

Date of Issue: April 1, 2011

1. Notice of Extension of Dependent Coverage to Age 26 – Opportunity to Enroll

Any covered enrollees with a dependent child whose coverage was terminated under the Monongahela Valley Hospital Group Medical Plan, aka The Pennsylvania Health Care Plan (the “Plan”) because the dependent was no longer eligible according to the terms of the Plan, may apply to enroll this dependent child. Enrollees may request enrollment for such dependent for thirty (30) days from the date of this notice. Coverage for this dependent will take effect on July 1, 2011.

2. Notice of Lifetime Limit No Longer Applies

Effective July 1, 2011, the Lifetime Maximum Benefit under the Monongahela Valley Hospital Group Medical Plan, aka The Pennsylvania Health Care Plan, will no longer apply.

3. Notice of Pre-existing Condition Limitation No Longer Applies for Dependent Children Up to Age 19

Effective July 1, 2011, the Pre-existing Limitation under the Monongahela Valley Hospital Group Medical Plan, aka The Pennsylvania Health Care Plan, will no longer apply to covered dependents up to age 19.

4. Notice of External Review Process for Appeals

Effective July 1, 2011, the Monongahela Valley Hospital Group Medical Plan, aka The Pennsylvania Health Care Plan will make available an external review process for responding to enrollee appeals after the Plan’s internal review upholds its decision.

5. Notice about the Early Retiree Reinsurance Program

The Early Retiree Reinsurance Program is a Federal Program that was established under the Affordable Care Act of March 23, 2010. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of the health care benefits paid on behalf of, or by, early retirees and family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014. The Monongahela Valley Hospital Group Medical Plan, aka the Pennsylvania Health Care Plan (the “Plan”) has been certified for participation in this program. As a Plan participant, this may be advantageous to you. The Plan’s sponsor has agreed to use any reimbursements it receives from this program to offset the costs incurred by the Plan which may result in reducing plan participants’ premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs.

6. NOTICE OF PRIVACY PRACTICES

(Original Effective Date: July 1, 2002)

Re-Stated: April 1, 2011

To obtain a copy of the Notice of Privacy Practices for the Monongahela Valley Hospital Group Medical Plan, aka the Pennsylvania Health Care Plan, enrollees can contact Vale-U-Health at 724-379-4011 (toll free 877-264-8258) or visit the web site: www.valeuhealth.com.

**7. Notice of Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Premium Assistance for Employer-Sponsored Medical Coverage**

If you are eligible for medical coverage from your employer, but are unable to afford the premiums, the States of Pennsylvania and West Virginia now have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored medical coverage, but need assistance in paying their premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Pennsylvania or West Virginia, you can contact the Pennsylvania or West Virginia State Medicaid or CHIP office for additional information.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, you can contact the Pennsylvania or West Virginia State Medicaid office (see below) or for CHIP dial **1-877-KIDS NOW** or via the internet at www.insurekidsnow.gov to find out how to apply.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity and **you must request coverage within 60 days of being determined eligible for premium assistance.**

PENNSYLVANIA – Medicaid
Website: http://www.dpw.state.pa.us/dpworganization/officeofmedicalassistanceprograms/index.htm Phone: 1-800-692-7462
WEST VIRGINIA – Medicaid
Website: http://www.wvdhhr.org/bcf/family_assistance/medicaid.asp Phone: 304-558-8290

The following Plan amendments, effective March 1, 2011, were necessary to clarify current language in the Plan Document/Summary Plan Descriptions for all health plan options under the Monongahela Valley Hospital Group Medical Plan, aka the Pennsylvania Health Care Plan:

8. Outpatient rehabilitation services (i.e. physical therapy, occupational therapy, speech therapy, hydrotherapy) will be limited to 20 visits per calendar year, unless additional visits are medically necessary and approved by the plan. In addition, cardiac rehabilitation services will be limited to 36 visits per calendar year, unless additional visits are determined to be medically necessary and approved by the Plan. Pre-certification is required for all additional visits beyond the stated limits.
9. Pre-certification is required for outpatient surgical procedures when performed at a hospital’s outpatient department or ambulatory surgical facility. Pre-certification is not necessary when surgical procedures are done in a physician’s office and/or wound care clinic of a hospital.
10. When more than one surgical procedure is performed during the same operative session, the covered expenses will be calculated according to the Centers for Medicare and Medicaid Services Claim Coding Guidelines and National Correct Coding Initiatives. Any PPO network provider discount or any out-of-network deductible and/or coinsurance will be applied.