experience more symptoms and be sidelined for much longer. It appears that more than just the



severity of the injury comes into play in determining the patient’s outcome.”

The Centers for Disease Control and Prevention estimate that approximately 1.6 to 3.8 million concussions occur each year. Of those, approximately 20 percent are sports-related injuries. Education to help prevent and manage concussions is a key focus area of the AGH Concussion Center.

For those who sustain concussions, the Center has developed comprehensive recommendations to help ensure their safety as they resume their normal daily activity levels. Physicians and athletic trainers work together to customize the guidelines to meet each patient’s unique needs.

AGH athletic trainers work with local athletes, coaches and parents to educate them on specific activities that may predispose athletes to concussions and how to better prevent them, including the use of the latest protective gear. A primary goal of the Center’s educational mission is to help athletes, coaches and parents more readily identify and respond to the warning signs of concussion.

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Your Family Medical Tree

Perhaps you've delved into your family's past to learn about your ancestors. But how much do you actually know about your family health history?

Many diseases and health conditions—such as cancer, heart disease, diabetes and high blood pressure—run in families. If you have a close family member with a chronic condition, your risk of developing the same condition might be higher.

That's why it's important to investigate your family health history. What you learn can help your doctor determine the best plan of preventive care for you and your family.

Talk to Family Members

If you don't already know your health lineage, it's time to create a written family history. The U.S. Surgeon General recommends starting with a list of relatives to talk to. Most important are parents, brothers, sisters and children. Then talk to grandparents,

aunts, uncles, nieces and nephews. The deeper you can dig, the better.

Before you talk to your family members, make a list of questions, starting with these basics:

- Do you have any chronic conditions like heart disease, diabetes or arthritis?
 - Have you had any serious illnesses, such as stroke or cancer?
 - How old were you when these illnesses first developed?
 - Have you or your spouse had any problems with pregnancies, such as miscarriages?
 - What medications do you take?
- Ask about lifestyle habits, too, like exercise, smoking and alcohol consumption. As you go through your questions, stop to clarify anything you don't understand or want more details about.



Explore Your Ancestry

Also explore the ancestry of your relatives. This might include their country of origin, whether anyone has had learning or developmental disabilities, and ages and causes of death.

When you talk to your family members, make sure they understand why you're asking

these questions. Respect their privacy if they choose not to answer some of them. Let them know you'll make the information available to anyone in the family who would like to have it.

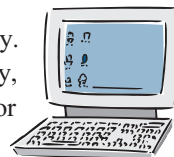
Write everything down and update it whenever there's new information, perhaps using a computer. Whatever format you choose, just make sure you have a comprehensive history on file. It's good for the health of your entire family.

Need Help? Turn to the Web

www.healthamerica.cvty.com

We put the answers to your questions right at your fingertips. Start by clicking **Plan Members**, then choose **Other Important Information** to learn more about the following:

- Submitting a claim form for covered services.
- Finding a network health care professional and information about him or her.
- Benefit restrictions and obtaining care when outside the system or service area.
- Obtaining care after normal office hours or emergency care.
- Receiving primary care, including points of access and pharmacy procedures.
- Reviewing the prescription drug formulary.
- Information about our chronic disease and case management programs.
- Filing a complaint or appeal.
- Member rights and responsibilities.
- Notice of Privacy Practices.
- What utilization management is and how decisions are made.
- Standards our network providers must meet.
- A description of our QI Program, including the QI newsletter.
- Evaluation of new medical technology.
- Obtaining specialty, behavioral health or hospital care.
- Links to Pennsylvania Health Care Cost Containment Council (PHC4) reports.
- Benefits and services included in, and excluded from coverage.
- Copayments and other charges for which members are responsible.



Share Your Story

Take your written notes to your next doctor's appointment so you can go over them together. You might want to let the doctor's office know you're bringing this information so they can schedule enough time for you to review everything.

As you go through the information with your doctor, ask plenty of questions and discuss any concerns you might have, especially in regard to serious health issues that may run in your family.

Be sure to talk about steps you can take to reduce your risk of developing any conditions that run in your family. Also find out if your doctor wants you to begin any preventive screenings earlier than usual based on your history.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
FT Emp.	20	22	23	24	25	27	25	22	23	21	20	18	270	
PT Emp.	2	2	2	2	3	3	2	2	1	3	3	3	28	
Seasonal	1	1	1	0	0	0	0	0	0	30	40	40	113	
Total	23	25	26	26	28	30	27	24	24	54	63	61	411	34

Average = the total number of employees for 2009 divided by 12 months (e.g., 411 divided by 12 = 34)

There are also different Internal Revenue Service "rules" for MLR and MSP that have an impact on single/aggregated employer and consolidated tax returns.

How often does Coventry need updated Average Number of Employees information from employer groups?

Updates will be made annually. The "go forward" process for renewals is under review and will be communicated shortly.

Example: January 1 through December 31, 2009. This average must include all persons employed by the company and any affiliated companies in the preceding calendar year, whether an employee was full-time, part-time, and/or seasonal. *Important:* the government requires the total average number, regardless of whether employees were eligible to enroll, and/or participated in the group insurance coverage. Only include temporary employees if they are employees of the company (i.e., employees to whom the employer issues a W-2).

WELLNESS & EDUCATION

Kids and Colds

If your child is congested and coughing, with a runny nose, sore throat, fever, facial pressure and sneezing, he or she could have an upper respiratory tract infection, or URI. Caused by several different viruses, URIs include colds, sinusitis, laryngitis, sometimes bronchitis and pharyngitis (otherwise known as a sore throat).

URIs spread when children touch their mouth, nose or eyes after coming in contact with virus-containing nasal fluids from an infected person. Children develop an average of six viral respiratory tract infections each year.

If symptoms are mild, a doctor's visit isn't necessary. However, if your child has trouble breathing, isn't drinking or has a fever for more than a day or two, be sure to call his or her doctor, as this could be a sign of more serious problems.



Women, Know your Rights

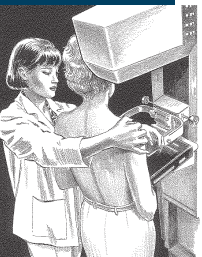
Understand your benefits under the Women's Health and Cancer Rights Act.

A member who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy shall have coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.

- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications of the mastectomy, including lymphedema.

Members undergoing such treatment are still responsible for any copayments, coinsurance or deductibles under their health benefits plan.



WELLNESS & EDUCATION

All About Antibiotics

If not used properly, these powerful drugs can do more harm than good.

Antibiotics are good medicine—when they're used properly. But overuse of antibiotics can be dangerous, which is why they should only be taken when needed.

All antibiotics fight infections caused by bacteria, says the Centers for Disease Control and Prevention (CDC). Bacterial infections include strep throat and some ear infections.

Many people think antibiotics also treat viral infections, but that's not true. An antibiotic isn't needed for the following illnesses:

- Cold
- Flu
- Chest cold or bronchitis (if you're otherwise healthy)
- Sore throat (unless it's strep)
- Runny nose
- Some ear infections

If you take antibiotics when you don't need them, you risk making them less effective the next time you do (see sidebar). So it's important



to talk to your doctor about antibiotic use if you or your kids are sick.

Find out if an antibiotic will really help. Also, don't try to convince your doctor to prescribe an antibiotic if one isn't needed. The CDC says pediatricians prescribe antibiotics 62 percent of the time if they think parents expect them—but only 7 percent of the time if they don't feel pressured. In other words, your doctor might prescribe an antibiotic that's unnecessary if you push too hard for one.

Manage Your Meds

It's important to manage antibiotics properly if your doctor prescribes them. Take the antibiotic exactly as directed. Don't skip doses

Beating Antibiotic Resistance

Taking antibiotics when you don't need them can create what's known as antibiotic resistance. Every time you take an antibiotic, it can help resistant bacteria grow and multiply, making antibiotics less effective the next time you take them. According to the Centers for Disease Control and prevention (CDC), routine and incorrect uses of antibiotics are the main causes of an increase in antibiotic-resistant bacteria worldwide. One study showed that antibiotics were prescribed to 68 percent of patients with acute respiratory tract illness—80 percent of which were unnecessary based on CDC guidelines.

or stop treatment, even if you feel better. Don't save leftover antibiotics to use the next time you're sick, and don't share antibiotics with anyone else. If your illness is viral, ask your doctor about other medicines or treatments that can help you feel better. Getting lots of rest, drinking plenty of fluids and letting a cold or flu run its course may be the best medicine. An annual flu shot is recommended to help prevent getting certain types of flu.

So be Smart:
Only take antibiotics when your doctor says you really need them.

Using the Emergency Room Wisely

Save time and money by knowing where to go for treatment.

What is an Emergency?

HealthAmerica defines a medical emergency as a sudden accident or sudden medical condition that causes severe symptoms or severe pain. You could reasonably expect that if you did not receive immediate medical attention in a medical emergency, it would:

- Place your health in serious jeopardy.
- If you are pregnant, place the health of your fetus in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any bodily organ or part.

A true medical emergency presents an immediate danger. Some examples might include, but are not limited to:

- Poisoning or drug overdose.
- Difficulty breathing or shortness of breath.
- Chest or upper abdominal pain or pressure.
- Fainting, sudden dizziness, weakness, loss of consciousness.
- Changes in vision.
- Confusion or changes in mental status.
- Uncontrolled bleeding.
- Coughing or vomiting blood.
- Suicidal feelings.

- Difficulty speaking.
- Severe pain.

True medical emergencies do not need prior authorization. If you believe that you or a family member should be treated right away, call 911 or your local emergency number, or go directly to the nearest ER.

Your Coverage

If you go to an emergency room for a condition that is not an emergency, the charges may not be covered. Emergencies treated in the ER are covered in full by HealthAmerica. If you are



treated for an emergency and released, you will generally need to pay a copayment to the hospital. Copayments are waived if you are admitted to the hospital.

Follow-Up with Your Doctor

Always call your doctor as soon as possible after you are treated or admitted to a hospital. This will ensure that if you need follow-up care, such as the removal of stitches, you're covered at the highest level. It will also ensure that your medical records are kept current.

Get Well Sooner

We're making Coventry WellBeingSM even better for you.

Your health and well-being are our top priority. That's why this fall we are bringing you an improved wellness program. Our enhanced online wellness experience is easier to navigate, simpler to use and more personalized to help you get or stay well sooner.

1 Start with a Health Risk Assessment

To make the most of the new program, you'll need to start by taking a health risk assessment (HRA). The HRA is completely confidential and takes about 20 minutes. You'll answer questions about your habits and health history. After you finish, you will receive a report that lets

you know how well you are doing with your healthy habits.

2 Next Step, Personalized Coaching

Based on the results of your HRA, your personalized wellness programs and targeted messages will be prioritized just for you. The program focuses on your areas of greatest concern. For example, if you are not physically active, you will receive a personalized program that will help you incorporate activity into your life. After you get started, you will receive periodic follow-up messages to check on your progress. By the way, you can access any of the programs at any time.

The new program offers personalized coaching in the following areas:

- Weight management
- Smoking cessation
- Nutrition improvement
- Sleep improvement
- Stress management
- Depression management

3 Tools for Tracking and Satisfaction

To help you with your program and track your progress, you have numerous tools, such as a step tracker, restaurant guide for healthy choices, BMI calculator, cookbook and portion size tool. You also have additional resources,

like discount programs and health news and libraries.

We also want to make sure you're getting the most from the wellness program, so you will be asked to evaluate the program from time to time. Your feedback will be incorporated into program improvements.

Watch for announcements about the new program at your member website, My Online ServicesSM. To get there, go to the Web address shown on your ID card. Log in and register for **My Online Services**. While you're there, check out the wealth of information in the Health Information Library.

Check it Out

Watch for announcements about the new program on the member website. Look for the address on your ID card.