

**Important Notice from Monongahela Valley Hospital's
Group Medical Plan about Your Prescription Drug Coverage and Medicare**

Restated: September 23, 2011

(Requirement of the Centers for Medicare and Medicaid Services for all enrollees eligible for Medicare.)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Monongahela Valley Hospital's Group Medical Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. *NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if the prescription drug coverage through Monongahela Valley Hospital's Group Medical Plan changes. You also may request a copy of this notice at any time.*

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Monongahela Valley Hospital's Group Medical Plan has determined that the prescription drug coverage offered by EnvisionRxOptions is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty), if you decide to join a Medicare prescription drug plan.

Individuals can join a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare prescription drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Medicare Part D plan. In addition, if you lose or decide to leave Monongahela Valley Hospital's Group Medical Coverage, you will be eligible to join a Medicare Part D plan at that time using an Employer Group SEP.

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare prescription drug plan, your Monongahela Valley Hospital's Group Medical Coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare prescription drug plan.

In addition to prescription drugs, your current coverage through Monongahela Valley Hospital's Group Medical Plan pays for other health expenses and you will still be eligible to receive your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. *If you choose to keep your current coverage through Monongahela Valley Hospital's Group Medical Plan, it will be considered the primary insurer before Medicare.*

If you do decide to join a Medicare prescription drug plan and drop your Monongahela Valley Hospital's Group Medical Plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Monongahela Valley Hospital's Group Medical Plan and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later. If you go 63 continuous days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

**Please contact Vale-U-Health at 724-379-4011 Option 1 or toll free at
1-877-264-8258 Option 1 for more information about what happens to your coverage,
if you enroll in a Medicare prescription drug plan.**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are enrolled in Medicare, you will get a copy of the handbook in the mail every year, from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. (See your copy of the Medicare & You Handbook for their telephone number.)
- Call 1-800-MEDICARE (1-800-633-4227). (TTY users should call 1-877-486-2048.)

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov or you can call them at 1-800-772-1213 (TTY users should call 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date of this Notice:	September 23, 2011
Name of Entity/Sender:	Monongahela Valley Hospital / Vale-U-Health
Contact/Office:	Director of Operations / Vale-U-Health
Address:	WillowPointe Plaza 800 Plaza Drive, Suite 230 Belle Vernon, PA 15012
Telephone Number:	724-379-4011 ext. 2406 Toll Free: 1-877-264-8258 ext. 2406

Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act).

Group Health Plans are not permitted to restrict 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, per the Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act). However, Federal law does not prohibit the mother's or newborn's attending provider, after consulting with 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 of Monongahela Valley Hospital's Group Medical Plan, aka The Pennsylvania Health Care Plan, it is recommended that the mother give "notice of pregnancy" to the Plan in order to determine coverage levels for the chosen provider and/or facility. Notification can be done by calling Member Services at 734-379-4011 option #1.

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.