



Plan Update

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March 2008

Provider Update

We are pleased to announce the following additions to the Vale-U-Health Panel Provider Network:

- Sandeep Sekhon, M.D. – Gastroenterology (12/14/07)
- George Bayer, M.D. – Emergency Medicine (12/29/07)
- Caroline Poirier, M.D. – Psychiatry (2/16/08)
- Scott Stoller, M.D. – Ophthalmology (2/16/08)

The following providers are no longer part of the VUH Panel Provider Network:

- Christa Malinak, M.D.
- Robin Maier, M.D.

Do You Know Your Benefits?

Will my annual exam be covered if I go to an out-of-network doctor? How many physical therapy visits can I have? Does this service need pre-certification or prior approval? You can find the answers in your Summary Plan Description (SPD) booklet. Please take a few minutes and read your SPD. Take responsibility for your health care coverage, in order to avoid out-of-pocket expenses. If you have a specific question, call VUH Member Services at 724-379-4011, option 1.

Student Verification

If you haven't already done so, it's time to submit student verification (Spring 2008 semester) for your dependent that is between the ages of 19 and 25, in order for their medical coverage to continue. *Verification must be on the institution's letterhead.* If this dependent is no longer in school, please notify the Personnel Department immediately.

Important Reminders

In order to receive the highest level of benefits under your plan, please remember the following:

- If you, or a covered family member, have medical services in a network physician's office, it is your responsibility to ensure that laboratory testing is billed under the physician's name or sent to a network facility. For enrollees in the Home Host Plan, if laboratory testing is not done in the Vale-U-Health (VUH) physician's office, then it must be sent to Monongahela Valley Hospital.
 - When diagnostic testing is done in the office, always inquire how it is going to be billed and who will be reading the results, to ensure they are participating providers under your specific plan.
 - If durable medical equipment (DME) is given to you, or a covered family member, when in the physician's office, always ask if the DME is billed for by the supplier and who that supplier is, to ensure they are a participating provider under your specific plan.
- If any of these bills are from out-of-network providers, you could be responsible for a portion of or the entire bill.**

Additional Information

Please see the reverse side for more important reminders!

Additionally, please read the separate enclosure regarding *EnvisionRxOptions/ Costco Mail Order Pharmacy procedures.*

Healthy Hints...



Pennsylvania Health Care Plan
Southwestern Pennsylvania
The MVH Employee Preferred Provider Organization

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800 Plaza Drive • Suite 230
Belle Vernon, PA 15012
724-379-4011
Fax: 724-379-4354

"Healthy Hints provides selected general information as a public service to the employees of Monongahela Valley Hospital and the Panel Providers that serve them. For more specific information, contact us directly."

More Reminders!!

Please Call for Your Appointment!

It has been brought to our attention (by provider offices) that some health plan members are approaching doctors at MVH, in person or by pager while they are rounding, to ask personal medical questions. Please be considerate of your doctor's time and remember he or she is at the hospital making rounds on their "inpatients." If you have a personal medical question or health care need, please call your doctor's office to schedule an appointment. This way, your doctor will have access to your medical record and will be able to maintain confidentiality while giving you the attention that you deserve. Additionally, provider offices follow triage protocol when scheduling appointments; please keep this in mind as you will be scheduled accordingly. As a final note, the co-payment for office visits under PHCP is currently \$20.00. If you have any questions regarding your benefits, please call Member Services at 724-379-4011, option #1.

Mastectomy Related Services

Vale-U-Health would like to remind you that under The Women's Health and Cancer Rights Act of 1998 (WHCRA), group health plans are required to provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prosthesis, and complications resulting from a mastectomy including lymphedemas. If you have a particular coverage question, please call Member Services at 724-379-4011, option #1.

Maternity Benefit

Maternity rights under The Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act) prohibit group health plans from restricting benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours post vaginal delivery or 96 hours post cesarean section.

In addition, The Newborns' Act prohibits plans from requiring prior authorization for a length of stay under 48 hours for a vaginal delivery and under 96 hours for a cesarean section.

Keep in mind that stays in excess of 48 hours for a vaginal delivery or 96 hours for a cesarean section would be subject to continued stay medical necessity reviews.

Please note that while prior authorization is not a requirement, it is recommended that "notice of pregnancy" be given to the health plan in order to determine coverage levels for the chosen provider and/or facility. You may notify Member Services at 724-379-4011, option #1.