

KING'S COLLEGE



WILKES-BARRE, PENNSYLVANIA 18711

Introduction

Flexible Benefits Plan Update
Flexible Benefits 2012-2013 Highlights
2012-2013 Enrollment Form

Section 1 Medical Insurance

(First Priority Health Insurance Company Blue Care PPO)
www.bcnepa.com 1-888-338-2211
Enrollment Form
Matrix
Blue Care Preventative Package
Prescription Information and Forms
BlueHealth Solutions Discount Program

Section 2 Vision Insurance

(Vision Benefits of America Group #2433)
www.visionbenefits.com 1-800-432-4966
Matrix
Enrollment Form

Section 3 Dental Insurance

(Delta Dental Group #PA 9475)
www.wekeepyoumiling.com 1-800-932-0783
Matrix
Enrollment Form

Section 4 Additional Life Insurance

Cigna Group Insurance: Information and Enrollment Form

Section 5 Flexible Spending

Section 6 Mandatory Annual Notices

Section 7 Amendments to Plan Year 2012-2013

Section 8 Additional Information

KING'S COLLEGE



WILKES-BARRE, PENNSYLVANIA 18711

FLEXIBLE BENEFITS PLAN UPDATE

King's College annual Benefits Open Enrollment meetings are scheduled this year on Wednesday, April 25th at 10:00 a.m. and Thursday, April 26th at 9:30 a.m. in the Burke Auditorium located in McGowan Hall. Our mini seminar series with TIAA/CREF will be held one day only, Thursday, April 26th in the Burke Auditorium located in McGowan Hall at 1:00 a.m. and 2:15 p.m.

We will continue to utilize the on-line enrollment process and it will be mandatory for everyone covered by our voluntary benefits to re-elect continued coverage for the new plan year that begins on July 1, 2012. Failure to re-elect benefits for the new plan year will result in the college retaining your Core Benefits which includes Life Insurance, Long-Term Disability Insurance and Retirement Benefits, however, all other prior elections will be cancelled which include Dental and Vision Insurance, Voluntary Life Insurance, Flexible Waiver Bonus and your Flexible Spending Plans. You will be automatically enrolled in the College's PPO 300 Plan with the same level of coverage as your current election as the default benefit. This default coverage will remain in effect until the next annual Open Enrollment period.

In March 2010, President Obama signed into law the Healthcare Reform Bill which included the Patient Protection and Affordable Care Act, and the Reconciliation Bill, Health Care and Education Affordability Act. This legislation will bring into effect the longstanding lack of basic healthcare coverage for all citizens of our country by 2014. The key changes that have and will continue to impact our plan through June 30, 2013, are as follows:

- Dependent Children of Employees - Coverage through the end of the month they turn age 26.
- No Lifetime dollar limits on Health Benefits.
- Annual dollar limits for durable medical equipment, orthotics and prosthetics are removed from plan.
- No pre-existing conditions exclusions for enrollees up to age 19 and no rescissions.
- Preventive care services by in- network providers only, will be covered with no cost-share.
- No Health FSA Reimbursements for non-prescription drugs unless Physician authorized.
- Emergency care services by non-participating providers will no longer be subject to increased coinsurance or copayment requirements. Non-participating providers may balance bill members for the difference.
- Rescissions of coverage permitted in cases of fraud or misrepresentation or failure to pay premiums.
- W-2's-employers must report the value of health coverage; however, this will not impact the tax liability.

As a self-funded plan where the college pays for all employees' health care claims directly, we get a firsthand look at the services being provided and the direct cost of that care. During the past year, a significant amount of work has been done to monitor and track our costs, with the ultimate goal of ensuring that the benefit options offered to you are not only quality benefits but are also financially affordable to both you and the College. The total cost of claims alone that were paid by the College through March 31, 2012 has been 1.7 million dollars or a 17% increase over the same period last year and our plan year still has 3 months remaining. So it is particularly crucial that we all do our share in maintaining costs and make a commitment to live a healthy stress free life, since these are things that are within our control.

The Kaiser Family Foundation that conducts the Annual Health Research & Educational Trust Survey has indicated that the average annual premium nationally for single coverage escalated to \$5,429 or an 8% increase over 2010, and family coverage escalated to \$15,073, or a 9% increase for the same period. Contributing factors that continue to impact premiums are; Proliferation of chronic diseases, Advances in Medical Technology and Research & Development for new Prescription Drugs.

Chronic Diseases continue to drive health care costs nationally, consuming three of every four health care dollars; however, here at King’s we have noticed a trend toward Preventive Care. Over the past year we have paid out over \$122,000 for Preventive Health Services as compared to \$116,000 last year, and this ranked number one overall of the top ten conditions treated by our plans. Prevention may be the greatest method to stem the upward cost trends that we are facing. If we all begin to take our health serious, we can begin to reduce demand for medical care by fostering personal responsibility within a culture of wellness, while increasing access to preventive services. Public Health Advocates believe that if all Americans adopted healthy lifestyles, health care costs would decrease as people would require less medical care for Chronic Diseases, such as diabetes, heart disease, and cancer. Unfortunately, the top Health Conditions identified in our groups over this past benefit period are: Cancers, Cardiac, Circulatory, Musculoskeletal, and Gastrointestinal conditions. Although one cannot predict the future or a diagnosis of one of these debilitating conditions, these are conditions that could either be effectively prevented or minimized by participating in simple or low cost disease prevention and management programs, along with educational programs, which essentially could eliminate, not just shift, costs from the United States Health Care System, King’s College and your pocketbook. Now is the time to get serious about improving your health. Making simple changes to your diet and lifestyle today, are two good reasons for preventing chronic or serious illness in the future.

As follows are some specifics about our Group Health Plans over the past year:

- Average age of employee covered under our health care programs is 39, BCNEPA average age is 38.8
- 35% of participants are over age 50, claim costs average 2 ½ times more than counterparts under age 50
- Medical utilization PEPM increased 15.7% over the prior period to \$425.55
- RX Costs also increased PEPM 15.8% over the prior period to \$175.08
- Outpatient expenses were 15.2% higher than prior period
- During our last plan year there were 6 high cost cases totaling \$473,000, for this plan year to date, there are 20 high cost cases totaling over \$995,000.

While it is evident that we must eventually experience an unfortunate year of debilitating illness and high claims, to minimize our risk going forward, we ask that you continue to make healthy choices, scheduling annual Preventive Screenings and taking accountability for your health. These choices can certainly have a positive impact on future claims.

As we approach year seven of our signature “**Leggin It With Leo**” Wellness Program we will continue to support your program recommendations. We encourage you to make healthy life choices, such as participating in weight management programs and healthy eating lifestyle changes and we will continue to remind you that your personal “Lifestyle Management Program” should include; eating healthy meals (portion controlled), exercising regularly as appropriate for your health (our new state of the art Fitness Center located in Scanlon Gymnasium, is open year round to all employees), getting annual checkups, scheduling preventative screenings as recommended, and most importantly, understanding your family’s health history so you know what your risks might include and where your limitations may be.

As we approach the end of our sixth year of Self-Funding for our Medical Insurance, as managers of our plan, we have the ability to manage the claims and control the plan design to better serve you. After review of our groups experience and claims paid to date, it has been determined that in order to support our current level of care, there will need to be a more realistic cost share to fund our groups going forward. The College encourages you to attend one of the scheduled Open Enrollment meetings to learn about the benefit changes that will affect you.

The College will continue to pay a significant portion of the monthly premiums for the cost of employee and dependent coverage for Medical, Vision & Dental Insurance; however, we remind you that continued support of this level of coverage will be reviewed annually.

BlueCare PPO 300		BlueCare PPO 150	
Monthly Premium	Employee Cost	Monthly Premium	Employee Cost
Single \$466.19	\$19.50	Single \$565.53	\$72.74
Vision Benefits of America (VBA)		Delta Dental	
Monthly Premium	Employee Cost	Monthly Premium	Employee Cost
Single \$4.90	\$2.40	Single \$37.08	\$20.08

We will continue utilizing the electronic enrollment process. Refresher instructions will be communicated to you as we approach the Open Enrollment processing dates.

We look forward to seeing you at one of our two Open Enrollment meetings scheduled for Wednesday, April 25th @ 10:00 a.m. or Thursday, April 26th @ 9:30 p.m. in the Burke Auditorium located in McGowan Hall. The mini seminar series sponsored by TIAA/CREF will be held on Thursday, April 26th @ 1:00 p.m. and 2:15 p.m.

King's College welcomes you to the 2012/2013 Flexible Benefits Plan! The following information outlines the benefits available to you. Please carefully review the information provided. Additional information, including benefit grids and costs, are available for your review by contacting the Human Resources Department. For Bi-Weekly contributions, you can also refer to your Cost Sheet.

CORE BENEFITS

Regardless of your other benefit elections, King's College will provide the following Core Benefits at no cost to you as a benefit eligible employee.

LIFE INSURANCE

- 1 ½ x base annual salary
- \$100,000 maximum benefit
- Eligible after 30 days/1st of next quarter

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

- 1 ½ x base annual salary
- \$100,000 maximum benefit
- Eligible after 30 days/1st of next quarter

LONG TERM DISABILITY (LTD) PLAN

- Provides 60% of base monthly salary
- \$4,000 monthly maximum
- Benefit begins after 6 months of continuous disability and continues until recovery or your normal retirement age, whichever is earlier
- Eligible after 30 days/1st of next quarter

RETIREMENT PLAN

See Human Resources for additional information on the Retirement Plan. Eligible after completing 1 year of full-time service or a current participant with less than 1 year break in service

SUPPLEMENTAL RETIREMENT ANNUITY

See Human Resources for additional information on the Supplemental Retirement Annuity.

TUITION PLAN

See Human Resources for additional information on the Tuition Plan. Policy on Tuition Remission can be reviewed in the Personnel Policy Manual on the Web under the Human Resources Link

EMPLOYEE ASSISTANCE PROGRAM

Cigna's Life Assistance Program - Includes clinical and work/life support for employees and family members. Available 24/7/365 effective 7/1/12. 800-538-3543 or www.cignabehavioral.com/CGI

BENEFIT CHOICES

Benefit Choices are available for you to select based on the individual needs of you and your family. Eligibility for the following benefits is 30 days/1st of the following month.

MEDICAL INSURANCE

King's College offers the following two Medical Plan options for you and your eligible dependents.

- **BlueCare PPO - 150**
 - To find providers go to their website at www.bcnepea.com.
- **BlueCare PPO - 300**
 - To find providers go to their website at www.bcnepea.com.

Call BlueCare Customer Service with questions regarding medical benefits 1-888-338-2211 or call Express Scripts for questions regarding your prescription drug benefits 1-877-603-8399.

Applications are required for new participants, if you are switching from one plan to another or if you are changing benefits on your covered dependents.

DENTAL INSURANCE

King's College offers a dental plan through Delta Dental for eligible employees and their dependents.

- **Delta Dental**

Call toll-free between 8 a.m. and 8 p.m. (EST) Monday through Friday **1-800-932-0783** or you can access their website at www.wekeepyou smiling.com

VISION INSURANCE

King's College offers Vision Coverage to all eligible employees and their dependents. VBA is our Vision provider.

- **VBA Vision**

Call toll-free between 8:30 a.m. and 7:00 p.m. (EST) Monday through Friday **1-800-432-4966** or you can access their website at www.visionbenefits.com

IMPORTANT PLAN INFORMATION

VOLUNTARY LIFE INSURANCE

- Employee
 - \$10,000 increments to \$300,000 maximum benefit
 - Amounts elected may be subject to Evidence of Insurability
- Spouse (*employee must purchase to qualify*) --- \$10,000 increments maximum purchase 50% of employee benefit
 - Amounts elected may be subject to Evidence of Insurability
- Dependent Child(ren) (*employee must purchase to qualify*)
 - Flat \$10,000 benefit for an additional charge of \$1.50 per month

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts can be used for eligible health care and dependent care expenses such as medical and dental deductibles, co-payments not covered by a health plan, prescriptions, and dependent day care.

- **Health Care Reimbursement Account**
 - \$300.00 annual minimum
 - \$2,500.00 annual maximum
 - Over-the-counter (OTC) medications will require a prescription to be covered under the Health Care Flexible Spending Account
 - Use it or lose it – plan carefully!
- **Dependent Care Reimbursement Account**
 - \$300.00 annual minimum
 - \$5,000.00 annual maximum
 - Use it or lose it – plan carefully!
 - This program is subject to certain IRS non-discrimination testing which may result in limiting your annual election or preventing you from participation entirely. You should consult with your tax advisor concerning these tax issues
 - Claim forms and instructions are available by contacting the Human Resources Department

FLEX WAIVER BONUS

If you elect to waive Medical Insurance, you are eligible to receive a \$1690 annually (\$65.00 Bi-Weekly) Waiver Bonus*. To receive the Flex Waiver Bonus, you must identify your source of other coverage and complete the appropriate paperwork through the Human Resources Department.

*Please Note: Federal regulations prohibit Medicare eligible employees over age 65, who waive their employer's medical coverage, from receiving a waiver bonus if their primary source of other coverage is Medicare.

King's College Benefits Plan Year runs from July 1 through June 30.

Prior to the beginning of each Plan Year you will have an opportunity during Open Enrollment to consider changing your current benefit elections.

Your Open Enrollment benefit elections will remain in place unless you experience a qualified Life Event. A Life Event is a life status change that allows you to make adjustments to your current benefit elections. If you request a benefits change mid-year due to a Life Event, the change must be requested within 31 days of the event and consistent with the event.

Qualified Life Events include:

- **Change in Status** – *includes change in marital status; change in number of dependents; change in employment status of the employee, spouse or dependent; change in residence; and dependent satisfies or ceases to satisfy the Plan's eligibility requirements.*
- **Spouse's or Dependent's Open Enrollment**
- **Dependent Care Changes** – *Includes change in Dependent Care provider, cost changes imposed by a non-relative provider, and change in the number of eligible dependents.*
- **Cost or Coverage Changes Within Employer's Plan** – *can result in contribution changes or an alternative election (if the change is significant).*
- **HIPAA Special Enrollment Rights** – *permits changes if other coverage is lost due to exhaustion of COBRA period, loss of eligibility, or if the employer contributions to the other plan end. In addition, HIPAA grants rights to add coverage upon marriage or new dependent child, if previously waived.*
- **Judgment, Decree or Court Order**
- **Enrollment / Ceasing to be Enrolled in Medicare or Medicaid** (*does not apply to CHIP*)
- **Family Medical Leave Act (FMLA) Special Requirements**

PARTICIPANT ELIGIBILITY

Fulltime employees are eligible to enter the Flexible Benefits Plan as indicated in the plan documents.

Your spouse and your dependent children are eligible for certain Benefit Choices. Please see the specific Benefit Choice for more information.

ELIGIBLE DEPENDENTS

Eligible dependents include your spouse and your dependent children. Dependent children are eligible to be covered under the BlueCare PPO – 150 & 300 medical plans until the *end of the month* in which they attain age 26, the VBA vision plan and the Delta Dental plan extends coverage until the end of the calendar year in which they reach age 19. Coverage for a dependent child that is a full-time college student will terminate at the *end of the year* in which he/she reaches age 25 for both vision and dental insurance.

NOT ACTIVELY AT WORK

If you are not actively at work, please contact the Human Resources Department at (570) 208-5962. Certain benefit options require active work status before coverage and/or changes take effect.

DEFAULT PLAN

For current employees, if you are currently participating in the plan on July 1, 2012 and did not re-enroll on-line during the specified period, the college will retain your Core Benefits and Retirement Benefits, however, **all other prior elections will be cancelled** and you will be automatically enrolled in the College's **PPO 300 Plan** with single coverage or at the same level of coverage as your current election as the default benefit. This default coverage will remain in effect until the next annual Open Enrollment period.

CURRENT RATES

BlueCare PPO 300 Deductible

	MONTHLY COST	BI-WEEKLY P/R
Single	466.19	9.00
Parent/Child(ren)	962.14	22.50
Employee/Spouse	1,041.79	31.50
Family	1,344.67	44.99

BlueCare PPO 150 Deductible

	MONTHLY COST	BI-WEEKLY P/R
Single	565.53	33.57
Parent/Child(ren)	1,167.17	78.13
Employee/Spouse	1,263.73	89.59
Family	1,631.37	133.24

VBA Vision Plan

No Premium Change

	MONTHLY COST	BI-WEEKLY P/R
Single	4.90	1.11
Family	11.79	4.29

Delta Dental Plan

No Premium Change

	MONTHLY COST	BI-WEEKLY P/R
Employee	37.08	9.27
Employee + 1	65.05	21.25
Employee + More	93.71	33.10

This summary provides the highlights of King's College Benefits. The Plan Documents and Summary Plan Descriptions (SPDs) fully describe the plans. If there is any discrepancy between this summary and the official Plan Documents, the official Plan Documents will govern. King's College intends to operate the plans indefinitely but reserves the right to change the levels and types of benefits, or otherwise terminate the Plan in whole or in part, at any time, at its sole and absolute discretion.

Additional Life Insurance - Enter costs for you and/or family member(s).

	Age	Insurance Amount	Monthly Premium
For You	_____	\$_____	(\$_____)
For Your Spouse	_____	\$_____	(\$_____)
For Your Children	_____	\$_____	(\$_____)

Please note, electing the above listed benefit requires the completion of a life insurance enrollment form.

Flexible Spending Accounts

Flexible Spending Accounts – Enter Annual/Bi-Weekly amounts you wish to defer from your payroll on a tax-favored basis and reimbursed to you for a qualified **medical or dependent care expense from 7/1/12 through 6/30/13. Please take note that Over-the-counter (OTC) medications will require a prescription to be covered under the Medical Flexible Spending Account (FSA)**

	Annual Amount	Bi-Weekly Amount
Medical Spending		
Minimum \$ 300		
Maximum \$ 2,500	\$_____	(\$_____)

Dependent Care Spending

Minimum \$ 300		
Maximum \$ 5,000	\$_____	(\$_____)

- **Medical, Dental, Vision, Retirement, SRA and Additional Life Insurance changes require completion of an enrollment/change form which can be obtained from the Human Resources Department.**

In signing this form, I am stating that I understand and agree to the following:

1. I authorize the above selections as pre-tax contributions unless specified otherwise.
2. If I have not selected medical coverage, I certify that I have adequate medical coverage for my dependents and myself elsewhere. I agree that if I lose my medical coverage, I will notify the College within 30 days from the loss of coverage date, and will join the plan at that time.
3. I agree that if I have a life event (marriage, death, birth of a child, divorce or loss of coverage) I will notify the College within 30 days if I wish to change my elections.
4. I understand that certain benefits require insurance applications and that if I do not complete the required forms, I will not be covered for those benefits.
5. I understand that any unused balance remaining in spending accounts at the plan year-end will be forfeited.

SIGNATURE _____

DATE _____

Section 1

Medical Insurance

First Priority Life Insurance Company

Blue Care PPO

www.bcnepa.com

1-888-338-2211

ENROLLMENT APPLICATION / CHANGE FORM FOR GROUP COVERAGE


Group Administrator Must complete all information before enrollment will be processed. Form will be returned if not complete.

COMPANY NAME


MEDICAL GROUP NUMBER AGENCY NUMBER DENTAL GROUP NUMBER VISION GROUP NUMBER

COMPANY NUMBER DATE HIRED (MM/DD/YY) / / EFFECTIVE DATE (MM/DD/YY) / /

MEDICAL COVERAGE


 **FIRST PRIORITY LIFE™**
 Independent Licensee of the Blue Cross and Blue Shield Association

BlueCare PPO
 BlueCare QHD PPO
 BlueCare EPO
 BlueCare QHD EPO
 BlueCare® Traditional
 BlueCare Comprehensive
 AffordaBlueSM

 **FIRST PRIORITY HEALTH**
 Independent Licensee of the Blue Cross and Blue Shield Association

BlueCare HMO
 BlueCare HMO Plus*
 BlueCare Senior

*Signature required on the Statement of Understanding of Financial Responsibility on back.

 **BlueCross of Northeastern Pennsylvania Highmark BlueShield**
 Independent Licensees of the Blue Cross and Blue Shield Association
 ©Registered Marks of the Blue Cross and Blue Shield Association

For Administration Use Only

DAVIS VISION Vision products are offered by HM Life Insurance Company,† administered by Davis Vision, Inc. This is not a Blue Cross product.

UNITED CONCORDIA DENTAL Dental products are offered by United Concordia Life and Health Insurance.‡ This is not a Blue Cross product.

Enrolling in an HSA

EMPLOYMENT TYPE

New Rehire
 Date rehired (MM/DD/YY)
 / /

Retiree
 Open enrollment/qualifying life event

COBRA QUALIFYING EVENT/TERMINATION REASON

Divorce/legal separation
 Voluntary termination of coverage
 Involuntary termination of coverage
 Gross misconduct? Yes No
 Reduction of hours

COBRA event date
 BEGIN DATE (MM/DD/YY)
 / /

Death of covered employee
 Dependent child reached limiting age
 Layoff
 Disability leave expired
 Non-disability leave of absence expired

END DATE (MM/DD/YY)
 / /

REASON If you are making a change, please check the appropriate box and complete "Section 1. Applicant Information." If the change refers to a dependent, please complete "Section 2. Dependent Information" and the Supplemental Information for Dependent Enrollment form, if applicable.

Changes to coverage
 New enrollment
 Group transfer
 Reinstatement
 Add dependent
 Add spouse
 Delete dependent/spouse
 New address
 Other (Specify):

DATE OF EVENT (MM/DD/YY)
 / /

Section 1. Applicant Information Must complete all information before enrollment will be processed. Form will be returned if not complete.

GENDER M F MARITAL STATUS Single Married Divorced Separated Widowed

SOCIAL SECURITY NUMBER - - DATE OF BIRTH (MM/DD/YY) / / DAYTIME PHONE - -

ARE YOU THE EMPLOYEE?
 Yes No

If you are enrolling in BlueCare HMO or BlueCare HMO Plus, you must select a PCP. Current Patient

PCP or NPI (office #) PRIMARY CARE PHYSICIAN LOCATION/CITY

LAST NAME MR. MRS. MISS MS. FIRST NAME MI

STREET NUMBER STREET NAME CITY

STATE ZIP COUNTY COUNTRY PRIMARY LANGUAGE

EMAIL ADDRESS

DIFFERENT MAILING ADDRESS? Yes No If "Yes," all communications will be mailed to this address.

STREET NUMBER STREET NAME CITY

STATE ZIP COUNTY COUNTRY

(continued on back)

† Vision products are offered by HM Life Insurance Company, administered by Davis Vision Inc. Davis Vision is an independent company and not affiliated with Blue Cross of Northeastern Pennsylvania or its licensed affiliates.

‡ Dental products are offered by United Concordia Life and Health Insurance, an independent company and not affiliated with Blue Cross of Northeastern Pennsylvania or its licensed affiliates.

Section 2. Dependent Information Please list all family members to be covered. For changes, check "Add" or "Delete."

<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	PRIMARY LANGUAGE
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT	
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME
MI		
If you are enrolling in BlueCare HMO or BlueCare HMO Plus, you must select a PCP. <input type="checkbox"/> Current Patient		
GENDER	DATE OF BIRTH (MM/DD/YY)	PCP or NPI (office #)
<input type="checkbox"/> M <input type="checkbox"/> F		PRIMARY CARE PHYSICIAN
		LOCATION/CITY

<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	PRIMARY LANGUAGE
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT	
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME
MI		
If you are enrolling in BlueCare HMO or BlueCare HMO Plus, you must select a PCP. <input type="checkbox"/> Current Patient		
GENDER	DATE OF BIRTH (MM/DD/YY)	PCP or NPI (office #)
<input type="checkbox"/> M <input type="checkbox"/> F		PRIMARY CARE PHYSICIAN
		LOCATION/CITY

<input type="checkbox"/> ADD	<input type="checkbox"/> DELETE	PRIMARY LANGUAGE
<input type="checkbox"/> MEDICAL	<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION
<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT	
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME
MI		
If you are enrolling in BlueCare HMO or BlueCare HMO Plus, you must select a PCP. <input type="checkbox"/> Current Patient		
GENDER	DATE OF BIRTH (MM/DD/YY)	PCP or NPI (office #)
<input type="checkbox"/> M <input type="checkbox"/> F		PRIMARY CARE PHYSICIAN
		LOCATION/CITY

If you answer "Yes" to any of these questions, you must complete and return the Supplemental Information for Dependent Enrollment form with this application.

Is the address for any dependents different from your residence address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any dependents have other group health insurance/Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any dependents have a custodial parent who is responsible for their care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any listed dependents over the dependent age and continuing as full-time students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other health insurance that will be in effect at the same time as this coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any listed dependents on this application disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3. General Applicant Information

Are you covered by Medicare? Yes No

If "Yes," reason for Medicare coverage (check all that apply): Age Disability ESRD

If "ESRD," date of dialysis (MM/DD/YY) / /

MEDICARE/HIC #

Do you have Medicare Part A? Yes No

If "Yes," effective (MM/DD/YY) / /

Do you have Medicare Part B? Yes No

If "Yes," effective (MM/DD/YY) / /

Provide a copy of your Medicare card with this application.

Section 4. Conditions of Enrollment Please sign this section of the form. The form will not be processed without your signature.

I hereby apply for enrollment as checked hereon, made available to me through the groups with which I am affiliated. I understand that if this application is accepted, you will provide me with an identification card and group literature indicating the benefits and conditions of enrollment. I acknowledge that I will be bound by the terms and conditions of the group contract. I am authorized by my dependents, listed above, to enroll them in a Blue Cross of Northeastern Pennsylvania/Highmark Blue Shield/First Priority Health/First Priority Life Insurance Company health care plan. I authorize the Social Security Administration to furnish Blue Cross of Northeastern Pennsylvania/Highmark Blue Shield/First Priority Health/First Priority Life Insurance Company medical or any other information acquired by it under Title XVIII of the Social Security Act (Medicare) to the extent necessary to process any claim under my agreement. If enrolled in a First Priority Health product, I understand that treatment rendered by a provider in the First Priority Health network will be paid at the highest level of benefits. I also understand that if I directly access care from a provider in the BlueCard network, my out-of-pocket expenses may be significantly higher than if I receive care from a provider within the First Priority Health network and I will be responsible for the applicable deductible and coinsurance. I understand that if I directly access care from a non-participating provider, I will be solely responsible for all costs incurred.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicant Signature _____ **Date** _____

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Group Administrator Signature (applies to all changes) _____ **Date** _____

Section 5. Statement of Understanding of Financial Responsibility for BlueCare HMO Plus

I understand that treatment rendered by a provider in the First Priority Health (FPH) provider network will be paid at the highest level of benefits. I also understand that if there is no provider in the FPH network that can perform the service, and the service is medically necessary and appropriate, I can request prior authorization to use a BlueCard® or non-participating provider and receive care at the highest level of benefits. I also understand that if I directly access care from a provider in the BlueCard network, my out-of-pocket expenses may be significantly higher than if I receive care from a provider within the FPH network and I will be responsible for the applicable deductible and coinsurance. I understand that my plan does not provide coverage for benefits received from a non-participating provider without prior approval from FPH. I understand that if I directly access care from a non-participating provider, I will be solely responsible for all costs incurred.

Applicant Signature _____ **Date** _____

This form must be completed if you answered "yes" to any of the questions in "Section 2. Dependent Information" of the "Enrollment Application/Change Form." Please complete only the sections that pertain to your covered dependents and attach to your completed "Enrollment Application/Change Form." Please be sure to sign the back of this form.

Applicant last name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.	First name:	Middle name:	Applicant Social Security Number:	
Is the address for dependents different from the primary residence address? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:					
Dependent 1 Last name: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.					
Residential address:	City:	State:	ZIP:	County:	
Dependent 2 Last name: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.					
Residential address:	City:	State:	ZIP:	County:	
Dependent 3 Last name: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.					
Residential address:	City:	State:	ZIP:	County:	
Dependent 4 Last name: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.					
Residential address:	City:	State:	ZIP:	County:	
Do any dependents have other group health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:					
Dependent name:	Social Security Number:	Date of birth: (mm/dd/yyyy) _____ / _____ / _____			
Insurance company name:	Insurance policy ID #:				
Insurance company address:	Type of coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Rx				
Is anyone covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes:					
Dependent name:	Social Security Number:	Date of birth: (mm/dd/yyyy) _____ / _____ / _____			
Medicare/HIC #:					
Do you have Medicare Part A?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Part A begin date:	_____ / _____ / _____	Part A end date:	_____ / _____ / _____
Do you have Medicare Part B?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Part B begin date:	_____ / _____ / _____	Part B end date:	_____ / _____ / _____

Is anyone covered on this application disabled? Yes No **If yes:**

Please complete a disabled dependent application, which you can get from your group administrator, from our website, www.bonepa.com or by calling our service representatives at 1-800-829-8599 or (TTY) 1-866-280-0486.

Do any dependents have a custodial parent who is responsible for their care? Yes* No **If yes:**

Dependent name:	Social Security Number: _____		Date of birth: (mm/dd/yyyy) _____/_____/_____
Last name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.	Middle name:	First name:	Daytime phone: _____
Residential address:	City:	State:	ZIP: _____
		County:	

Is there someone who is financially responsible for the dependent? Yes* No **If yes:**

Dependent name:	Social Security Number: _____		Date of birth: (mm/dd/yyyy) _____/_____/_____
Organization/last name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.	Middle name:	First name:	Daytime phone: _____
Residential address:	City:	State:	ZIP: _____
		County:	

Are any dependents continuing coverage as full-time students? Yes No **If yes:**

When your dependent child is no longer a full-time student, you must notify the employer through which you are enrolled. Failure to do so may result in the dependent not being able to continue his or her protection on a direct-payment basis without a lapse in coverage.

Dependent name:	Social Security Number: _____		Date of birth: (mm/dd/yyyy) _____/_____/_____
Dependent marital status:	Dependent student status:		
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married/date of marriage: _____/_____/_____	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Part-time student	
Dependent employment status:	Expected date of graduation: _____/_____/_____	Name of school: _____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not working			

Conditions of Enrollment Please sign this section of the form. The form will not be processed without your signature.

I hereby apply for enrollment as checked hereon, made available to me through the groups with which I am affiliated. I understand that if this application is accepted, you will provide me with an identification card and group literature indicating the benefits and conditions of enrollment. I acknowledge that I will be bound by the terms and conditions of the group contract. I am authorized by my dependents, listed above, to enroll them in a Blue Cross of Northeastern Pennsylvania/Highmark Blue Shield/ First Priority Health/First Priority Life Insurance Company* health care plan. I authorize the Social Security Administration to furnish Blue Cross of Northeastern Pennsylvania/Highmark Blue Shield/First Priority Health, First Priority Life Insurance Co. medical or any other information acquired by it under Title XVIII of the Social Security Act (Medicare) to the extent necessary to process any claim under my agreement. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime an subjects such person to criminal and civil penalties. If enrolled in a First Priority Health product, I understand that treatment rendered by a provider in the First Priority Health provider network will be paid at the highest level of benefits. I also understand that if I directly access care from a provider in the BlueCard network, my out-of-pocket expenses may be significantly higher than if I receive care from a provider within the First Priority Health network and I will be responsible for the applicable deductible and coinsurance. I understand that if I directly access care from a non-participating provider, I will be solely responsible for all costs incurred.

Applicant Signature _____ **Date** _____

Group Administrator Signature _____ **Date** _____

* A copy of a power of attorney or court-initiated document must be attached to this form in order for the custodial parent or responsible person to be applied.

ADMINISTRATION OF PLAN DEDUCTIBLES, COINSURANCE, CO-PAYMENTS, AND PENALTIES				
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Annual Deductible Per Person (Non-Aggregating) All Services subject to deductible unless otherwise noted; Preferred does not apply toward Non-Preferred; Non-Preferred does apply towards Preferred	\$150 Maximum Per Benefit Period	\$500 Maximum Per Benefit Period	\$300 Maximum Per Benefit Period	\$1,000 Maximum Per Benefit Period
Annual Deductible Per Family (Non-Aggregating) Maximum Three (3) separate deductibles per family	\$450 Maximum Per Benefit Period	\$1,500 Maximum Per Benefit Period	\$900 Maximum Per Benefit Period	\$3,000 Maximum Per Benefit Period
Coinsurance Paid By Member Includes coinsurance (based on Allowable Charge); excludes pre-certification penalty, co-pays, excess fees, non-covered charges, deductibles, exhausted benefits and riders	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Annual Coinsurance Maximum Per Person (Non-Aggregating) Maximum Per Benefit Year; Preferred does not apply toward Non-Preferred; Non-Preferred does apply toward Preferred	\$1,500 Maximum Per Benefit Period	\$5,000 Maximum Per Benefit Period	\$1,500 Maximum Per Benefit Period	\$5,000 Maximum Per Benefit Period
Annual Coinsurance Maximum Per Family (Non-Aggregating) Maximum Per Benefit Year; Three (3) Per Family; Preferred does not apply toward Non-Preferred; Non-Preferred does apply toward Preferred	\$4,500 Maximum Per Benefit Period	\$15,000 Maximum Per Benefit Period	\$4,500 Maximum Per Benefit Period	\$15,000 Maximum Per Benefit Period
Lifetime Benefit Maximum Per Person	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Physician Office Visit Co-Pay Preferred <u>not</u> subject to Deductible; Non-Preferred <u>is</u> subject to Deductible	\$15 Co-Pay	70% Plan 30% Member	\$25 Co-Pay	60% Plan 40% Member
Outpatient Specialist Physician Office Visit Co-Pay Preferred not subject to Deductible; Non-Preferred is subject to Deductible	\$25 Co-Pay	70% Plan 30% Member	\$35 Co-Pay	60% Plan 40% Member
Outpatient Specialist Physician Office Visit Maximum	Unlimited Unless otherwise noted	Unlimited Unless otherwise noted	Unlimited Unless otherwise noted	Unlimited Unless otherwise noted
Pre-certification Penalty	None	\$500	None	\$500

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MENTAL HEALTH SERVICES				
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Ambulance—Mental Health Services Emergency Transport <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Ambulance—Mental Health Services Non-Emergency Transport <i>Preferred and Non-Preferred are subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Emergency Room—Mental Health Services Visit Co-Pay <i>Preferred and Non-Preferred <u>not</u> subject to Deductible or coinsurance; Co-Pay waived if admitted to the hospital</i>	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan
Inpatient Services <i>Unlimited days per Benefit Period; Preferred and Non-Preferred are subject to Deductible; Per-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Outpatient Mental Health Services <i>Unlimited visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Partial Hospitalization <i>Unlimited days per Benefit Period; Preferred and Non-Preferred are subject to Deductible; Per-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

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OTHER SERVICES			
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED
Chiropractic Care Visit Age 13 and up	90% Plan 10% Member 18 Visits	70% Plan 30% Member 18 Visits	80% Plan 20% Member 12 Visits
Chiropractic Care Visit Maximum Per Benefit Period	18 Visits	18 Visits	12 Visits
Durable Medical Equipment, Orthotics, and Prosthetics Unlimited per Benefit Period; Preferred and Non-Preferred <u>are</u> subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Ostomy Supplies \$1,000 combined benefit per Benefit Period for Ostomy, Catheters, and Tracheostomy supplies; Preferred <u>is</u> subject to Deductible	50% Plan 50% Member	Not Covered	50% Plan 50% Member
Home Health Services Unlimited; Preferred and Non-Preferred <u>are</u> subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Home Infusion (Nurse Visit) Preferred and Non-Preferred <u>are</u> subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Hospice Care Preferred and Non-Preferred <u>are</u> subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Hospice Care Limits and Maximum One Hundred Eighty (180) Days lifetime limit for all hospice benefits	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling	Included in the lifetime limit: 30 Inpatient Days 10 Days Respite Care 2 Days Bereavement Counseling
Morbid Obesity Surgery Must be Medically Necessary. Once per Lifetime; Preferred and Non-Preferred <u>are</u> subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Private Duty Nursing	Not Covered	Not Covered	Not Covered

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OUTPATIENT SERVICES -- MISCELLANEOUS			
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED
Chemotherapy, Dialysis or Radiation <i>Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Diagnostic Testing (Labs, x-ray etc.) <i>Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
High-tech imaging (MRI, MRA, CT, PET Scans, nuclear cardiology) <i>Preferred and Non-Preferred are subject to Deductible</i>	After \$75.00 Co-Pay 100% Plan	70% Plan 30% Member	After \$75.00 Co-Pay 100% Plan
Maternity Care <i>Outpatient Physician Office Visit Co-Pay; Preferred not subject to Deductible or Coinsurance; Non- Preferred is subject to Deductible</i>	\$15 Co-Pay/PCP (Initial Office Visit) \$25 Co-Pay/Specialist (Initial Office Visit)	70% Plan 30% Member	\$25 Co-Pay/PCP (Initial Office Visit) \$35 Co-Pay/Specialist (Initial Office Visit)
Oral Surgery <i>Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Oral Surgery--Bony Impacted Wisdom Teeth <i>In office setting only; Coinsurance applies even after coinsurance maximum is met. Preferred not subject to deductible</i>	50% Plan 50% Member	Not Covered	50% Plan 50% Member
Surgery <i>In Hospital Outpatient Department, Short Procedure Unit, or Free Standing Surgical Unit; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
			Not Covered
			60% Plan 40% Member

OUTPATIENT SERVICES -- THERAPY SERVICES			
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED
Cardiac Rehabilitation <i>Thirty-six (36) visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
Occupational Therapy <i>Thirty-six (36) visits combined benefit with Physical Therapy and Speech Therapy per Benefit Period; Preferred and Non-Preferred are subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member
			60% Plan 40% Member

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OUTPATIENT SERVICES -- THERAPY SERVICES (CONT'D)			
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED / PPO 300 NON-PREFERRED
Physical Therapy Thirty-six (36) visits combined benefit with Occupational Therapy and Speech Therapy per Benefit Period; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member / 60% Plan 40% Member
Pulmonary Rehabilitation Therapy Eighteen (18) visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member / 60% Plan 40% Member
Respiratory Therapy Eighteen (18) visits per Benefit Period; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member / 60% Plan 40% Member
Speech Therapy Thirty-six (36) visits combined benefit with Occupational Therapy and Physical Therapy per Benefit Period; Preferred and Non-Preferred are subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member / 60% Plan 40% Member

PRESCRIPTION DRUGS			
BENEFIT	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED / PPO 300 NON-PREFERRED
Retail Prescription Benefit Maximum limit thirty (30) day supply; Contraceptives Covered			
• Tier 1 Co-Pay	\$ 5.00	Not Covered	\$ 5.00 / Not Covered
• Tier 2 Co-Pay	\$20.00	Not Covered	\$20.00 / Not Covered
• Tier 3 Co-Pay	\$35.00	Not Covered	\$35.00 / Not Covered
Mail Order Prescription Benefit Maximum limit ninety (90) day supply; Contraceptives Covered			
• Tier 1 Co-Pay	\$10.00	Not Covered	\$10.00 / Not Covered
• Tier 2 Co-Pay	\$40.00	Not Covered	\$40.00 / Not Covered
• Tier 3 Co-Pay	\$105.00	Not Covered	\$105.00 / Not Covered

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BENEFIT	SUBSTANCE ABUSE SERVICES			
	PPO 150 PREFERRED	PPO 150 NON-PREFERRED	PPO 300 PREFERRED	PPO 300 NON-PREFERRED
Ambulance—Substance Abuse Services Emergency Transport <i>Preferred and Non-Preferred <u>not</u> subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Ambulance—Substance Abuse Services Non-Emergency Transport <i>Preferred and Non-Preferred <u>are</u> subject to Deductible; Non-Preferred participant may be liable for charges that exceed the allowable charge</i>	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member	80% Plan 20% Member
Emergency Room—Substance Abuse Services Visit Co-Pay <i>Preferred and Non-Preferred <u>not</u> subject to Deductible or coinsurance; Co-Pay waived if admitted to the hospital</i>	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan	\$100 Co-Pay After Co-Pay 100% Plan
Outpatient Substance Abuse Services- Unlimited Visits; Preferred and Non-Preferred <u>are</u> subject to Deductible	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Detoxification <i>Unlimited days per Benefit Period; Preferred and Non-Preferred <u>are</u> subject to Deductible</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member
Inpatient Non-Hospital Residential Services <i>Unlimited days per Benefit Period; Preferred and Non-Preferred <u>are</u> subject to Deductible; Per-certification Penalty may apply</i>	90% Plan 10% Member	70% Plan 30% Member	80% Plan 20% Member	60% Plan 40% Member

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Pediatric Preventive Schedule (newborn through age 18)

Preventive Exams and Screenings

Alcohol and Drug Use Assessment	Covered in primary care setting at 11–18 years for those at high risk
Autism Screening	Covered in primary care setting at 18 and 24 months
Blood Pressure Screening	Covered at 3–18 years
Cholesterol Screening	Covered for those at high risk
Chlamydia/Sexually Transmitted Disease Screening	Covered, as directed by physician
Congenital Hypothyroidism Screening	Covered for newborns
Developmental Screening	Covered in primary care setting at 9, 18 and 30 months
Developmental Surveillance	Covered in primary care setting for newborns and at 3–5 days, 1, 2, 4, 6, 12, 15 and 24 months, and ages 3–18 years
Hearing Loss Screening	Covered for newborns and at 4, 5, 6, 8, 10, 12 and 15 years
Hemoglobin/Hematocrit (blood work)	Covered at 12 months and for those at high risk for iron-deficiency anemia
Hemoglobinopathies Screening (Sickle Cell Disease Screening)	Covered for newborns
HIV Screening	Covered for those at high risk
Lead Screening	Covered at 12 and 24 months and for those at high risk
Major Depressive Disorder in Children and Adolescents Screening	Covered in primary care setting at 12–18 years
Newborn Metabolic Screening	Covered at birth–2 months
Obesity Screening and Counseling	Cover screening of children age 6 and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
Cervical Cancer Screening	Pelvic exam/Pap test is covered, as directed by physician
Phenylketonuria Screening	Covered for newborns
Preventive Medicine Evaluation and Management Exam	Covers preventive history and physical examination in primary care setting at birth, 3–5 days; 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually: ages 3–18 years
Psychosocial/Behavioral Assessment	Covered in primary care setting at birth, 3–5 days; 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months, and annually 3–18 years
Sexually Transmitted Infections Counseling	Cover high-intensity counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents
Tuberculin Skin Testing (TB test)	Covered for those at high risk
Visual Acuity Screening	Covered in primary care setting at 1, 2, 3, 4, 5, 6, 8, 10, 12, 15 and 18 years, to detect amblyopia, strabismus and defects in visual acuity

Childhood Immunizations Age intervals are based on recommendations by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and are subject to change based on CDC recommendations (www.cdc.gov).

Chicken Pox (Varicella)	Covered at 12–15 months, and 4–6 years
Diphtheria/Tetanus/Pertussis (DTaP)	Covered at 2 months, 4 months, 6 months, 15–18 months, 4–6 years and 11–12 years (Tdap)
H Influenza type B (Hib)	Covered at 2 months, 4 months, 6 months and 12–15 months
Hepatitis A (Hep A)	Covered at 12–13 months (2 doses)
Hepatitis B (Hep B)	Covered at birth, 1–2 months and 6–18 months
Human Papillomavirus (HPV)	Covered at 11–12 years, Gardasil or Cervarix for females and Gardasil for males (can be given as young as 9 years)
Influenza—injection	Covered annually, ages 6 months or older
Influenza—nasal spray	FluMist covered annually ages 2 and older
Measles/Mumps/Rubella (MMR)	Covered at 12–15 months and 4–6 years
Meningococcal Vaccine	Covered at 11–12 years
Pneumococcal (PCV)	Covered at 2 months, 4 months, 6 months and 12–15 months
Poliovirus (IPV)	Covered at 2 months, 4 months, 6–18 months and 4–6 years

Pediatric Preventive Schedule (continued)

Rotavirus	Covered at 2 months, 4 months and 6 months. Covered at 2 months and 4 months only if Rotarix is given
Preventive Drugs	
Dental Caries Prevention	Coverage for oral fluoride supplementation (≤ 0.5 mg/day) at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.
Iron Deficiency Anemia Prevention	Coverage for iron supplementation for those at high risk at 6–12 months
Prophylactic Gonorrhea Medication	Coverage for prophylactic ocular topical medication against gonococcal ophthalmia neonatorum for all newborns

Adult Preventive Schedule (age 19+)

Preventive Screenings

Abdominal Aortic Aneurysm Screening	Covered once per lifetime for men ages 65–75 who have ever smoked
Alcohol Misuse Screening and Behavioral Counseling Interventions	Covered in primary care setting
Anemia Screening	Covered for asymptomatic pregnant women
Barium Enema	Covered, as directed by physician
Behavioral Dietary Counseling to Promote a Healthy Diet	Covers up to 6 nutritional therapy visits per benefit period by primary care clinicians or by referral to other health care professional
Bone Mineral Density Screening	Covered, as directed by physician
Breast Cancer Chemoprevention	Covers clinician discussion with women at high risk for breast cancer and at low risk for adverse effects of chemoprevention including potential benefits and harms of chemoprevention.
Breast Cancer Screening	Mammography is covered, no age limit or frequency limit. Breast exam by practitioner is covered once per benefit period, no age limit.
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and Counseling for BRCA Mutation Testing	Counseling and evaluation for BRCA testing covered for women whose family history is associated with increased risk for deleterious mutations in BRCA1 or BRCA2 genes.
Cervical Cancer Screening	Pelvic exam/Pap test is covered once per benefit period for females
Chlamydial Infection Screening	Covered for sexually active women 24 years and younger and for older women who are at high risk
Colonoscopy	Covered, as directed by physician
Fecal Occult Blood Test	Covered once per benefit period
Flexible Sigmoidoscopy	Covered, as directed by physician
Depression Screening	Covered in primary care setting
Gonorrhea Screening	Covered for sexually active women, pregnant women 25 and younger, or those at high risk
Hemoglobin/Hematocrit (blood work)	Covered, as directed by physician
Hepatitis B Screening	Covered for pregnant women at first prenatal visit
High Blood Pressure Screening	Covered, as part of routine examination
HIV Screening	Covered for those at high risk and pregnant women
Obesity Screening and Counseling in Adults	Covers screening and offer intensive counseling and behavioral interventions to promote sustained weight loss
Preventive Medicine Evaluation and Management Exam	Covers preventive history and physical examination in primary care setting once per benefit period or as recommended by physician

Adult Preventive Schedule (continued)

Primary Care Intervention to Promote Breastfeeding	Intervention covered for women during pregnancy and after birth to promote and support breastfeeding
Prostate Screening	Digital rectal exam and/or prostate specific antigen (PSA) are covered once per benefit period
Rh (D) Incompatibility Screening	Covered at first pregnancy related visit. Repeated antibody testing for unsensitized Rh (D)-negative women at 24–28 weeks gestation unless biological father is known to be Rh(D) negative.
Screening for Asymptomatic Bacteriuria	Urine culture covered for pregnant women at 12–16 weeks' gestation or at first prenatal visit, if later
Screening for Lipid Disorders in Adults	Covered, as directed by physician
Sexually Transmitted Disease Screening	Covered, as directed by physician
Sexually Transmitted Infections Counseling	Covered, as directed by physician
Syphilis Infection Screening	Covered for those at increased risk for infection and all pregnant women
Tobacco Use Counseling	Covers tobacco cessation interventions for those who use tobacco. Covers FDA-approved nicotine replacement therapy when enrolled in the Blue Health Solutions tobacco cessation program. Covers augmented pregnancy-tailored counseling for pregnant women who smoke.
Tuberculin Skin Testing (TB test)	Covered for those at high risk
Type 2 Diabetes Mellitus in Adults Screening	Coverage for asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg
Urinalysis	Covered, part of routine examination

Immunizations Age intervals are based on recommendations by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices, and are subject to change based on CDC recommendations (www.cdc.gov).

Chicken Pox (Varicella)	Covered for adults with no history of chicken pox
Measles/Mumps/Rubella (MMR)	Covered as recommended by physician
Hepatitis A (Hep A)	Covered as recommended by physician
Hepatitis B (Hep B)	Covered as recommended by physician
Human Papillomavirus (HPV)	Covered through age 26, Gardasil or Cervarix for females and Gardasil for males
Influenza— injection	Covered annually
Influenza—nasal spray	FluMist covered annually through age 49
Meningococcal Vaccine	Covered based on individual risk or physician recommendation
Pneumococcal (PCV)	Covered once per lifetime age 65+. Available for high risk under age 65
Tetanus/Diphtheria/Pertussis (Td/Tdap)	Booster covered every 10 years
Zoster	Covered for age 60+

Preventive Drugs

Aspirin for the Prevention of Cardiovascular Disease	Aspirin (≤ 325 mg/day) is covered for men ages 45–79 to reduce myocardial infarctions and for women ages 55–79 to reduce ischemic strokes.
Folic Acid Supplementation	Daily supplement of folic acid (0.4 mg to 0.8 mg/day) is covered for women planning or capable of pregnancy

This schedule includes the preventive services required by section 2713 the "Patient Protection and Affordable Care Act" (PPACA) and will be updated on an ongoing basis in accordance with the most current recommendations and guidelines (www.HealthCare.gov/center/regulations/prevention.html).

Note: If you are prescribed preventive drugs that are included in this schedule, but your employer purchases drug coverage through a source other than Blue Cross of Northeastern Pennsylvania, First Priority Health or First Priority Life Insurance Company, these medications may be covered by your employer's drug plan and not by this schedule. Please consult your contracts/policies for more information.

This schedule highlights the preventive features of the plans¹ offered through Blue Cross of Northeastern Pennsylvania, First Priority Health and First Priority Life Insurance Company. This is not intended to be a substitute for the terms, provisions, limitations and conditions specified by the contract. Please refer to your contract for specifics regarding covered services and applicable deductibles, copayments and/or coinsurance.

Self-funded group benefits may be different from the benefits and services described here. Check your Summary Plan Description for complete details of your benefits.

¹This schedule does not apply to the BlueCare Senior or BlueCare Security products.

Ways to Save with Generic Drugs

Did you know that you can use either a generic substitute or a generic alternative to save you money?



What is a “generic substitute”?

A generic substitute is a generic version of a brand-name drug that has the exact same active ingredient as the brand-name drug. You can save money when you use a generic substitute because it usually has the lowest copay.

What is a “generic therapeutic alternative”?

A generic therapeutic alternative does not contain the same active ingredient as the brand-name drug. This type of alternative can be one of two kinds:

- It may be in the same class of drugs as the brand-name drug
- It may not be in the same class of drugs, but is used to treat the same condition as the brand-name drug

Using a generic therapeutic alternative can give you similar results as a brand, but for less money.

What can you do?

When a new brand-name drug first goes on the market, only the company that developed it can sell it until its patent runs out. Brand-name drug makers charge higher prices to cover drug research and development, as well as marketing. Those full-page magazine ads and prime-time commercials you see on TV cost a lot of money. Generic substitutes and therapeutic alternatives cost much less to make and the savings are passed on to you through lower copays.

Many common conditions—high blood pressure, depression, high cholesterol and trouble sleeping—can be treated with generic substitutes or generic therapeutic alternatives.

Ask your doctor if there are such choices for your condition(s) that can save you money on copays each month.

Can you give me examples to help explain “substitutes” and “alternatives”?

Generic Substitute Example:

A doctor might order Zocor for high cholesterol. Zocor has a generic substitute approved by the Food and Drug Administration (FDA), called simvastatin. This generic contains the same active ingredient as the brand version, but has a lower copay.

Pennsylvania law allows the pharmacist to dispense a true generic substitute automatically for the brand unless your doctor marks the prescription otherwise.

Generic Therapeutic Alternative Example:

A doctor might order Nexium for heartburn. Nexium does not yet have a generic substitute approved by the Food and Drug Administration (FDA).

However, there is a generic therapeutic alternative—omeprazole—in the same class of drugs as Nexium. This generic also treats heartburn, but has a lower copay.

EBG0425 3/12

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THIS FORM WILL BE RETURNED IF THE APPROPRIATE INFORMATION IS NOT COMPLETED AND/OR NOT LEGIBLE.

THIS FORM MAY BE FAXED TO US AT 866-754-0370.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

- BlueCare® Traditional BlueCare PPO/EPO
 BlueCare HMO/HMO Plus BlueCare Major Medical

Section I. Patient Information							
PATIENT'S NAME (LAST, FIRST, M.I.)				ID NUMBER			
ADDRESS				CITY			
STATE	ZIP	DATE OF BIRTH		RELATIONSHIP TO CARD HOLDER <input type="checkbox"/> CARD HOLDER <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD			
Section II. Physician Information (To be completed by prescribing physician. Please type or print.)							
PHYSICIAN NPI #		PHYSICIAN'S NAME (LAST, FIRST, M.I.)			MD, DO, ETC.		SPECIALTY
ADDRESS				CITY			
STATE	ZIP	PHONE		FAX			
PRESCRIBED DRUG			STRENGTH	DAILY DOSAGE	LENGTH OF THERAPY		
PRIMARY DIAGNOSIS							
<input type="checkbox"/> STEP THERAPY		<input type="checkbox"/> OTHER (Notes specific to this request from patient's medical records must be attached.)					
ALTERNATIVE DRUG(S) USED				DATE(S) USED			
TREATMENT FAILURE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE REASON.					
ADVERSE REACTION <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE GIVE REASON.					
<input type="checkbox"/> QUANTITY LIMITS (ex. Amerge, Imitrex, etc.) Please indicate medical justification for exceeding quantity dosing limits.							
<input type="checkbox"/> MANAGED QUANTITY DOSES (ex. when prescribing 10 mg twice daily instead of 20 mg once daily) Please attach office notes documenting treatment failure and/or intolerance to once-daily dosing.							
<input type="checkbox"/> WEIGHT LOSS DRUGS ONLY Please Note: The patient's benefit must cover weight loss, the physician must monitor the patient every three (3) months while the member is taking this medication. These medications will be approved for a maximum of one year at three (3) month intervals based on the patient's body mass index. (Form must be received within two weeks from date of visit.)							
DATE OF MOST RECENT VISIT	HEIGHT	WEIGHT	IF ALREADY TAKING WEIGHT LOSS MEDICATION:	DATE OF PREVIOUS VISIT	WEIGHT LOSS IN LAST 3 MONTHS	TOTAL WEIGHT LOSS	
<input type="checkbox"/> SYNAGIS PLEASE NOTE GESTATIONAL AGE OF CHILD.							

Continued on next page. Second page must be completed appropriately and submitted for review only if pertinent. Please Note: Do not mail this form if you have already faxed it to us.

I hereby certify that the above information is correct.

Physician's signature _____ Date _____

Pharmacist's signature (for compound drugs only) _____

RX PRIOR AUTHORIZATION FORM

PATIENT'S NAME		ID NUMBER	
■ COMPOUND DRUGS (This section, along with Sections I and II, must be completed in full by the pharmacist.)			
AMOUNT	MAIN NDC #	OTHER INGREDIENTS	
DATE	PHARMACY NCPDP #	PHARMACY NAME	
PHONE	FAX	CONTACT	
■ ACTOS ■ AVANDIA ■ AVANDAMENT			
RECENT SERUM CREATININE	DATE	RECENT HgbA _{1c} LEVEL	DATE
DOES PATIENT HAVE CHF? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHICH OF THE FOLLOWING HAS THE PATIENT EXPERIENCED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO	Failed Glucophage (three-month trial) in a dose in excess of 1,500 mg/day and requires < 2.0% reduction in HgbA _{1c}		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Been diagnosed with renal insufficiency or heart failure and has failed a Sulfonylurea (three month trial) at a maximum dosage and requires < 2.0% reduction in HgbA _{1c}		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Tried Glucophage and failed because of side effects and requires < 2.0% reduction in HgbA _{1c}		
Please provide any additional information to support coverage of Avandis/Actos			
PLEASE CHECK THE APPROPRIATE BOX FOR THE DIAGNOSIS AND ANTI-FUNGAL YOU ARE PRESCRIBING.			
<input type="checkbox"/> DIFLUCAN Prior authorization is required ONLY if prescribing more than one 150mg tablet in a 30-day period. All other strengths require prior authorization if amount exceeds 20 within a 30-day period. STRENGTH TABS/DAY X	<input type="checkbox"/> SPORANOX <input type="checkbox"/> LAMISIL STRENGTH LENGTH OF THERAPY		
<input type="checkbox"/> ORAL THRUSH	<input type="checkbox"/> ONYCHOMYCOSIS Our criteria require that this diagnosis be confirmed by positive test results of one of the following: DTM, KOH or PAS and, in addition, medical records documenting medical necessity. Please include copies with prior authorization form. If this information is not included, the prior authorization will be denied.		
<input type="checkbox"/> TINEA CORPORIS WHAT AREA OF THE BODY?	<input type="checkbox"/> IS THE PATIENT IMMUNOCOMPROMISED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> ESOPHOGEAL CANDIDIASIS	<input type="checkbox"/> IS THE PATIENT DIABETIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> VAGINAL CANDIDA	<input type="checkbox"/> OTHER COMPLICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> PROPHYLAXIS FOR WHAT CONDITION?	PLEASE SPECIFY		
<input type="checkbox"/> OTHER			
LIST ANY MEDICATIONS USED TO TREAT CONDITION			
<input type="checkbox"/> OTHER (Anabolic Steroids, Injectable Fertility Drugs, Growth Hormones, Lupron, Oral Contraceptives, Retin A, etc.) Medical justification for taking medication			



1042

Patient 1 (Cardholder)

Name: _____

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

Date of Birth is required for patient identification.

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

Patient 2

Name: _____

I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

□□ / □□ / □□□□

REMINDER: This section must be removed before mailing.

DRUG ALLERGIES	List other Allergies here:	<input type="radio"/>	No Known Allergies	<input type="radio"/>
		<input type="radio"/>	Acetaminophen/Tylenol®	<input type="radio"/>
		<input type="radio"/>	Amoxicillin	<input type="radio"/>
		<input type="radio"/>	Aspirin	<input type="radio"/>
		<input type="radio"/>	Cephalosporin (i.e., Keflex®, Cephalexin)	<input type="radio"/>
		<input type="radio"/>	Codeine	<input type="radio"/>
	<input type="radio"/>	Erythromycin, Biaxin®, Zithromax®	<input type="radio"/>	
	<input type="radio"/>	NSAIDs (i.e., Ibuprofen, Naproxen)	<input type="radio"/>	
	<input type="radio"/>	Oxycodone (i.e., OxyContin®, Percocet®)	<input type="radio"/>	
	<input type="radio"/>	Penicillin	<input type="radio"/>	
	<input type="radio"/>	Sulfa	<input type="radio"/>	
	<input type="radio"/>	Tetracycline (i.e., Doxycycline, Minocycline)	<input type="radio"/>	
HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/>	No Known Health Conditions	<input type="radio"/>
		<input type="radio"/>	Arthritis (715.9)	<input type="radio"/>
		<input type="radio"/>	Asthma (493.9)	<input type="radio"/>
		<input type="radio"/>	Chronic Bronchitis or Emphysema (496)	<input type="radio"/>
		<input type="radio"/>	Depression (311)	<input type="radio"/>
		<input type="radio"/>	Diabetes Type I (250.01)	<input type="radio"/>
		<input type="radio"/>	Diabetes Type II (250.00)	<input type="radio"/>
		<input type="radio"/>	Epilepsy/Seizures (345.9)	<input type="radio"/>
		<input type="radio"/>	GERD (530.81)	<input type="radio"/>
		<input type="radio"/>	Glaucoma (365.9)	<input type="radio"/>
		<input type="radio"/>	High Cholesterol (272.9)	<input type="radio"/>
		<input type="radio"/>	Hormone Replacement Therapy (627.9)	<input type="radio"/>
		<input type="radio"/>	Hypertension (401.9)	<input type="radio"/>
		<input type="radio"/>	Thyroid: Low (244.9)	<input type="radio"/>
OTC	List other OTC that you take on a regular basis:	<input type="radio"/>	No Over-the-Counter Medications	<input type="radio"/>
		<input type="radio"/>	Acetaminophen/Tylenol®	<input type="radio"/>
		<input type="radio"/>	Advil®/Aleve®/Motrin®	<input type="radio"/>
		<input type="radio"/>	Aspirin/Excedrin®	<input type="radio"/>
DEVICES	List Medical Devices here:	<input type="radio"/>	No Medical Devices	<input type="radio"/>
		<input type="radio"/>	Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	<input type="radio"/>
OTHER	List other Prescription Medications here:	<input type="radio"/>	No Other Prescriptions	<input type="radio"/>
		<input type="radio"/>	Prescription Medications not filled through Express Scripts Pharmacy.	<input type="radio"/>

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Urgent Care Centers

If you or your family becomes unexpectedly sick or hurt, where should you go for care?

If your primary doctor is not available, you might go to the emergency room (ER). But you have another choice: urgent care centers. In most cases, an urgent care center can give you quicker care that costs less and is more convenient than the ER.

What are “urgent care” centers?

We consider urgent care centers to be clinics that give unscheduled, walk-in care for a sickness or injury, outside of a hospital ER. However, the urgent care visit must be performed and billed by a provider in our urgent care center network.

Network urgent care centers:

Provider	Address	City	Phone	Hours
MedExpress	677D Kidder Street	Wilkes-Barre	570-825-2046	Everyday, 9am-9pm
MedExpress	276 West Side Mall	Edwardsville	570-283-0791	Everyday, 9am-9pm
MedExpress	205 Applegate Road, Suite 101	Stroudsburg	570-424-3278	Everyday, 9am-9pm
MedExpress	1953 East Third Street	Williamsport	570-323-4072	Everyday, 9am-9pm

What do you pay if you use a network urgent care center?

- If you have a co-pay for a specialty doctor visit, you will also pay a specialty doctor co-pay for all services provided by the urgent care center.
- If you have a deductible and coinsurance for a specialty doctor visit, you will pay a deductible and coinsurance for all services provided by the urgent care center that are bundled into one charge.

What if you use a non-network urgent care center?

If you have covered services from a non-network urgent care center, we will pay for services according to how the center bills the visit. For example, it may be billed as an ER visit, outpatient visit or office visit. You would have to pay any cost-share amounts that apply. The services will not be covered under the urgent care benefit.

When is your primary doctor the right choice?

If you or your family needs care right away, try to reach your primary doctor. He or she knows your medical history, medications and health issues and can best help you:

- Plan care for minor problems, such as sore throat, earaches, rashes and minor cuts.
- Manage ongoing conditions, such as diabetes and asthma.
- Stay healthy by giving you preventive screenings and shots.

On the weekends and evenings, you may still reach your doctor by phone. He/she may help you choose the best place for care.

- Some doctors are available 24 hours a day.
- Some rotate with other doctors who are on call.
- In most cases, you can leave a message with the answering service. The doctor will get in touch with you.

When are urgent care centers the right choice?

If you can't reach your primary doctor and it can't wait, an urgent care center may be the right choice. If you are not sure how serious a health problem is, you should call 911 or go to your local ER right away. Then call your primary doctor as soon as possible. Your doctor will update your records and help you if you need more care.

You are the only one who can decide what's right for you.

Hospital Advisor

Need Hospital Care? Get the Facts First

Find the Hospital that is Right for You

Wondering how to decide which hospital to receive care? In most cases your doctor will help you make the decision that offers the best care for your condition. Login to our [Member Self-Service](#) (<https://www.bcnepa.com/Accounts/Access/Login.aspx>) area to access Hospital Advisor to find information about hospitals in our area. You will even be able to do side-by-side comparisons of up to 10 hospitals at a time.

WebMD Hospital AdvisorSM is an application that helps you make informed decisions about where to seek healthcare services. With Hospital Advisor, you'll be able to research hospital quality based on location, areas of expertise, and outcomes. It's simple and straightforward. Quick and convenient. Best of all, it puts the power to make smart healthcare decisions where it belongs: in your hands.

Features

- The most current hospital quality ratings for more than 160 diagnoses and procedures
- Results are based on the factors you decide are most important – including experience with specific procedures, complication and mortality rates, average costs, and the number of days spent in the hospital
- Side-by-side comparisons of up to 10 hospitals at a time
- Search by location, specialty and network eligibility

Blue Distinction

A simpler, smarter way to find quality specialty care.

Not all hospitals are the same. One facility may excel in certain specialties and not in others, so a hospital that has a solid overall reputation isn't necessarily the right choice for a specific procedure.

So, consider a facility designated as a Blue Distinction Center®. The Blue Distinction designation is awarded to hospitals based on a thorough, objective evaluation of their performance in the areas that matter most to you—quality care, treatment expertise and overall patient outcomes, just to name a few. The criteria we measure are established with the help of expert physicians and medical organizations.

The program currently recognizes facilities as Blue Distinction Centers for Specialty Care® in the areas of:

- Bariatric Surgery
- Cardiac Surgery
- Complex and Rare Cancers
- Knee and Hip Replacement
- Spine Surgery
- Transplants

The following facilities in our 13-county area have been designated as Blue Distinction Centers for Specialty Care:

Cardiac Care

- Community Medical Center, Scranton
- Geisinger Wyoming Valley, Wilkes-Barre
- Regional Hospital of Scranton, Scranton
- Robert Packer Hospital, Sayre
- Wilkes-Barre General Hospital, Wilkes-Barre
- Williamsport Regional Hospital, Williamsport
- Gnadon Huetten Memorial Hospital, Lehigh

Knee & Hip Replacement

- Gnadon Huetten Memorial Hospital, Lehigh
- Williamsport Regional Hospital, Williamsport

Spine Surgery

- Williamsport Regional Hospital, Williamsport

bluehealthSM
SOLUTIONS



DISCOUNT PROGRAM



BlueCross
of Northeastern Pennsylvania



Kick-start your wellness program with these valuable discounts

At Blue Cross of Northeastern Pennsylvania, we understand that living well means making healthy choices. That's why we offer our BlueCare® members, a way to save on a variety of health services and products, offered by businesses within our 13-county service area.

Set your wellness goals in motion with discounts on fitness classes, alternative health services, massage therapy, aromatherapy, weight control, health educational books and many more offerings that are good for your health.

We encourage you to review the list of participating program vendors* to find a service, activity or product that can help to enrich your life. To take advantage of the discount, just show your member ID card.

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For more health and wellness information, visit www.bcnepa.com, select "Health & Wellness," then "Discount Program."

Discounts from national vendors are also available through Blue365® from the Blue Cross Blue Shield Association. To learn about the products and services offered by Blue365 vendors, visit <http://www.bcbs.com/blue-365-healthy-deals/>.

*This vendor list is subject to change. Please call any of the participating vendors listed to learn more about their products, services and the discounts that are available to BlueCare members.

24-7 Total Fitness and More

12 West Kirmar Parkway
Alden, PA
570.735.7075

Allied Services Fitness

www.allied-services.org

(Aronica Wellness Center)
475 Morgan Highway
Scranton, PA
570.341.3051

Bill's Plaza, Routes 502 and 435
Moscow, PA
570.842.3400

155 Brooklyn Street, Suite 22
Carbondale, PA
570.282.3344

Rural Route 6 Box 337A
Honesdale, PA
570.251.9944

235 Main Avenue
Dickson City, PA
570.489.5107

Route 611 North, 1 Elevation Drive
Scotrun, PA
570.620.9826

132 South Main Avenue
Taylor, PA
570.562.3971

Blue Ridge Racquet & Health Club

54 Church Street
New Milford, PA
570.465.3282

Bodies In Balance

www.bodiesinbalance-pa.com
100 Wheatfield Drive, Suite 2
Milford, PA
570.296.7840

Butterfly Life

www.butterflylife.com
6 Diana Lane
West Hazleton, PA
570.501.2359

Cuts Coed Fitness

135 West Fourth Street
Williamsport, PA
570.329.3099
570.489.3111

Danko's All American Fitness, Inc.

www.dankosfit.com
3 North River Street
Plains Township, PA
570.825.5989

Elevations Health Club

www.elevationshealthclub.com
Route 611 North
Scotrun, PA
570.620.1990

Every Woman's Workout

7B Gateway Shopping Center
Edwardsville, PA
570.718.1242

Family Fitness Center & Tanning

263 West River Road
Nicholas, NY
607.699.7498

Fitt-4-Life

1420 Locust Street
Williamsport, PA
570.601.6348

Four Corners Health & Fitness

www.4cfitness.com
753 Phillips Street
Stroudsburg, PA
570.504.5522

Hazleton Health & Wellness Center/Fitness Center

50 Moisey Drive
Hazleton, PA
570.501.6297

High Energy Fitness & Karate

112-B River Street
Tunkhannock, PA
570.836.0156

Kingston Recreation Center

www.kingstonpa.org/recreation.htm
655 Third Avenue
Kingston, PA
570.287.1106

Lackawanna College Alumni Fitness Center

321 Meridian Avenue
Scranton, PA
570.344.7101

Lighten Up Fitness Center for Women

75 North Market Street
Nanticoke, PA
570.735.2602

Motivations Fitness Center

www.motivationsfitnesscenter.com
112 Prospect Street
Dunmore, PA
570.341.7665

Nutrifitness, LLC

www.thenutrifitness.com
311 Market Street
Kingston, PA
570.288.2409

Odyssey Fitness

www.odysseyfitnesscenter.com
401 Coal Street
Wilkes-Barre, PA
570.829.2661

Pocono Mountain Fitness**Salon & Spa**

1 Manor Drive
Pocono Manor, PA
570.839.8002

Spectrum Health & Racquet Club

151 Terrace Drive
Blakely, PA
570.383.3223

Star Fitness

Thomas P. Saxton Medical Pavilion
468 Northampton Street
Edwardsville, PA
570.552.4550

Superior Fitness Center for Women

Route 611, Depue Plaza
Tannersville, PA
570.629.2350

Synergy Health & Wellness Center

1500 Sycamore Road
Montoursville, PA
570.321.0505

The Edge Fitness & Martial Arts Center

www.theedgefitness.com
Rural Route 6
Towanda, PA
570.268.2946

The Fitness Factory

330 Hughes Street
Williamsport, PA
570.322.2348

Western Clinton County Recreation & Fitness Center

222 St. Clair Avenue
Renovo, PA
570.923.0433

Complementary and Alternative Health Services

**Frederick G. Sam C.Ht.
Certified Clinical Hypnotherapist**

Jewelcor Center
Wilkes-Barre, PA
570.824.2592

**Healing Arts Center at Northeastern
Rehabilitation Associates, P.C.**

www.nerehab.com
150 Mundy Street
Wilkes-Barre, PA
570.824.0930

5 Morgan Highway, Suite 4
Scranton, PA
570.344.3788

Healthy Habits, Inc. Fitness Center

Rural Route 3 Box 500, Route 6 East
Troy, PA
570.297.2864

JoAnn Gill, C.M.T.

105 South Market Street
Nanticoke, PA
570.735.5740

Laugh to Live, LLC

Jeannine Luby
www.laughtolive.net
570.650.7518

Millennium Salon and Spa

www.millenniumsalonspa.com
299 South Main Street
Wilkes-Barre, PA
570.823.0654

**Michael McGuinness
Massage at Your Home**

570.839.9800

Mountain Massage

www.mountain-massage.com
Split Rock Resort
1 Lake Drive
Lake Harmony, PA
570.722.3260

Physical Therapy Specialists

www.physical-therapy-specialists.com
219 Claremont Avenue
Tamaqua, PA
570.668.1889



Complementary and Alternative Health Services

Physical Therapy Specialists

(Continued)

1 Brookhill Square South, Suite 2
Sugarloaf, PA
570.708.2015

1730 East Broad Street, Suite 3
Hazleton, PA
570.459.5787

78 Foster Avenue
Freeland, PA
570.636.3644

Pike Physical Therapy & Fitness Center

www.pikept.com
1346 Route 739
Dingman's Ferry, PA
570.686.4300

Professional Therapeutic Massage and Bodywork

www.musclesinknead.com
128 Chestnut Street
Dunmore, PA
570.341.7797

Wellspring Holistic Center

Nutritional Counseling with Louise Bowman
www.wellspringholisticcenter.com
243 E. Brown Street
E. Stroudsburg, PA
570.421.3708

Therapeutic Massage

maryvignone@yahoo.com
Mary Vignone, Massage Therapist
902 East Broad Street
Tamaqua, PA
570-778-0750

Diet and Weight Control

Form You 3 Weight Loss Center

www.formyou3.com/temps/franchise.cfm?franchiseid=pa-wb-1
226 Wilkes-Barre Township Boulevard
Wilkes-Barre, PA
570.822.4500

Joan M. Portzline, Transitions Weight Management & Lifestyle Certified Coach

PO Box 706
Dryden, NY
607.227.4219

Mary Klem, M.S., R.D.

www.eatdrinkandseemary.com
134 Chapman Lake Road
Jermyn, PA
570.254.6495

Physicians Weight Loss Center

1327 Wyoming Avenue
Scranton, PA
570.558.7952
550 Memorial Highway
Dallas, PA
570.675.4599

Weight Watchers of Eastern Pennsylvania

433 West Emmaus Avenue
Allentown, PA
610.791.1141

Hearing and Vision

Acuity Laser Eye & Vision Center

www.acuitylaservision.com

4 Meadow Avenue

Scranton, PA

1.877.520.3937

216 Nazareth Pike

Bethlehem, PA

1.800.818.3098

QualSight Lasik

www.qualsight.com

1.877.283.2010

TruHearing

www.truhearing.com

1.877.381.4040



Additional Health and Wellness Offerings

Apria HealthCare, Inc.

www.apriadirect.com

1.888.982.7742

Cor Cell

www.corcell.com/insurance-partners/

bcbs-nepa/bcbs-nepa

221 South 12th Street, Suite 3145

Philadelphia PA

1.888.326.7235

Edgepark® Medical Supplies

[www.edgepark.com/shopcatalog/
index.cfm](http://www.edgepark.com/shopcatalog/index.cfm)

1.800.321.0591

Safe Beginnings

www.safebeginnings.com

1.800.598.8911



Our Discount Program is made available solely for the convenience of those members who are interested in alternative health items and services. Blue Cross of Northeastern Pennsylvania, First Priority Health®, First Priority Life Insurance Company® and Highmark Blue Shield do not endorse the individual practitioners, services, products (including, but not limited to, herbal medicines or remedies) and participating establishments of the Discount Program. The practitioners, services and products of the Discount Program should not be used as a substitute for medical diagnosis and treatment. Blue Cross of Northeastern Pennsylvania, First Priority Health, First Priority Life Insurance Company and Highmark Blue Shield recommend that members consult with their physicians before using any alternative health services or products.

Blue365 offers Members access to discounts and savings on products and services provided by independent vendors to Members, for which Members pay vendors directly. Blue365 is offered separately from your healthcare policy. Blue365 discounts and savings are for items that are not covered under the policy that Members have with their local Blue Cross and Blue Shield companies or any applicable federal healthcare program. Neither any local Blue Cross and Blue Shield company nor Blue Cross and Blue Shield Association recommends, endorses, warrants or guarantees any specific vendor, product or service.

HMO Plans: This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. 1.800.822.8753

Please note that your self-funded group benefits may differ from the benefits and services described herein. Consult your Summary Plan Description for complete details of your program.

Blue Cross of Northeastern Pennsylvania administers health plans for Blue Cross of Northeastern Pennsylvania, Highmark Blue Shield, First Priority Health® and First Priority Life Insurance Company®. Independent licensee of the Blue Cross and Blue Shield Association. © Registered Mark of the Blue Cross and Blue Shield Association.



**BlueCross
of Northeastern Pennsylvania**

Independent Licensee of the Blue Cross and Blue Shield Association
© Registered Mark of the Blue Cross and Blue Shield Association



Blue Health Solutions makes it easier to get healthier and stay healthier.

We provide everything you need to develop a clear picture of your health — past, present and future. Then we partner with you to customize a personalized approach, making sure you have the right support and resources in place to manage your health on a number of levels. The goal of Blue Health Solutions is simple: to help you get, and stay, healthier.

Best of all, Blue Health Solutions programs are provided at no additional cost to members with BlueCare coverage.*

For more information, please visit Blue Health Solutions at www.bcnepa.com or call 1-888-768-2020.

* Some exceptions apply.

Learn more about Blue Health Solutions. Call or click.

For general information, please call 1-888-768-2020. For information on specific programs and offerings, visit www.bcnepa.com or call:

MyHealth Manager

Health Management, Wellness, Lifestyle Management Programs and Life-Balance Resource: 1-866-262-4764

Case Management Programs: 1-800-346-6149 (TTY) 1-877-720-7771

MyHealth Coach 1-866-442-2583

Live online chat at

www.bcnepa.com/mhMyHealthCoach.aspx

MyHealth Mart and Blue 365SM Call the number on the back of your member ID card.

This material is not intended as medical advice. Please talk to your doctor about this and any other health information.

BlueCare[®] HMO/BlueCare HMO Plus: This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. 1-800-822-8753

Please note that your self-funded group benefits may differ from the benefits and services described herein. Consult your Summary Plan Description for complete details of your program.

14-F0601 3/10
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®Registered Mark of the Blue Cross and Blue Shield Association
19 North Main Street, Wilkes-Barre, Pennsylvania 18711



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Blue Cross of Northeastern Pennsylvania administers health care plans offered by Blue Cross of Northeastern Pennsylvania, Highmark Blue Shield, First Priority Health[™] and First Priority Life Insurance Company[®].

BLUE HEALTHSM SOLUTIONS

Make better health easier

You know yourself best. That's why, with Blue Health SolutionsSM from Blue Cross of Northeastern Pennsylvania, you can choose the resources that work best for you to help you reach your wellness goals. Blue Health Solutions includes a number of health management and wellness solutions personalized for you. We're here to support you on your way to healthier living.

Your health is everything. To us.

MyHealth Solution is your personal health web portal.

MyHealth Solution is an easy-to-navigate, web-based resource that can be customized to reflect your personal health needs and interests. A confidential personal health assessment helps you understand your health history and the impact it may have on your future. You can also maintain personal health records, use the latest health information and tools, track doctor appointments and send e-mail reminders to yourself. To get started, visit www.bcnepa.com.

Personal encouragement and support to help guide you.

If your online health assessment shows any risk factors, a personal Care Coordinator will work directly with you to develop a plan for improving your health. All Care Coordinators are qualified health professionals who have the expertise to map out health solutions and help you make the right health choices. The team includes experienced registered nurses, dietitians and exercise physiologists.

MyHealth Manager programs address your health issues in a way that works for you.

Lifestyle Management and Wellness Programs

address issues such as nutrition, fitness, cholesterol, low back pain, prenatal care, tobacco cessation and weight management.

Health Management Programs offer help to people with asthma, chronic obstructive pulmonary disease, coronary artery disease, depression, diabetes and heart failure.

The **Life-Balance Resource** gives members access to speak with an experienced counselor on a variety of issues, such as managing change, burnout, stress, family issues, drugs, alcohol, threats of violence and other issues to help you achieve health and happiness in your work and family life. Counselors are available to provide 24/7 support and follow-up.

Care Management Programs provide you with support and help to handle a number of health and benefit issues. Catastrophic case management helps members who require complex care and coordination of services for situations involving transplants,

spinal cord or head injuries, etc. Transition of care offers support before and after surgery, with education and follow-up. Intermediate care addresses illnesses not supported through our health management programs.

Each program includes individualized educational materials, online self-management tools and telephone calls from the Care Coordinator, as needed. Our programs help you between office visits to your doctor by offering information and motivation that supports your doctor's treatment plan.

MyHealth Coach provides health information 24/7.

With MyHealth Coach, you'll have access to health professionals 24/7. Speak with a health coach by telephone or chat live with a nurse online at MyHealth Coach Chat. Get answers to make informed health decisions for yourself and your family.

MyHealth Mart with Blue365SM offers discounts on services and products to help you live well.

Weight loss, massage therapy and fitness are just a few of the many health and wellness services on which you can save money through your BlueCare[®] coverage. For a full list of discounted services available, visit MyHealth Mart at www.bcnepa.com.



Important

Call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177 to locate doctors and hospitals, or obtain medical assistance services when outside the United States.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard and BlueCardWorldwide are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Please tear out this card and carry it with you when you travel overseas.

BlueCard Worldwide®

For healthcare outside of the United States:

1. Verify your international benefits with your Blue Plan before leaving the United States; benefits may be different outside the country.
 2. Always carry your Blue Plan identification card.
 3. **In an emergency**, go directly to the nearest doctor or hospital, then call the **BlueCard Worldwide Service Center if hospitalized**.
 4. **For non-emergency inpatient medical care**, you must call the BlueCard Worldwide Service Center to arrange cashless access to a BlueCard Worldwide hospital. The Service Center can also provide information on doctors.
- BlueCard Worldwide Service Center, toll-free: 1.800.810.2583 or collect: 1.804.673.1177
5. Call your Blue Plan for pre-certification/pre-authorization, if required. Refer to the phone number on the back of your ID card.

BlueCard Worldwide®



When you are a Blue Plan member, you take your healthcare benefits with you when you are abroad. Through the BlueCard Worldwide program, you have access to medical assistance services and doctors and hospitals in more than 200 countries and territories around the world.

The BlueCard
Now, Home Is Where The Card Is

BlueCard Worldwide®

“What do I do if I need medical care in a foreign country?”

To take advantage of the BlueCard Worldwide program, whether you are traveling or living abroad, please follow these steps:

1. Before you leave, contact your Blue Plan for coverage details. Coverage outside the United States may be different.
2. Always carry your current Blue Plan ID card.
3. In an emergency, go directly to the nearest hospital.



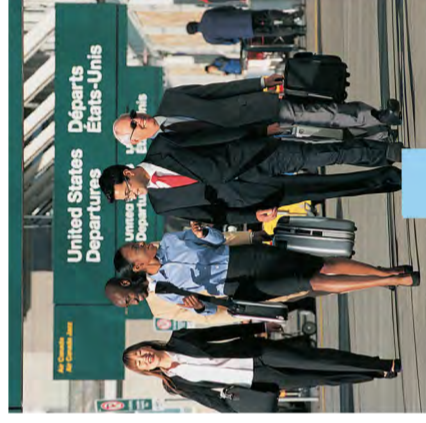
4. If you need to locate a doctor or hospital, or need medical assistance services, call the [BlueCard Worldwide Service Center at 1.800.810.BLUE \(2583\)](tel:1800810BLUE) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.
5. Call the [BlueCard Worldwide Service Center at 1.800.810.2583](tel:18008102583) or collect at 1.804.673.1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket expenses (non-covered services, deductible, co-payment and co-insurance) you normally pay. The hospital should submit your claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call your Blue Plan for pre-certification or pre-authorization. You can find the phone number on your Blue Plan ID card. Note: this number is different from the phone number listed above.

6. You will need to pay upfront for care received from a doctor and/or non-participating hospital. Then complete a BlueCard Worldwide claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from your Blue Plan, on line at www.BCBS.com/bluecardworldwide, or the BlueCard Worldwide Service Center.



To learn more about BlueCard Worldwide:

- ◆ Call your Blue Plan.
- ◆ Visit www.BCBS.com/bluecardworldwide.
- ◆ Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177.



“How do I file a claim?”

To file a claim please do the following:

1. If the BlueCard Worldwide Service Center arranged your hospitalization, the hospital will file the claim for you; you will need to pay the hospital for the out-of-pocket expenses you normally pay.
2. For outpatient and doctor care, or inpatient care not arranged through the BlueCard Worldwide Service Center, you will need to pay the healthcare provider and submit an international claim form with original bills to the Service Center.
3. International claim forms are available from your Blue Plan, the Service Center or online at www.BCBS.com/bluecardworldwide.

[BlueCard Worldwide Service Center, toll-free: 1.800.810.2583](tel:18008102583) or collect: 1.804.673.1177

Section 2

Vision Insurance

Vision Benefits of America

VBA Group #2433

www.visionbenefits.com

1-800-432-4966

KING'S COLLEGE

VBA# 2433

MANAGED VISION CARE PROGRAM

\$10 COPAYMENT PROGRAM

FREQUENCY OF SERVICE:

STUDENT AGE: 25

	<u>Employee</u>	<u>Spouse</u>	<u>Children (to age 19)</u>
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

BENEFITS:

EMPLOYEE CAN SELECT EITHER:

	<u>VBA Participating Doctor</u> <u>(15,000 Nationwide)</u>	<u>Non-Participating Doctor</u>
	<u>Amount Covered</u> <u>(Less Copayment*)</u>	<u>Amount Reimbursed</u> <u>(Zero Copayment)</u>
Vision Exam (for glasses)	100%	\$ 40.00
Clear Standard Lenses (<i>Pair</i>):		
Single Vision	100%	\$ 40.00
Bifocal	100%	50.00
Blended "No-Line" Bifocals	100%	50.00
Trifocal	100%	75.00
Lenticular	100%	100.00
Progressive	Controlled Cost****	75.00
1 yr Scratch Protection	100%	N/A
Polycarbonate Lens Material	100%	N/A
Frame	100%***	\$ 50.00
- OR -		
Contacts (<i>selected in lieu of all eyeglass benefits listed above</i>)*****		
Elective	\$150.00	\$ 150.00
Medically Required	UCR**	300.00

* A \$10 copayment applies to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only, but does not apply to the exam or contacts.

** Usual, Customary and Reasonable as determined by VBA.

*** Within the program's \$50 wholesale allowance (*approximately \$125 to \$150 retail*).

**** Progressive Lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$175.

***** The contact allowance is applied to all services/materials associated with contact lenses. This includes, but not limited to, contact exam, fitting, dispensing, cost of lenses, etc. No guarantee the contact allowance will cover entire contact costs (materials/services).

**VISION BENEFITS OF AMERICA
ENROLLMENT FORM**

VBA# 2433 SUBGROUP# _____

COVERAGE EFFECTIVE DATE _____/_____/_____

INSTRUCTIONS FOR EMPLOYEE:

1. COMPLETE SECTION BELOW AND SIGN.
2. RETURN COMPLETED FORM TO YOUR BENEFITS OFFICE.

EMPLOYEE SOCIAL SECURITY NUMBER _____

EMPLOYEE NAME _____ BIRTHDATE ____|____|_____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

PLEASE LIST ALL FAMILY MEMBERS TO BE COVERED:

	FIRST NAME	MIDDLE INITIAL	LAST NAME	BIRTHDATE
SPOUSE	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____
CHILD	_____	_____	_____	____ ____ _____

STUDENT INFORMATION (COMPLETE FOR DEPENDENTS WHO ARE ENROLLED AS FULL-TIME COLLEGE STUDENTS.)

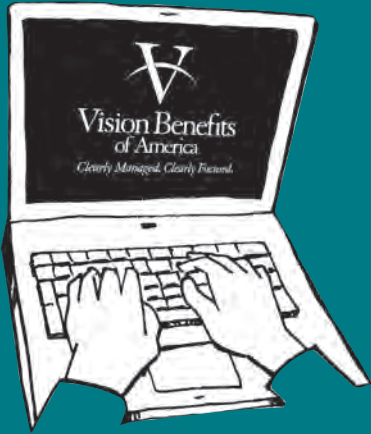
STUDENTS NAME	NAME OF SCHOOL OR UNIVERSITY
_____	_____
_____	_____

ANY HANDICAPPED CHILD COVERED ON MEDICAL?

CHILD NAME _____

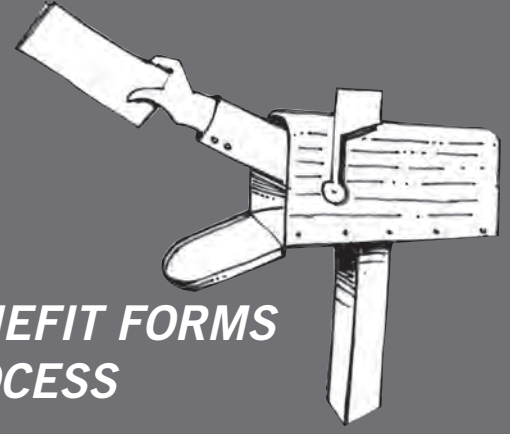
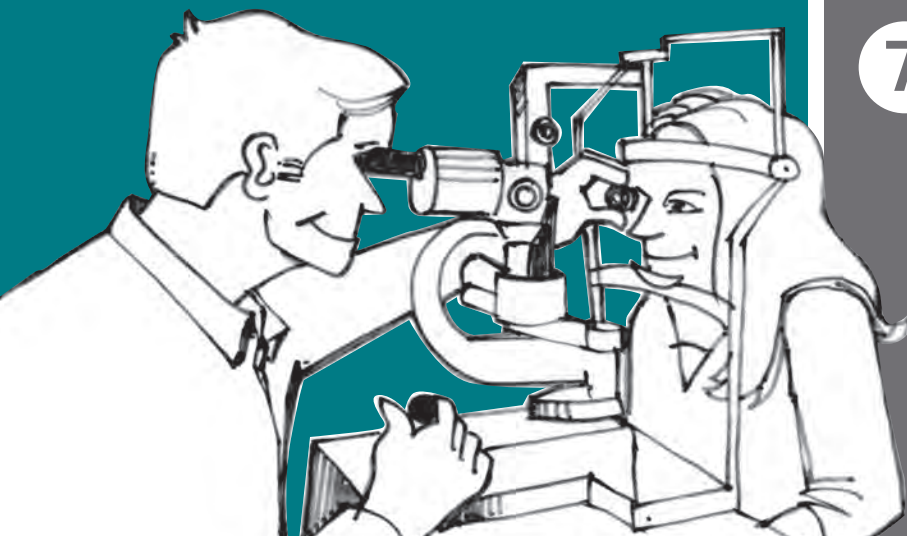
EMPLOYEE SIGNATURE _____ DATE ____/____/_____

HOW VISION BENEFITS OF AMERICA WORKS



ELECTRONIC PROCESS

- 1e** VBA brochure informs employee of plan benefits.
- 2e** Employee may visit visionbenefits.com to search for a doctor (**bold print**) who does e-claims (no benefit form needed).
- 3e** Simply make appointment with one of those doctors, saying that you are a VBA covered employee, and that you want to use the e-claim system.
- 4e** The doctor verifies eligibility and provides vision examination.
- 5e** Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.
- 6e** VBA pays doctor for all covered professional services.



BENEFIT FORMS PROCESS

- 1** VBA brochure informs employee of plan benefits.
- 2** Employee may request vision care either by calling 1-800-432-4966 or by visiting visionbenefits.com
- 3** VBA verifies eligibility and mails benefit form and current doctors' list to employee.
- 4** Employee chooses anyone from VBA doctors' list and makes appointment.
- 5** Employee presents benefit form at time of first visit and is examined by doctor (no paperwork for employee).
- 6** Doctor orders prescription from VBA approved lab, verifies accuracy and dispenses Rx to employee.
- 7** VBA pays doctor for all covered professional services.



Vision Benefits
of America

Clearly Managed. Clearly Focused.

LASIK Savings Now Available for Vision Benefits of America Members

Savings - 40-50% off the national average price of Traditional LASIK

Access - Over 800 locations nationwide

Quality - FDA approved technology including Bladeless LASIK

Financing - Flexible options with payments as low as \$50 a month*

Experience You Can Trust - Credentialed surgeons who have performed over 3.5 million procedures

Prescription
does not
affect pricing!

LASIK is an eligible
pre-tax expense

Save up to 30% more with
your FSA or HSA dollars!**

How it Works:

1. To obtain the savings you must call: **1-877-437-6105**
2. A QualSight Care Manager explains the program and answers questions
3. Select your preferred provider and set an appointment today!

One low price includes the pre-operative exam, procedure, post-operative visits and a One Year Assurance Plan***

For more information visit:

www.QualSight.com/-VisionBenefits



The QualSight program is not an insured benefit and is available to members to provide access to QualSight for LASIK surgery.

* Subject to credit approval

** Based on individual tax situation

*** Lifetime Assurance Plans available at participating providers for an additional cost



Beltone fits your lifestyle

Vision Benefits of America & Beltone have developed a valuable discount program designed to save you money. Beltone has been helping the world hear better for over 70 years as the most trusted name in hearing care. With over 1,500 locations staffed with highly trained professionals, you can expect an experience that is convenient, trustworthy and caring.

- **CALL 1-800-BELTONE (800-235-8663) or go to BELTONE.COM for your nearest Beltone Hearing Care Center**
- **Bring this flyer to receive your 20% member discount (maybe extended to immediate family (spouse, parents, grandparents & children))**

Vision Benefits of America members receive the following benefits at participating Beltone locations:



- **FREE Hearing Screening**
- **20% Retail Discount**



Beltone Provider call 800-432-4966 to check member eligibility. Please use NA #52040.

Section 3

Dental Insurance

Delta Dental

PPO Plus Premier

Group #PA9475

www.wekeepyoussmiling.com

1-800-932-0783

Delta Dental PPOSM – Easy, Friendly, Accessible



We'll do whatever it takes and then some.

Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

SAVE LESS SAVE MORE



AMOUNT YOU SAVE
AMOUNT YOU PAY

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.
 - Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
 - Many network dentists to choose from.** Since Delta Dental offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide
- are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at www.deltadentalins.com to search our dentist directory by location or specialty.
- Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
 - Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources too for tips and information that can help keep your smile healthy.

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

DELTA DENTAL

WE KEEP YOU SMILING[®]

Plan Benefit Highlights for: King's College

Group No: 9475

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month that dependent turns 19 or the end of the month that dependent turns 25 or the end of the month in which dependent graduates, whichever comes first, if dependent is full-time student
Deductibles	\$50 per person / \$150 per family each calendar year
Deductibles waived for Diagnostic & Preventive (D & P), & Orthodontics?	Yes
Maximums	\$1,500 per person each calendar year
D & P counts toward maximum?	Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists** (Delta Dental Premier® & Non-Delta Dental Dentists)
Diagnostic & Preventive Services Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, space maintainers, denture repair	100 %	100 %
Endodontics (root canals) Covered Under Basic Services	100 %	100 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	100 %
Oral Surgery Covered Under Basic Services	100 %	100 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	60 %
Prostodontics Bridges and dentures, implants	60 %	60 %
Orthodontic Benefits dependent children	50 %	50 %
Orthodontic Maximums	\$ 1,500 Lifetime	\$ 1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783
(Business Hours: 8 am to 8 pm ET)

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-2105

www.deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Enrollment/ Change Form



One Delta Drive, Mechanicsburg, PA 17055
 (717) 766-8500 (800) 932-0783
 TTY/TDD (888) 373-3582
 www.MidAtlanticDeltaDental.com

Please check the applicable box or boxes.

- New enrollment**
- COBRA**
- Coverage change**
- Name change**
- Address change**
- Change of dependents**
- Termination**
- Decline Coverage**

- Delta Dental PPO Plus Premier**

Please check the Delta Dental plan that administers your dental benefits.

- Delta Dental of Pennsylvania
- Delta Dental of New York
- Delta Dental Insurance Company
- Delta Dental of Delaware
- Delta Dental of West Virginia

Primary Enrollee Social Security Number	Last Name	First Name	MI	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Identification Number (if applicable)	Address (Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No)	Street	City	State	Zip Code

Group Number: 9475 **Sublocation**

Change of Coverage

New Coverage: _____ Former Coverage: _____

Name Change

From: _____ To: _____

Dependent Change

Please check one of the boxes: Add dependent(s) listed below Delete dependent(s) listed below

Do you or your dependents have other dental coverage?
 Yes No *If yes, please complete the following:*

Carrier Name and Address: Group Number: _____	MI	Gender	Date of Birth	Social Security Number
Spouse / Domestic Partner		M F		
Children		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

Date of Hire: _____ Effective Date: _____

Primary Enrollee Signature _____

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Enrollees whose company is headquartered in the state of New York and who commit a fraudulent insurance crime shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Get the connection

Oral and overall health



Regular dental checkups may tell dentists about your overall health

Although seeing a dentist is no substitute for a visit to a physician, regular dental checkups can reveal much about a patient's overall health. If a dentist finds a potential health issue, he or she can refer the patient to a physician for follow-up.

The relationship between oral and systemic health

Scientific American reports that current research indicates a relationship between oral and systemic health. "Systemic" refers to the involvement of many organs or systems of the whole body.

More than 120 medical conditions, some of them life-threatening, can be detected in the early stages by a dentist. It is well documented that a high percentage of health conditions can have oral symptoms such as swollen or bleeding gums, ulcers, dry mouth, bad breath, metallic taste and various other changes in the oral cavity.

Pregnancy

During pregnancy, hormonal changes may increase the risk of gingivitis, or inflammation of the gums. Symptoms include tenderness, swelling and bleeding of the gums. Without proper care, these problems may become more serious.

The *New England Journal of Medicine* (Nov. 2006) indicated that the treatment of gum disease in pregnant women is safe and improves oral health but does not significantly alter gestational term or birth weight. However, other studies have shown that treatment of gum disease has successfully reduced the frequency of preterm deliveries and/or low birth weight.

→ What is Delta Dental doing?

Preventive oral care and treatment of periodontal disease are safe for pregnant women and beneficial to their oral health. That is why we continue to offer purchasers an enhanced pregnancy benefit, which provides additional cleanings for pregnant enrollees.

As more studies clarify the effect of periodontal treatment on gestational term and birth weight, Delta Dental will review the literature and make recommendations for enrollee benefits that are based on the best current science.

Diabetes

According to the American Academy of Periodontology, people with diabetes are more likely to have gum disease than people without diabetes. Research has shown that patients with poorly controlled type 2 diabetes appear more likely to develop gum disease than patients who have their diabetes under control. Researchers believe this is because diabetes reduces the body's resistance to infection. The gums are among the tissues most likely to be affected.

Emerging evidence also suggests that diabetics who have gum disease may have more difficulty controlling their blood sugar.

→ What is Delta Dental doing?

Maintenance of good oral health through regular dental visits and appropriate treatment of gum problems are critical for diabetic patients.

Delta Dental's standard plans promote regular dentist visits and encourage good oral health by offering low or no copayments/coinsurance on diagnostic and preventive care. We also offer a plan option called the D&P Maximum Waiver®, which allows enrollees to use their diagnostic and preventive benefits without those costs counting toward their plan year maximum.

Delta Dental is partnering with a major medical carrier on a study to analyze data on diabetics and promote disease management. The results of this study can help us develop interventions for at-risk enrollees such as outreach to diabetics who have not had a recent dental examination or additional cleanings for those with diabetes and gum disease.

Cancer

As part of a routine dental exam, the dentist screens patients for cancer of the head and neck, including oral cancers. Other types of cancers the dentist may recognize include skin cancer, cancer of the jaw bone and thyroid cancer. Early detection and intervention are critical in the treatment of the disease because some oral cancers have a high mortality rate.

→ What is Delta Dental doing?

Oral cancer screening is included in coverage for a regular dental exam. Certain biopsy procedures of suspect tissue for a definitive diagnosis are also covered under Delta Dental plans.

Heart Disease

Studies have shown that people with moderate or advanced gum disease had a greater prevalence of cardiovascular disease (CVD) than patients with no gum disease. However, studies have not established a causal relationship between gum disease and CVD — a difficult task because many of the risk factors for gum disease are the same as those for CVD. CVD disproportionately affects males and people of low income status as well as those who smoke, have a poor diet or have diabetes.

→ What is Delta Dental doing?

Based on current information, periodontal treatment is not warranted solely as a preventive measure against CVD. However, regular checkups and necessary treatment will improve oral health and contribute to overall health. Delta Dental offers standard plans with no or low copayments/coinsurance for diagnostic and preventive procedures and optional plan design features (such as the D&P Maximum Waiver) that promote and encourage good oral health and limit enrollees' out-of-pocket costs on diagnostic and preventive care.

Tobacco use

Tobacco use causes cellular changes that inhibit healing and can lead to tooth loss and serious systemic health consequences such as oral cancer and heart disease. In addition, an estimated 50 percent of smoking adults have (periodontal) disease.

→ What is Delta Dental doing?

Delta Dental is part of a collaborative research effort with the University of California San Francisco (UCSF) School of Dentistry to test various tobacco cessation approaches in dental offices. The goal of this study is to determine how dentists can best help their patients quit smoking and if it would be beneficial to add a tobacco counseling benefit to Delta Dental's standard dental plans.

What patients can do

Visiting a dentist regularly can help patients maintain their oral health. A dentist's exam may detect poor nutrition and hygiene, as well as provide clues to a patient's overall well-being.

It is important for patients to provide their dentists with complete medical and dental histories and to inform dentists of any recent health developments, including the use of over-the-counter medications and diet supplements, even if they seem unrelated to oral health. Some health conditions may affect how dental care is provided.

Delta Dental enrollees can educate themselves about the relationship between oral and overall health by subscribing to our e-newsletter, *Dental Wire*, or visiting the oral health section of our web site.



Delta Dental of California
Delta Dental of Delaware
Delta Dental of the District of Columbia
Delta Dental of Pennsylvania (and Maryland)
Delta Dental of New York
Delta Dental of West Virginia
Delta Dental Insurance Company
(Alabama, Florida, Georgia, Louisiana, Mississippi,
Montana, Nevada, Texas, Utah)

www.deltadentalins.com

Delta Dental's commitment to oral and overall health

Recent articles in many medical and dental journals — including *Scientific American* and the *Journal of the American Dental Association* — have discussed increasing evidence supporting a relationship between medical conditions and dental disease.

Delta Dental is committed to promoting dental health and continually reviews the current literature to remain in the forefront of providing enrollee benefits that are based upon well-established science and make sense from both an oral health and economic standpoint. Some of the ways we promote oral and overall health include:

- Plan designs that encourage regular dental visits.
- Quality assessment reviews of dental offices with patient chart reviews for documentation of medical information, health conditions and medical alerts.
- Materials for enrollees that stress the value of preventive care.
- A free enrollee e-newsletter with topics that include the relationship between oral and overall health.
- An extensive oral health section on our web site.
- An award-winning SmileKids web site (www.keepkidssmiling.com) and Teeth-on-the-Go program to educate children about the importance of oral health.
- Exchanging medical-dental data with clients or the third-party administrators who handle their wellness initiatives.

In addition to programs that promote oral health to our enrollees, we are involved in several initiatives to increase community health, including:

- Increasing water fluoridation in communities.
- Sponsoring research, such as a study to test the safety and efficacy of an antimicrobial lollipop that helps prevent tooth decay.
- Sponsoring neighborhood dental clinics.

Healthy smiles for a lifetime: Basics of preventive dental care



We'll do **whatever it takes** and then some.

The true cost of a cavity

Did you know that the cost of a cavity over your lifetime can run as high as \$2,000? And did you know that most cavities can be avoided with easy and routine preventive care — including a regular dental health regimen, fluoridation and sealants?

Delta Dental plans have always emphasized diagnostic and preventive benefits, such as coverage for checkups so that you keep your mouth healthy and need fewer restorative services.

The daily routine

Many oral health problems, such as gum disease and tooth decay, can be prevented by a simple routine: brushing twice a day, flossing daily, eating a balanced diet and having regular dental checkups.

- Plaque is a sticky, colorless film that builds up on teeth every day. Bacteria in plaque produce acids that attack your teeth. To remove plaque buildup, brush your teeth twice a day with fluoridated toothpaste. The recommended brushing time is two to three minutes.
- Daily flossing helps remove plaque from places your toothbrush can't reach. If you find floss difficult to work with, use a floss holder, which can help insert floss in between teeth.
- Avoid starchy and sugary foods, which increase plaque. A healthy diet provides the nutrients necessary (vitamins A and C, in particular) to prevent gum disease.
- Avoid cigarettes and chewing tobacco, which may contribute to gum disease and oral cancer.

Fluoride

Fluoride is a beneficial and cost-effective way to prevent tooth decay in children and adults, according to the American Dental Association (ADA). Fluoride is a

compound of the element fluorine, which is present naturally in many foods and in water, soil and air.

According to the ADA, public water fluoridation is considered the most efficient and cost-effective way to prevent cavities. However, other sources of fluoridation need to be considered as a number of states or counties still don't have fluoridated tap water and many people drink bottled water.

If you or your children don't ingest much fluoridated water, here are some ways to add more fluoride to your diet:

- Use a fluoride toothpaste and mouth rinse and/or professionally-applied gels or varnishes.
- If you live in a community without a fluoridated water supply, take dietary fluoride supplements (tablets, drops or lozenges). Supplements are available by prescription and are intended for children ages six months to 16 years living without fluoridated water in their community.

WE KEEP YOU SMILING®

Why do 56 million enrollees trust their smiles to Delta Dental?

- More dentists
- Simpler process
- Less out-of-pocket

SmileWay™ Wellness Program

Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free newsletter subscription, at: mysmileway.com.

Connect with us!

facebook.com/deltadentalins
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youtube.com/deltadentalins

Product administration

Delta Dental includes these companies in these states: Delta Dental of California – CA • Delta Dental of Pennsylvania – PA & MD • Delta Dental of West Virginia – WV • Delta Dental of Delaware, Inc. – DE • Delta Dental of the District of Columbia, Inc. – DC • Delta Dental of New York, Inc. – NY • Delta Dental Insurance Company – AL, FL, GA, LA, MS, MT, NV, TX, UT

Caring for children's teeth

Good dental care is vital throughout a child's entire growing period — from before birth to the early 20s — so it is essential to teach good habits early. If you are aware of a few simple facts, you can help your child get off to a healthy start:

- Cleaning a child's teeth should begin when the first tooth is visible — at about age six months. Wipe a baby's teeth and gums with a soft, damp washcloth or gauze pad.
- If you give your child a bottle to take to bed, be sure it contains only water.
- Calcium is extremely important for strong teeth and to the structure of the face and jaws. Make sure your child drinks plenty of milk and eats other calcium-rich foods, such as low-fat yogurt and cheese. Discourage snacks that are high in sugar or starch and sticky foods, such as candy.
- Children who play sports should wear mouthguards, available at sports stores or from your dentist.
- Pay special attention to your child's teeth during the teen years, when almost all permanent teeth are in. Decay most often occurs during this time, due to dietary changes and inadequate dental hygiene.

Caring for seniors' smiles

As we get older, our dental needs become increasingly specialized. Because our dental needs may be different than they once were, regular visits to the dentist are essential. Although many seniors wear dentures, adult tooth loss is often a result of preventable oral disease.

Here are other factors to consider when keeping smiles healthy for seniors:

- Many seniors affected by medical conditions take medications that can adversely interact with dental anesthesia and may cause changes to the oral tissues. Seniors should keep their dentist informed of any changes or updates in their medical history to prevent potentially harmful drug interactions.
- Plaque will stick to dentures just as it does to natural teeth. If plaque is not removed, buildup can lead to discomfort, sores, infection and even bone loss. Seniors should ask their dentist about how to properly care for dentures.
- Family members can play an active role by helping to schedule regular dental visits for homebound seniors or those in nursing homes.

Some information courtesy of the Academy of General Dentistry

SmileWaySM Wellness Program: Take the Challenge



We'll do whatever it takes and then some.

Welcome to the SmileWay Wellness Program

Take the SmileWay Challenge, a fun way to learn how to improve your dental health. In this program, you manage your level of participation because it's: Your smile. Your health. Your way.

Delta Dental's new SmileWay Wellness Program provides a fun and interactive way for you to increase your dental health knowledge. By participating in the program, you can learn good oral health habits to help you and your family avoid pricey and painful dental problems. And because there is a known link between oral and overall health, you may find you are healthier overall.

The SmileWay Challenge provides recommendations for how to participate in the program by taking advantage of the extensive resources available on our SmileWay Wellness site.

The screenshot shows the Delta Dental website with a search bar and navigation links. The main content area features a 'SmileWay' logo with the tagline 'Your smile. Your health. Your way.' and a 'Take the SmileWay Challenge' section with buttons for 'Review Your Habits', 'Stay Informed', and 'Get Educated', and a 'Start Now' button. Below this are sections for 'Oral Health Topics' (including Kids & Teens, Seniors, Emergency Care, Conditions, Mouth-Body Connection, Preventive Care, and Dental Treatments), 'Just for Kids' (with a cartoon character and text about dental health tips for kids), 'Free Newsletter', 'Flossing your fangs' (with text about Halloween and flossing), 'Sugary, sticky Halloween treats can play tricks on Children's teeth' (with text about candy and cavities), 'Watch Your Health', 'Stay Informed' (with social media icons), 'Review Your Habits' (with text about a quick interactive quiz and links for 'Gum Quiz' and 'Cavity Quiz'), and 'Glossary of Dental Terms' and 'Glossary of Insurance Terms'.

Continued on back



mysmileway.com

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Connect with us!

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The SmileWaySM Wellness Challenge

1. Review your habits

Take one or both of our interactive quizzes to see if you are at risk for cavities or gum (periodontal) disease. When you receive your quiz results, you can sign up to receive customized emails based on your risk level.

2. Get educated

Read any of the 100+ articles on dental health-related topics — everything from acid reflux to x-rays. We also have a variety of short videos on specific topics.

3. Stay informed

Receive regular dental health tips and information from us by:

- following us on Twitter
- connecting with us on Facebook
- signing up for our e-newsletter *Dental Wire* (sent to your email box six times a year)

All of this is accessible from our SmileWay Wellness site at **mysmileway.com**. Bookmark the page so you can refer to it frequently.



Simple ways to participate in the Challenge

- Take the cavity quiz: deltadentalins.com/oral_health/dental-cavity-quiz
- Take the gum (periodontal) quiz: deltadentalins.com/oral_health/gum-disease-quiz
- Read 3 dental health articles: deltadentalins.com/oral_health/index-all.html
- Watch 3 dental health video clips: deltadentalins.com/oral_health/videos.html
- Visit our children's website and take the cavity quiz or play a game: mysmilekids.com
- Like us on Facebook: facebook.com/deltadentalins
- Follow us on Twitter: twitter.com/deltadentalins
- Subscribe to the *Dental Wire* e-newsletter: go.deltadentalins.com/SU-DentalWire.html

Visit the Delta Dental website www.deltadentalins.com



We'll do whatever it takes and then some.

Convenient services and information on our website

Our website* makes it easy for you to manage your dental plan. Tools, services, information, forms – you'll find everything you need just a click away.

1 Log in to:

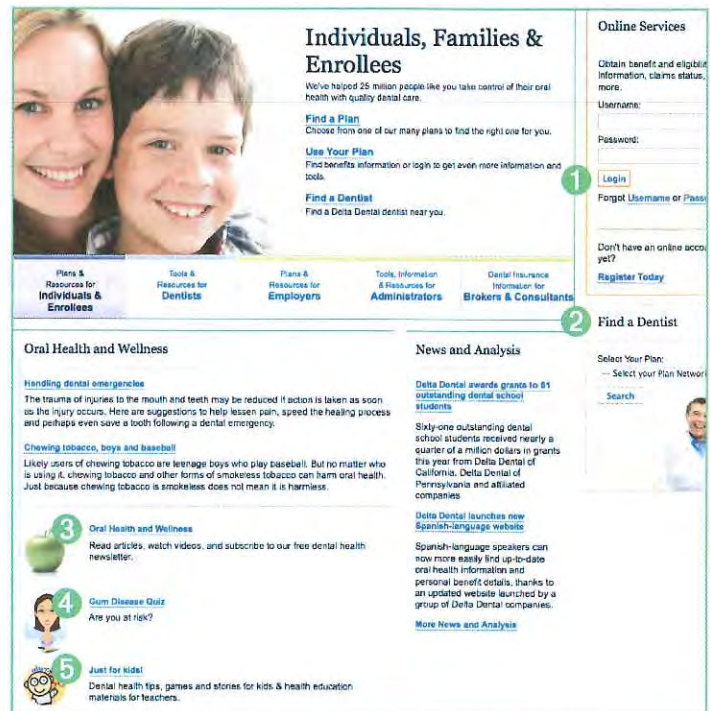
- Check benefits, eligibility and claims status
- Print your ID card
- Find the average cost of a dental procedure in your area

2 Find a dentist:

- Select your plan
- Enter options such as state and ZIP code
- Search for a dentist and link to a map with driving directions

3 Oral health information

Read articles, watch videos, find a glossary of dental terms and subscribe to *Dental Wire*, our free dental health newsletter



4 Oral Health Quizzes

Assess your risk for cavities and gum disease and learn how to prevent them

5 Just for kids

See our kids' website also available at MySmileKids.com

* The website www.deltadentalins.com is the home of the Delta Dental companies listed on the reverse side and their subsidiaries and affiliates. For other Delta Dental companies, visit the Delta Dental Plans Association website at www.deltadental.com.

WE KEEP YOU SMILING®

Why do 54 million enrollees trust their smiles to Delta Dental?

- More dentists
- Simpler process
- Less out-of-pocket

Free Newsletter

Get the latest in oral health with *Dental Wire*, our bi-monthly e-mail newsletter. Sign up at: deltadentalins.com/oral_health

Delta Dental Customer Service

DeltaCare USA®
800-422-4234

Delta Dental PPOSM and
Delta Dental Premier®
Delta Dental of California
800-765-6003

Delta Dental of Delaware
Delta Dental of the District of Columbia
Delta Dental of New York
Delta Dental of Pennsylvania
(and Maryland)
Delta Dental of West Virginia
800-932-0783

Delta Dental Insurance Company
(Alabama, Florida, Georgia,
Louisiana, Mississippi, Montana,
Nevada, Texas, Utah)
800-521-2651

California School District Employees
800-499-3001

www.deltadentalins.com

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1 Other tools and information:

Visit the “Use Your Dental Plan” page for a helpful plan support guide and answers to frequently asked questions.

- Download and print a claim form
- Find general information about how your plan works
- Get instructions for using our website

2 Forms and support:

- Find quick links to claim, grievance and customer service request forms

3 Delta Dental en Español:

- Visit a Spanish version of our website

Q: How do I log in to the website?

A: Simply enter your user name and password in the designated boxes and submit. If you don't already have a user name or password, click the “Register Today” link to complete the quick registration process.

Q: What if I have trouble logging in to the website?

A: If you have problems, use the Online Services Login Customer Service Form to contact us for assistance. You can find the form on the “Individuals & Enrollees” page of the website. Scroll down the “Individuals & Enrollees” page to find the Forms box on the right-hand side of the page. You can find the Online Services Login Service Form link at the end of the Customer Service Forms section.

Q: What if I don't have Internet access?

A: You can check your benefits, eligibility and claim information on our interactive voice response telephone line or speak to a Customer Service agent Monday through Friday by calling Delta Dental toll-free. For DeltaCare[®] USA enrollees, please call 800-422-4234. For Delta Dental PPOSM and Delta Dental Premier[®] enrollees, please use the appropriate number listed at the left to call your local Customer Service.

Q: Can I contact Delta Dental through the website?

A: Yes. You don't have to log in to contact us from the website. Simply click on “Contact us” at the top of the home page and follow the appropriate links for your plan. You'll be presented with a number of contact options, including Online Customer Service Request Forms for specific issues.

Q: How can I check on the average cost of a dental procedure in my area?

A: Log in by entering your user name and password and click on “Fee Finder” in the main navigation menu.

Q: How current is the information in the online dentist directory?

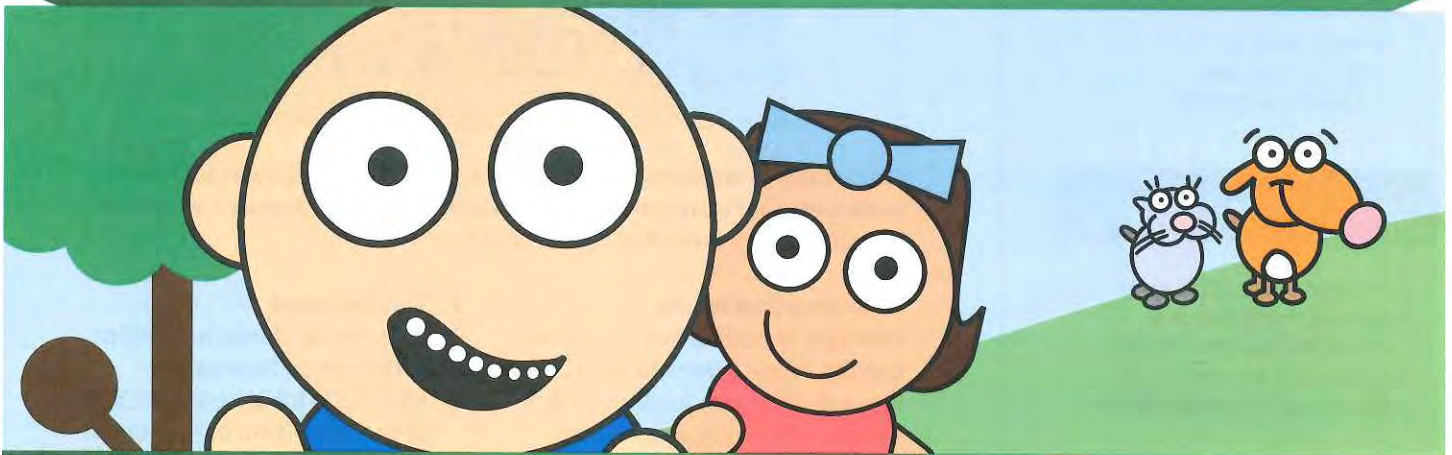
A: The “Find a Dentist” directory is updated daily.

Q: What if I have more questions?

A: For detailed instructions on checking your benefits and eligibility, finding a dentist, printing an ID card and submitting a claim form, visit the “Use Your Dental Plan” page of our website for these and other helpful topics.



Meet the Smyles



We'll do whatever it takes and then some.

Learn about dental health the fun way

Visit Delta Dental's website for children, parents and teachers to learn more about children's oral health.

Fun features on MySmileKids include dental health-related activities, games and stories.

MySmileKids

LEARN ABOUT DENTAL HEALTH THE FUN WAY,
WITH STORIES, GAMES AND TIPS...



DELTA DENTAL
© 2011 Delta Dental



February is Children's Dental Health Month.
Learn about [dental health for kids and teens](#).

- MySmileKids en Español
- Contact Delta Dental
- Parents and teachers



Our website has many activities to promote healthy smiles. Children learn about dental health the fun way with interactive games, stories, coloring pages, fun facts and health tips. The site also has sound effects, so turn up the volume!

Adults, too, will find the website useful. MySmileKids features a

section of health education materials for teachers to incorporate into lesson plans, or for parents to share with their children. There's also an interactive quiz to help you determine your child's risk for cavities.

Link to MySmileKids from the home page on the Delta Dental website, or go directly to mysmilekids.com.

DELTA DENTAL

WE KEEP YOU SMILING®

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SmileWay™ Wellness Program

Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free newsletter subscription, at: mysmileway.com.

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youtube.com/deltadentalins

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Check out our new wellness resource



The **SmileWay Wellness Challenge** provides recommendations for how to participate in the program by taking advantage of the extensive resources available on our SmileWay Wellness site.

1. Review your habits

Take one or both of our interactive quizzes to see if you are at risk for cavities or gum (periodontal) disease. When you receive your quiz results, you can sign up to receive customized emails based on your risk level.

2. Get educated

Read any of the 100+ articles on dental health-related topics — everything from acid reflux to x-rays. We also have a variety of short videos on specific topics.

3. Stay informed

Receive regular dental health tips and information from us by:

- a. signing up for our e-newsletter *Dental Wire* (sent to your email box six times a year)
- b. connecting with us on Facebook
- c. following us on Twitter

All of this is accessible from our SmileWay Wellness site at mysmileway.com. Bookmark the page so you can refer to it frequently.

Questions about oral health?

If you've got questions about oral health, be sure to check out our **SmileWay Wellness Site** for answers. We've compiled an extensive library of articles on oral health topics from amalgam fillings to x-rays and just about every oral health topic in between.

Mouth-body Connection

- Diabetes and oral health
- Heart disease and oral health
- Men's and Women's oral health
- Stress and oral health

Preventive care

- Brushing and flossing
- Dental cleanings
- Fighting bad breath
- Fluoride
- Choosing and caring for your toothbrush

Emergency care

- Dental care when traveling
- Handling dental emergencies

Kids & teens

- Baby bottle tooth decay

- Children's oral health
- Teens' oral health

Seniors

- Dental care of Alzheimer's patients
- Dentures
- Seniors' oral health

Dental treatments

- Amalgam and resin fillings
- Braces
- Dental implants
- Sealants

Conditions

- Dry mouth
- Mouth sores
- Sensitive teeth
- TMJ

Chew on this: what to eat to keep your teeth



We'll do whatever it takes and then some.



**March is National
Nutrition Month**

Learn more about how good nutrition contributes to good oral health and a sparkling smile. Visit the SmileWaySM Wellness site at mysmileway.com.

Preserve your smile by eating a well-balanced diet. Be sure to choose foods from a variety of food groups and include lots of vegetables, fruits, whole grains, lean proteins and low-fat dairy options. Make note of these other nutrition tips for a healthy smile:

- Calcium and vitamin D supplements decrease the risk for tooth loss.
- Always keep your mouth moist by drinking lots of water. Saliva protects oral tissues.
- Avoid soft, sweet, sticky foods, such as cakes, candy and dried fruits; they promote tooth decay.
- When you eat crackers, cookies and chips, eat them as part of your meal. Combinations of foods neutralize acids in the mouth and inhibit tooth decay.
- Eat apples, celery or raw carrots to help keep teeth clean.
- Chew sugarless gum sweetened with Xylitol to temporarily inhibit bacteria growth.

Section 4

Additional Life Insurance

Cigna Group Insurance

Basic and Voluntary Term Life Insurance Overview



Prepared for the employees of Kings College

What would happen to your family if you and your income were gone?

- Could they maintain their standard of living?

Three in 10 households carry no life insurance on anyone in the household.

Household Trends in U.S. Life Insurance

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership

Basic Term Life Insurance Coverage – paid by your employer

Employee - If you are an active, full-time employee and work at least 35 hours per week or an active faculty employee and work at least 15 hours per week

- Benefit Amount and Maximum – The Lesser of 1.5X Annual Compensation to \$100,000
- Coverage begins at 7/1/2012
- Benefit Reduction Schedule – 67% at age 70, 45% at age 75 and 30% at age 80

Voluntary Term Life Insurance Coverage – paid by you

Employee – If you are an active, full-time employee and work at least 35 hours per week or an active faculty employee and work at least 15 hours per week

- Benefit Amount – Increments of \$10,000 to \$300,000
- Maximum – \$300,000
- Coverage begins at 7/1/2012
- Benefit Reduction Schedule – Providing you are still employed, benefits will decrease 67% at age 70, 45% at age 75 and 30% at age 80

Your Spouse — Up to age 70 is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Increments of \$10,000 to \$300,000
- Maximum – \$300,000
- Coverage begins at 7/1/2012
- Spouse coverage cannot exceed 100% of Employee coverage

Your Unmarried, Dependent Children — Under age 19 (or under age 25 if they are full-time students), as long as you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$10,000
- Maximum – \$10,000

No one may be covered more than once under this plan.

Guaranteed Coverage for Voluntary Term Life Insurance Coverage

Guaranteed Coverage Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed Coverage is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the Guaranteed Coverage Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form.

Guaranteed Coverage for Employee is \$50,000 for employee and \$10,000 for spouse during approved open enrollment periods

Note: Cigna will honor coverage amounts elected under the prior contract ending 6/30/2012 with no Medical Evidence required.

How Much Your Coverage will Cost per Month

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Child Benefit
Less than 29 years	\$0.07	\$0.07	Voluntary Child \$1.50/month for each employee electing child coverage
30-34	\$0.09	\$0.09	
35-39	\$0.12	\$0.12	
40-44	\$0.20	\$0.20	
45-49	\$0.33	\$0.33	
50-54	\$0.57	\$0.57	
55-59	\$0.91	\$0.91	
60-64	\$0.99	\$0.99	
65-69	\$1.75	\$1.75	
70-74	\$3.18		
75-79	\$5.65		
80+	\$11.50		

* Costs are subject to change

Cost Calculation Example

	Age	Monthly Cost per \$1,000		Benefit				Monthly Cost
Example	33	.09	X	100,000	÷	1,000	=	\$9.00
Yours			X		÷	1,000	=	



Other Coverage Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 75% of the Voluntary Term Life Insurance coverage amount in force or \$500,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

Waiver of Premium

If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year.

Extended Death Benefit

The extended death benefit ensures that if you become disabled prior to age 60, and die before you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended.

Conversion

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Portability

This plan allows you to continue all of your

voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children.

Exclusions

The Voluntary portion of this plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

Programs Included at No Additional Cost

Cigna Healthy Rewards® Program

Program provides you and your covered family member's discounts on health programs and services like weight loss management, fitness, smoking cessation and more. Enjoy instant savings of up to 60% when you take advantage of this opportunity. Visit www.Cigna.com/rewards (Password: savings) or call: 800.258.3312.

Cigna's Online Will and Health-related Legal Document and Funeral Preparation Program

Offers you and your covered spouse access to a website that helps you build state-specific customized wills and other legal documents as well as create an end-of-life plan that spells out the handling of your estate and funeral arrangements. Visit www.Cignawillcenter.com.

Cignassurance® for Beneficiaries

Provides your family with bereavement counseling with certified specialists, financial information from experienced professionals and legal consultation services.

Cigna's Identity Theft Program

Provides access to personal case managers who give step-by-step assistance and guidance if you have had your identity stolen.



This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. TBD issued in PA to Kings College. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2011



BENEFICIARY DESIGNATION FORM

Life Insurance Company of North America



CIGNA Group Insurance
Life • Accident • Disability

Employer Name _____

Employee Name _____ Employee Social Security # _____

Current Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ *please enter all dates in mm//dd/yyyy format.*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Life Insurance, Life Insurance Company of North America - Policy No. _____				
Employee's Primary Beneficiary(ies):	Relationship	SS #	Date of Birth	% (total must equal 100%)
Contingent(s):	Relationship	SS #	Date of Birth	% (total must equal 100%)
Basic Accident Insurance, Life Insurance Company of North America - Policy No. _____				
Employee's Primary Beneficiary(ies):	Relationship	SS #	Date of Birth	% (total must equal 100%)
Contingent(s):	Relationship	SS #	Date of Birth	% (total must equal 100%)

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

Please refer to page 2 to review *Guidelines for Designation of Beneficiaries*. If you need additional space, using the above format, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.

Assistance Program
24/7



Assistance Program



Assistance Program

Self-service support – at your fingertips.

Educational materials on work/life topics such as caregiving, daily living and working smarter are available online, including a savings center and relocation center.

Extra flexibility. For assistance with your search, we can email you. Include your email address when you request support via the web. It's just one more way for us to meet your needs.

Call us any time, any day or go online for confidential assistance, information or resources to help resolve life's challenges.



Whatever life throws at
you – throw it our way.



* Healthy Rewards® is a discount program. Some Healthy Rewards programs are not available in all states. **A discount program is NOT insurance, and the member must pay the entire discounted charge.**

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591220b 12/08 © 2008 CIGNA

Life.

Just when you think you have it figured out, along comes a challenge. But whether those challenges are big or small, your Life Assistance & Work/Life Support Program is available to help you and your family find a solution and restore your peace of mind.

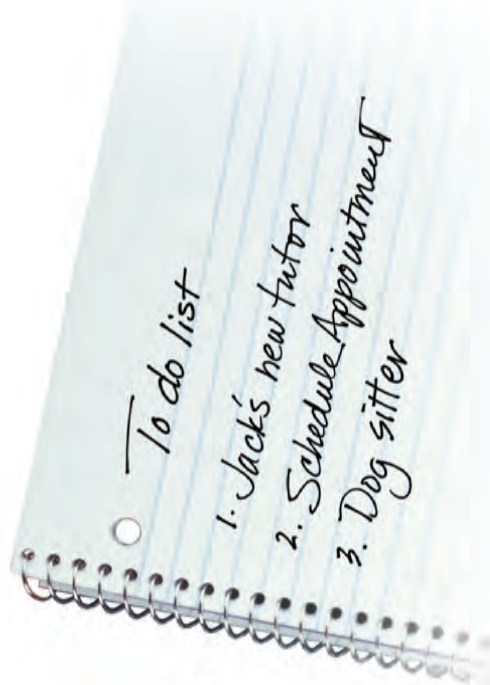
Call us any time, any day. We're just a phone call away whenever you need us - at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools.

Visit a specialist. For face-to-face assistance, you have 3 sessions available to you and your household members. Call us to request a referral.

Reward yourself. Access your Healthy Rewards** amenities program for discounts on a range of health and wellness services and products from participating providers.

Achieve Work/Life Balance. Get extra support for handling life's demands. Call for advice or a referral to a service in your community on topics such as:

- **Legal Consultation.** Receive a 30-minute free consultation and up to a 25% discount on select fees.
- **Parenting.** Receive guidance on child development, sibling rivalry, separation anxiety, and much more.
- **Senior Care.** Learn about challenges and solutions associated with caring for an aging loved one.
- **Child Care.** Whether you need care all day or just after school, find a place that's right for your family.
- **Pet Care.** From grooming to boarding to veterinary services, find what you need to care for your pet.
- **Temporary Back-up Care.** Don't let an unplanned event get the best of you – find back-up childcare.



These are just a few examples of the support available to you. Call to get the assistance you need to help resolve life's challenges.

800.538.3543

Log on to www.cignabehavioral.com/CGI

Click on the Healthy Rewards link to access discount information:

User name: **rewards**
Password: **savings**



Call us or reach us online.
800.538.3543

www.cignabehavioral.com/CGI

Click on the Healthy

Rewards link to access
discount information:

User name: **rewards**

Password: **savings**



Call us or reach us online.
800.538.3543

www.cignabehavioral.com/CGI

Click on the Healthy

Rewards link to access
discount information:

User name: **rewards**

Password: **savings**

Helping Combat Identity Theft

You've heard about it in the news—you may even know someone who's been a victim. Identity theft is America's fastest growing crime, victimizing almost 11 million people a year.¹ It's a serious crime that occurs when an unauthorized person uses your personal information—your name, Social Security number, bank or credit account number(s), or driver's license number—for fraudulent use. It's also a silent crime—often taking a year or more to be discovered, and leaving victims with a cumbersome, time-intensive process to restore their credit records and good name. CIGNA's Identity Theft Program is available to individuals who have CIGNA's Group life, accident or disability coverage. This program provides resolution services to help you work through critical identity theft issues you may encounter.

Valuable help when you need it most

Our identity theft program provides:

- A review of credit information to determine if an identity theft has occurred
- An identity theft resolution kit and an identity theft affidavit for credit bureaus and creditors
- Help with reporting an identity theft to credit reporting agencies
- Assistance with placing a fraud alert on credit reports, and cancellation and replacement of lost or stolen credit cards
- Assistance with replacement of lost or stolen documents
- Access to free credit reports
- Education on how to identify and avoid identity theft
- \$1,000 cash advance to cover financial shortages if needed²
- Emergency message relay
- Help with emergency travel arrangements and translation services

Services for every situation

No matter where or when you come under the attack of identity theft, CIGNA's services are there for you.

- We assist with credit card fraud, and financial or medical identity theft;
- We provide real-time, one-on-one assistance—24 hours a day, 365 days a year—in every country in the world;³
- You'll have unlimited access to our personal case managers until your problem is resolved;
- Our website offers helpful information to reduce your risk of identity theft before it happens.

If you suspect you might be a victim of identity theft, call us now at 1.888.226.4567. Our personal case managers are standing by to help you. Please indicate that you are a member of CIGNA Identity Theft Program and Group #57.



Safeguard yourself against identity theft

Here are some important tips to help you manage your personal information and minimize your risk of identity theft.

Your wallet

- Carry only one or two credit cards in your wallet.
- Carry only the identification information that you actually need.
- Do not carry your Social Security card in your wallet; leave it in a secure place.
- If your purse or wallet is stolen, immediately report it to the police.

Your bank statement

- Review your bank and credit card statements monthly for signs of suspicious activity.
- If your statement is late by more than a couple of days, call your credit card company or bank to confirm your billing address and account balances.

Your credit report

- Check your credit reports from the three major credit bureaus—Equifax®, Experian® and TransUnion®—annually and correct any inaccuracies. You can do this at www.annualcreditreport.com.

Your credit cards

- Do not hand over your debit or credit cards to anyone.
- Cancel all unused credit card accounts.

Your Social Security number

- Give your Social Security number only when absolutely necessary, and before providing, ask to use other types of identifiers.
- Remove your Social Security number from any identification you carry in your wallet.

Your mail

- Deposit your outgoing mail in post office collection boxes or at your local post office, rather than in an unsecured mailbox.
- Promptly remove mail from your mailbox.

Your trash

- Tear or shred your charge receipts, copies of credit applications, insurance forms, physician statements, checks and bank statements, expired charge cards that you're discarding and credit offers you get in the mail.

Your workplace

- Secure personal information in your workplace.
- Keep your purse or wallet in a safe place at work; do the same with sensitive personal information such as your paycheck.

Your home

- Secure personal information in your home, especially if you have roommates, employ outside help or are having work done in your home.

Your computer

- Do not keep computers online when not in use. Either shut them off or physically disconnect them from an internet connection.
- Use antivirus software and a firewall.
- Be cautious about opening any attachment or downloading any files from emails you receive.

Your car

- Do not leave any personal information in your car.
- If your car is broken into report it to the police immediately.

For additional tips to reduce your risk and for guidance on what you should do if you become a victim, visit our website at www.cigna.com/idtheft.

¹ Javelin Strategy and Research, January, 2010.

² Provided with confirmation of reimbursement and if traveling more than 100 miles from home.

³ Assistance with U.S. bank accounts only.

CIGNA is a registered service mark used by these insurance companies. This program does not include reimbursement of expenses for financial losses.

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Protection when you travel domestically or internationally



Cigna Secure Travel Services

Here's a quick look at the services available:

- Emergency medical evacuation
- 24-hour multilingual assistance
- Medical referrals
- Prescription refill services
- Assistance with lost or stolen items
- Translation and interpretation services
- Emergency travel services
- No coverage limit on repatriation of remains
- Arrangements for payment of your medical expenses up to \$10,000 with confirmation of reimbursement

An emergency can be much more difficult to deal with when you're traveling. In the event that an unfortunate situation arises – injury, illness, death, theft, natural disaster, disease outbreak or terrorism – knowing that Cigna Secure Travel® is available to you can provide added peace of mind in unfamiliar surroundings. You can be on the other side of the world or only a couple of hours away from home and still get the help you need.

Available to individuals covered under a Cigna Accident plan,¹ Cigna Secure Travel provides emergency medical and travel services, as well as helpful pre-trip planning assistance, when traveling 100 miles or more from home on company business or on vacation.

Help dealing with the unexpected

Cigna Secure Travel can help when you need:

- Emergency cash – Advance up to \$1,500 with confirmation of reimbursement
- Emergency changes to travel plans
- Emergency message center – relay urgent messages toll-free
- Legal referrals to local attorneys, embassies and consulates

Pre-trip planning

Take advantage of Cigna Secure Travel pre-trip planning services, which includes information on:

- Immunization requirements
- Visa and passport requirements
- Foreign exchange rates
- Embassy/consular referrals
- Travel/tourist advisories
- Temperature and weather conditions
- Cultural information



¹Includes group and blanket accident insurance policies underwritten by Life Insurance Company of North America or Cigna Life Insurance Company of New York. Cigna is a registered service mark used by these insurance companies.

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CIGNA's Will Preparation Program

CIGNA makes it easy for you to take charge of those difficult life and health legal decisions. There are no more reasons to hesitate planning for the future with our online will preparation services. Available to individuals who have CIGNA's Group life, accident, or disability coverage.

Think you don't need a will or living will?

If you're like most people, you don't like thinking about planning for your death. However, there are many good reasons why it's very important to have a will no matter what your personal circumstances might be. For example, to have a say in your healthcare treatment if you're not able to speak for yourself, to assign guardianship for minor children, and to secure your assets.

Think you don't have enough assets to need a will?

Nearly one in four (24%) of American adults say their biggest reason for not having a will is a lack of sufficient assets¹. Not having a will puts your family in the position of having to guess about how to manage your personal and financial assets after your death.

Think you can't afford to create a will?

Now you can! CIGNA's Will Center allows you to easily complete essential life and health legal documents online at no cost to you.

Not sure how to develop your will?

Don't worry. CIGNA's Will Center is secure, easy to use, and available to you and your covered spouse seven days a week, 365 days a year. And, if you have any questions, phone representatives are available to assist you via a toll-free number². Once registered on the site, you will have direct access to a Personal Estate Planning web page, where you can:

- create and maintain your personalized legal documents
- follow an intuitive, interactive question and answer process to create state-specific legal documents tailored to your situation
- preview, edit, download and print your legal documents for execution

It's easy! Go to CIGNAWillCenter.com

To access your Personal Estate Planning web page, simply complete the online form and register as a new user. When prompted for a registration code, provide your date of birth plus the last four digits of your Social Security number. Once this is completed you can immediately start building your will and other legal documents.

¹ National Association of Estate Planners and Councils. "Wills 101: Everything You Know But Don't Want to Think About." June 2006.

² No legal advice is provided.



Now is the time to get started. Visit CIGNAWillCenter.com to create your own personalized:

Last Will & Testament – specifies what is to be done with your property when you die, names the executor of your estate and allows you to name a guardian for your minor children.

Living Will – contains your wishes regarding the use of extraordinary life support or other life-sustaining medical treatment.

Healthcare Power of Attorney – allows you to grant someone permission to make medical decisions if you are unable to make them yourself.

Financial Power of Attorney – allows you to grant someone permission to make financial decisions on your behalf if you are unable to make them yourself.

Plus, find information on:

- **Estate Planning**
- **Identity Theft Information Kit**
- **CIGNA's Life and Disability Planning Kits** – access insurance calculators to determine whether you and your family have sufficient coverage for the future.

it's time to feel better



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PROVIDING FINANCIAL PEACE OF MIND DURING A TIME OF NEED

Cignassurance Program for beneficiaries



If the unexpected happens, the Cignassurance® Program can help. Available with Cigna Life and Accident Death and Dismemberment¹ plans, this program provides financial, bereavement and legal support for your loved ones during their time of need. As a beneficiary of your Life and Accident plan, they'll get:

- Free, unlimited and confidential bereavement services over the phone, available 24/7.
- Two free face-to-face counseling sessions with a Cigna Behavioral Health contracted (or network) specialist.²
- 30 minutes each of free legal advice and free financial services advice – all over the phone.²
- Referrals to discounted, professional legal services for help settling an estate, preparing a will or general advice.³
- Access to a Cignassurance account – a free, interest-bearing account for proceeds over \$5,000. This account keeps their insurance proceeds in a safe place and gives them time to deal with more pressing issues. Account balances and activity can be managed 24/7 at **Cignassurance.com**.
- Our *Looking Ahead* guidebook to help them navigate legal and financial responsibilities and research additional benefits.



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

1. The Cignassurance program for beneficiaries is available to beneficiaries receiving coverage checks over \$5,000 from Cigna Group Life and Personal Accidental Death and Dismemberment Programs. Cignassurance accounts are not deposit account programs and are not insured by the Federal Deposit Insurance Corporation or any other federal agency. Account balances are the liability of the insurance company and the insurance company reserves the right to reduce account balances for any payment made in error.
2. Phone and face-to-face counseling sessions must be used within one year of the date the claim is approved. Counseling, legal or financial assistance programs are not available under policies insured by Cigna Life Insurance Company of New York
3. Additional charges may apply.

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Programs and services to enhance your health and wellness

Improving health has many rewards

From acupuncture to natural supplements. From aerobic classes to a therapeutic massage. You and your family have health choices like never before. How do you learn more about the many alternatives and choose to make them a part of your family's healthy lifestyle? That's the idea behind Healthy Rewards®. This program provides discounts on health programs and services as part of CIGNA's ongoing effort to promote wellness.

Reward Yourself

CIGNA Healthy Rewards® broadens your health care choices and saves you money. There's no time limit or maximum to Healthy Rewards®, so you and your covered family members can use them whenever you need them. Enjoy instant savings when you visit a participating provider or shop online.

You value your health enough to make smart choices. A better, healthier lifestyle is only a click away.

No referrals. No claim forms. No catch.

Simply visit the website below to print out a Healthy Rewards ID card, which you and your covered family members can present to any Healthy Rewards provider to access discounts on a range of health programs and services.

If good health is its own reward, consider this a well-deserved bonus.

To access Healthy Rewards®:
CIGNA.com/rewards | password: savings
Or call us at: 1.800.258.3312

Some Healthy Rewards programs are not available in all states. If your CIGNA plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical coverage. A discount program is NOT insurance, and the member must pay the entire discounted charge.

The following Healthy Rewards® programs are available to you and your family members enrolled in a CIGNA life, accident or disability plan.

Weight Management and Nutrition

Healthyroads™ Weight Management Program

Registered Dietitian Network
Jenny Craig®

Vision and Hearing Care

Exams, Eyewear and Contacts
LASIK Vision Correction
Hearing Exams and Aids

Tobacco Cessation

Healthyroads™ Tobacco Cessation Program

Alternative Medicine

Acupuncture
Chiropractic Care
Massage Therapy

Mind/Body

Healthyroads™
Mind/Body Program

Fitness

Fitness Club Memberships
Just Walk 10,000 Steps-a-Day

Vitamins, Health and Wellness Products

Drugstore.com™

ChooseHealthy.com™



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Section 5

Flexible Spending

FLEXIBLE SPENDING ACCOUNT ELIGIBLE & INELIGIBLE EXPENSES EFFECTIVE JANUARY 1, 2011

The FSA is an IRS-sanctioned benefit, where you can use pre-tax dollars to cover eligible expenses that you may incur. The IRS defines eligible expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatment affecting any part or function of the body. Effective 01/01/11, Over-the-Counter (OTC) **MEDICINES ONLY**, will no longer be eligible expenses unless a "Note of Medical Necessity" is submitted. Listed below are the **Eligible Expenses**. Other expenses not specifically listed may also qualify.

Baby/Child to Age 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby Care

Dental Services

- Dental X-Rays
- Dentures and Bridges
- Exams/Teeth Cleaning
- Extractions and Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces

Hearing

- Hearing Devices and Batteries
- Hearing Exams

Lab Exams/Tests

- Blood Tests and Metabolism Tests
- Body Scans
- X-Rays
- Cardiographs
- Laboratory Fees
- Spinal Fluid Tests
- Urine/Stool Analysis

Vision Services

- Eye Examinations
- Eyeglasses
- Contact Lenses and Supplies
- Laser Eye Surgeries
- Artificial Eyes
- Prescription Sunglasses
- Radial Keratotomy/LASIK
- Reading Glasses

Medical Procedures/Services

- Acupuncture
- Alcoholism (inpatient and outpatient treatment)
- Ambulance
- Drug Addiction
- Hospital Services
- Infertility Treatment
- In Vitro Fertilization
- Norplant Insertion or Removal
- Physical Exam (non employment related)
- Reconstructive Surgery for Congenital Defect or accident
- Service Animals*
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*
- Vaccinations / Immunizations
- Vasectomy and Vasectomy Reversal

Medical Equipment/ Supplies

- Abdominal / Back Supports
- Air Purification Equipment*
- Arches / Orthopedic Shoes
- Band-aids
- Braces and Supports
- Contraceptive Devices
- Crutches and Wheel Chairs
- Elastic Bandages and Wraps
- Exercise Equipment*
- First Aid Supplies
- Hospital Bed
- Mattresses*
- Medic Alert Bracelet or Necklace
- Oxygen*
- Pregnancy Test Kits
- Post Mastectomy Clothing
- Prosthesis
- Splints/Casts
- Support Hose*

- Syringes
- Wigs*

Medication

- Birth Control
- Homeopathic Medications*
- Insulin
- Prescription Drugs

Obstetric Services

- Lamaze Class
- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre and Postnatal Treatments

Practitioners

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath or Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

Therapy

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise*
- Hypnosis
- Massage
- Occupational
- Physical
- Speech
- Weight Loss Programs*

* Items marked with an asterisk are "potentially eligible expenses". They require a "Note of Medical Necessity" from your health care provider to qualify for reimbursement.

INELIGIBLE EXPENSES

The IRS DOES NOT ALLOW THE FOLLOWING EXPENSES TO BE REIMBURSED UNDER FSA'S, since they are not prescribed by a physician for a specific ailment:

- Cosmetic Surgery/Procedures
- Dancing/Exercise/Fitness Programs
- Diaper Service
- Electrolysis
- Personal Trainers
- Hair Loss Medication
- Hair Transplant
- Health Club Dues*
- Insurance Premiums and Interest
- Long Term Care Premiums
- Marriage Counseling
- Maternity Clothes
- Sunscreen
- Swimming Lessons
- Teeth Whitening / Bleaching
- Vitamins or Nutritional Supplements

* Items marked with an asterisk are "potentially eligible expenses". They require a "Note of Medical Necessity" from your health care provider to qualify for reimbursement.

Please note that this listing is subject to change at any time and without notice due to new legislation.

King's College
Flexible Spending Reimbursement Request Form
 Medical Expenses

Submit Claims to: Human Resources Department
 133 North River Street
 Wilkes-Barre, Pa 18711
 Attn: Lita Piekara

Phone # (570) 208-5962
 Fax # (570) 208-5967

Attach receipts for all expenses.

<i>Date Incurred</i>	<i>Name of Provider</i>	<i>Covered Person & Relationship</i>	<i>Describe Expense</i>	<i>Amount</i>

EMPLOYEE CERTIFICATION

I certify, that to the best of my knowledge, that the attached bills are eligible for reimbursement. I also certify that the expense has not been reimbursed or is not reimbursable under any other health plan coverage and will not be claimed as in income tax deduction on my personal income tax return.

Employee Signature _____ Date signed _____

INSTRUCTIONS

1. Complete this form and attach supporting documents of provider.
2. Each document must include date of service, amount, Fed. Tax I.D. of the provider and a description of the service.
3. Must attach proof of payment for all items and/or services.
4. If request is for insured expenses not payable by your plan, enclose a copy of the benefit statement you received which informed you it would not be paid.
5. If you do not answer all questions on the form or fail to attach the supporting documents your claim may be delayed. It must be signed and dated.

Dependent Care Expenses that are Eligible - \$5,000 Maximum

Dependent Care Reimbursement

An eligible dependent is any dependent that is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impaired spouse or a dependent that is incapable of caring for him or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.

Child Care Services will qualify for reimbursement from the Dependent Care Reimbursement Account if they meet these requirements:

- The child must be under 13 years old and must be your dependent under federal tax rules.
- Services may be provided inside or outside your home, but not by someone who is a minor or a dependent.
- If services are provided by a day-care facility that cares for six or more children, it must be a qualified day-care center.
- The services must be incurred to enable you, or you and your spouse, to be employed.
- The amount to be reimbursed must not be greater than your income or combined income of an employee and spouse, whichever is lower.
- Services must be for physical care of child, not for education, meals, etc.

Dependent Care Expenses that are Eligible

Allowable Dependent Care expenses include payments to the following when the expenses enable you to work *:

- Child care centers
- Family Day care providers
- Baby-sitters
- Nursery schools
- Caregivers for a disabled dependent or spouse who lives with you
- Household services, provided that a portion of these expenses are for a qualifying dependent incurred to ensure the dependent's well-being and maintenance

Dependent Care Expenses that are not Eligible

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent
- Expenses for food and clothing
- Education expenses from kindergarten on
- Health Care expenses for your dependents
- Overnight camps

TAX ID # IS REQUIRED FOR LICENSED PROVIDERS FOR SERVICES LISTED ABOVE

* Refer to IRS Publication 503 for additional information

King's College
Flexible Spending Reimbursement Request Form
Dependent Care Expenses
(Please Print)

Submit Claims to: Human Resources Department
 133 North River Street
 Wilkes-Barre, Pa 18711

Phone # (570) 208-5925
 Fax # (570) 208-5967

Attach receipts for all expenses.

<i>Date Incurred</i>	<i>Name of Provider</i>	<i>Covered Person & Relationship</i>	<i>Describe Expense</i>	<i>Amount</i>

EMPLOYEE CERTIFICATION

I certify, that to the best of my knowledge, that the attached bills are eligible for reimbursement. I also certify that the expense has not been reimbursed or is not reimbursable under any other health plan coverage and will not be claimed as in income tax deduction on my personal income tax return.

Employee Signature _____

Date signed _____

INSTRUCTIONS

1. Complete this form and attach supporting documents of provider.
2. Each document must include date of service, amount, Fed. Tax I.D. of the provider and a description of the service.
3. If request is for insured expenses not payable by your plan, enclose a copy of the benefit statement you received which informed you it would not be paid.
4. If you do not answer all questions on the form or fail to attach the supporting documents your claim may be delayed. It must be signed and dated.

Section 6

Mandatory Annual Notices

PLAN YEAR 2012-2013

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States 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 health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

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.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2011. You should contact your State for further information on eligibility –

ALABAMA – Medicaid Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	COLORADO – Medicaid and CHIP Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	FLORIDA – Medicaid Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268

CALIFORNIA – Medicaid	GEORGIA – Medicaid
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-8183
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-572-3839	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: http://www.nc.gov Phone: 919-855-4100

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.oregon.gov/OHA/OPHP/FHIAP/index.shtml Phone: 1-888-564-9669	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtml Phone: 1-800-562-3022 ext. 15473
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: www.dhhr.wv.gov/bms/ Phone: 304-558-1700
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531
UTAH – Medicaid and CHIP	
Website: http://health.utah.gov/upp Phone: 1-866-435-7414	

To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

PLAN YEAR 2012-2013

**NOTICE OF OPPORTUNITY TO
ENROLL ADULT DEPENDENT CHILDREN COVERAGE TO AGE 26**

Individuals whose coverage ended, or who were denied coverage, or were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in King's College's Group Health Insurance plans. Child(ren) and Spouses of eligible adult children dependents are excluded from enrollment. Individuals may request enrollment for such eligible adult children dependents to Age 26 for 30 days, April 17, 2012 – May 18, 2012. Individuals are required to complete the enrollment forms within the 30-day period. Individuals will be responsible for any additional premium costs associated with a change to coverage level with the addition of an eligible adult child dependent in accordance with the 2012-2013 Flexible Benefit Plan Enrollment Form. Enrollment will be effective July 1, 2012. Enrollment forms are available from the Human Resources Department. If you need additional information please contact:

Lita Piekara
Interim Director of Human Resources
133 N. River Street
Wilkes-Barre, PA 18711
(570) 208-5962

PLAN YEAR 2012-2013

**IMPORTANT NOTICE TO HEALTH PLAN PARTICIPANTS
AND COVERED FAMILY MEMBERS**

The federal *Women's Health and Cancer Rights Act*, signed into law on October 21, 1998, contains coverage requirements for breast cancer patients who elect reconstruction in connection with a mastectomy. The new federal law requires group health plans that provide mastectomy coverage to also cover breast reconstruction surgery and prostheses following mastectomy.

As required by law, you are being sent this notice to inform you about these provisions. The law mandates that individuals receiving benefits for a medically necessary mastectomy will also receive coverage for:

- ❖ **reconstruction of the breast on which the mastectomy has been performed;**
- ❖ **surgery and reconstruction of the unaffected breast to provide a symmetrical appearance; and**
- ❖ **coverage for prostheses and treatment of physical complications of all stages of treatment for mastectomy, including lymph edemas.**

This coverage will be subject to the same annual deductibles and coinsurance provisions that currently apply to mastectomy coverage, and will be provided in consultation with you and your attending physician.

PLAN YEAR 2012-2013

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. The law applies both to persons enrolled in group health plans and to persons who have individual health care coverage. In general, plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver outside the hospital and you are later admitted to the hospital in connection with childbirth, the period begins at the time of the admission.

Although the NMHPA prohibits group health plans and health insurance issuers from restricting the length of a hospital stay in connection with childbirth, the plan or health insurance issuer does not have to cover the full 48 or 96 hours in all cases. If an attending provider, after speaking with you, determines that either you or your child can be discharged before the 48-hour (or 96-hour) period, the group health plan and health insurance issuers do not have to continue covering the stay for whichever one of you is ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to you or your newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A plan, hospital, insurance company, or HMO would NOT be an attending provider.

PLAN YEAR 2012-2013

IMPORTANT NOTICE FROM KING’S COLLEGE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND 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 King’s College 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 drug plan. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

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 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. King’s College has determined that the prescription drug coverage offered by King’s College’s prescription plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered creditable Coverage. Because your existing coverage is Creditable coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current King’s College Prescription Drug Plan coverage may be affected.

PLAN TYPE	RETAIL/MAIL ORDER TIER 1 PRESCRIPTION COPAY	RETAIL/MAIL ORDER TIER 2 PRESCRIPTION COPAY	RETAIL/MAIL ORDER TIER 3 PRESCRIPTION COPAY
BlueCare PPO 150 And BlueCare PPO 300	\$5.00/\$10.00	\$20.00/\$40.00	\$35.00/\$105.00

If you do decide to join a Medicare drug plan and drop your current King’s College Prescription Drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with King’s College and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher

than the Medicare 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 October to join.

For More Information about This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through King's College changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare 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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	04/01/2012—Plan Year 2012-2013
Name of Entity/Sender:	KING'S COLLEGE
Contact--Position/Office:	LITA PIEKARA INTERIM DIRECTOR OF HUMAN RESOURCES
Address:	133 N. RIVER STREET WILKES-BARRE, PA 18711
Phone Number:	(570) 208-5962

Section 7
Amendments
to
Plan Year 2012-2013

**KING'S COLLEGE
EMPLOYEE WELFARE BENEFIT PLAN**

Plan Year 2012-2013 -- Amendment No. 01

Effective July 1, 2012

King's College's BlueCare PPO 150 and BlueCare PPO 300 Health Insurance Plans (the "Plan") are hereby amended as follows:

1. DEFINITION UPDATES:

The following definitions are added:

RETAIL CLINIC CARE – The treatment of common minor ailments (in a health care facility located in a convenient setting, such as a retail store, grocery store or pharmacy, which offers unscheduled, walk-in care) including, but not limited to, sore throat, coughs or pink eye.

URGENT CARE – The provision of immediate medical service offering outpatient care (in a facility dedicated to the delivery of unscheduled, walk-in care outside of a hospital emergency department) for the treatment of acute and chronic illness or injury.

The following definition has been updated:

COMMUNITY BEHAVIORAL HEALTHCARE NETWORK OF PENNSYLVANIA (CBHNP) – First Priority Life's dedicated unit that provides utilization management for mental health-chemical recovery (behavioral health) services.

2. NEW BENEFITS:

The following Specialists copayment has been changed to reflect:

- **PPO 150 new Specialists co-payment is \$25.00**
- **PPO 300 new Specialists co-payment is \$35.00**

The following copayment is added for Urgent Care/Retail Clinic care:

- **\$50.00 Urgent Care/Retail Clinic Copayment per visit**

The Prescription Drug Program has been updated to include the following:

- **Vaccine Program has been added—preventive vaccines in accordance with the Healthcare Reform Law may be administered through a participating pharmacy as well as a physician's office**

3. BENEFIT AND EXCLUSION CLARIFICATIONS:

The Reconstructive Surgery Section has been updated as follows:

Reconstructive Surgery will only be covered when required to restore function following accidental injury, infection, or disease in order to achieve reasonable physical or bodily function; in connection with congenital disease or anomaly through the age of eighteen (18) unless specifically stated as not covered in Exclusions; or in connection with the treatment of malignant tumors or other destructive pathology which causes functional impairment; or breast reconstruction following a Mastectomy.

The treatment for Alcohol and/or Drug Abuse and Dependency has been updated as follows:

Covered Services are available to a Participant who is certified by a licensed Physician or licensed Psychologist as a person who requires Substance Abuse treatment. Certification and referral by a licensed Physician or licensed Psychologist control the nature and duration of treatment for Inpatient or Outpatient Substance Abuse treatment. The certification must be provided to Community Behavioral Network of Pennsylvania (CBHNP) before claims for treatment rendered will be processed for payment. The certification by a licensed Physician or licensed Psychologist is valid for forty-five (45) days per calendar year or as indicated in the Plan Booklet. Any treatment beyond forty-five (45) days or any subsequent treatment must meet Medical Necessity requirements and will require Pre-Certification as described in Care Coordination.

The exclusion related to coverage for eyeglasses and contact lenses has been updated as follows:

Eyeglasses, contact lenses and hearing aids or examinations for their prescription or fitting are excluded. However, following operations for cataracts, charges for initial replacement of eye lens either by contact lens or by lenses in frames will be considered a covered medical expense, but not charges for cataract sunglasses.

4. PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA):

The Appeal Procedures are being updated to comply with the requirements of the federal health care reform law, known as the Patient Protection and Affordable Care Act (PPACA):

Final determinations denied on the basis of medical judgment are eligible for external review. The participant may file for an external review of the final determination by submitting a written request to BlueCross, First Priority Life. External review determinations will be made by a certified Independent Review Organization ("IRO").

The following is a list of procedures which BlueCross, First Priority Life will follow if a request for External Review is submitted:

- Receive external review request
- Confirm external review eligibility
- Collect documents from internal level review
- Meet informally to review internal level case and any new information provided by member
- Assign IRO
- Contact member to inform of IRO assignment and right to refuse assignment
- Prepare and forward documents to IRO
- Carry out any actions resulting from IRO decision

The Plan Document and Summary Plan Description are amended accordingly. All other terms and conditions of the Plan which are not affected by this Amendment are unchanged.

Accepted By

King's College

Effective 07/01/2012

Section 8

Additional Information For a Healthier Lifestyle



What Is a Heart Attack?

Every 36 seconds, someone dies from heart and blood vessel diseases, America's No. 1 killer. Since most of those deaths are from coronary heart disease — about 452,000 each year — it's important to learn all you can about heart attack. Don't ignore heart problems. It's a matter of life and death!

For example, you should know the warning signs so you can get help right away, either for yourself or someone close to you. Acting quickly can save many, many lives!

Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort. Here are some of the signs that can mean a heart attack is happening:

- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest. It lasts more

than a few minutes, or goes away and comes back.

- Pain or discomfort in one or both arms, your back, neck, jaw or stomach.
- Shortness of breath with or without chest discomfort.
- Other signs such as breaking out in a cold sweat, nausea or lightheadedness.

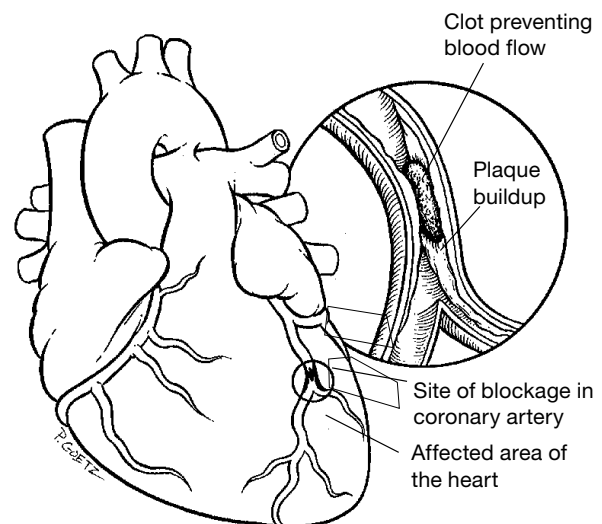
If you or someone you're with has chest discomfort, especially with one or more of the other signs, don't wait more than five minutes before calling for help. Call 9-1-1 or the emergency medical services (EMS) in your area (fire department or ambulance). Get to a hospital right away.

What causes heart attack?

A coronary attack (heart attack) occurs when the blood flow to a part of the heart is blocked (often by a blood clot). This happens because coronary arteries that supply the heart with blood slowly become thicker and harder from a buildup of fat, cholesterol and other substances, called plaque.

If the plaque breaks open and a blood clot forms that blocks the blood flow, a heart attack occurs. Then the heart muscle supplied by that artery begins to die. Damage increases the longer an artery stays blocked.

Once that muscle dies, the result is permanent heart damage.



How can I recover?

Depending on the extent of your heart attack, you may only be in the hospital a few days. But your recovery is just beginning.

- Start making changes in your life now to reduce your risk of having another heart attack. Eat healthful meals, be more physically active, and if you smoke, quit.

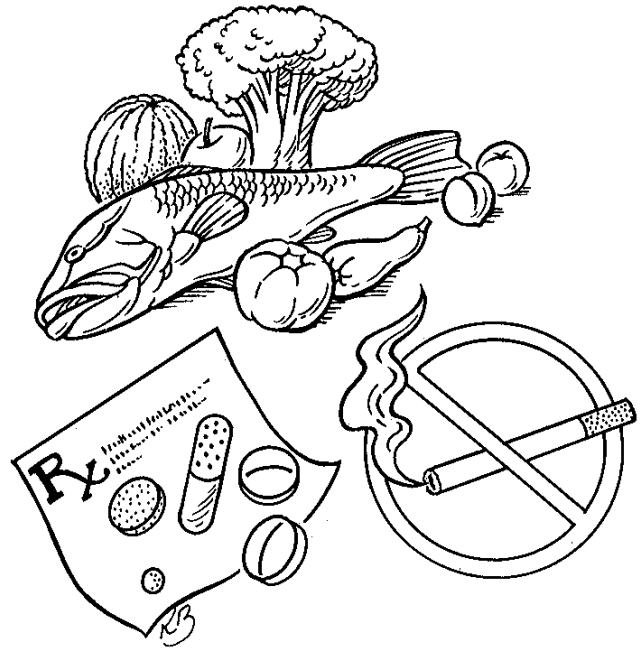
- Talk with your doctor and nurses about how you can live as normal a life as possible. Ask how soon you can go back to work, drive a car, have sex, and what to do if you have chest discomfort. They can answer your questions about other matters, too.
- Join a cardiac rehabilitation program in your area.

How can I avoid a heart attack?

Even if you have heart disease, there's a lot you can do to improve your heart's health.

Ask your doctor or nurse for help. Together, you can set goals to reduce the things that raise your risk of heart attack.

- Don't smoke, and avoid other people's tobacco smoke.
- Treat high blood pressure, if you have it.
- Eat a healthy diet that's low in saturated fat, trans fat, cholesterol and salt.
- Exercise at least 30 minutes on most or all days of the week.
- Keep your weight in the normal range.
- See your doctor for regular check-ups.
- Take your medicines exactly as prescribed.
- Control your blood sugar if you have diabetes.



You can help prevent a heart attack! You must control your blood pressure, stop smoking, eat a healthful diet, exercise and know the warning signs!

How can I learn more?

1. Talk to your doctor, nurse or other health-care professionals. If you have heart disease or have had a stroke, members of your family also may be at higher risk. It's very important for them to make changes now to lower their risk.
2. Call 1-800-AHA-USA1 (1-800-242-8721) or visit americanheart.org to learn more about heart disease.

3. For information on stroke, call 1-888-4-STROKE (1-888-478-7653) or visit StrokeAssociation.org.

We have many other fact sheets and educational booklets to help you make healthier choices to reduce your risk, manage disease or care for a loved one.

Knowledge is power, so *Learn and Live!*

Do you have questions or comments for your doctor?

Take a few minutes to write your own questions for the next time you see your healthcare provider. For example:

What about *desserts*?

What's a *good, healthful cookbook*?

Your contribution to the American Heart Association supports research that helps make publications like this possible.

The statistics in this sheet were up to date at publication. For the latest statistics, see the *Heart Disease and Stroke Statistics Update* at americanheart.org/statistics.

©2007, American Heart Association 10/07LS1466

STROKE WARNING SIGNS



SUDDEN NUMBNESS OR WEAKNESS OF THE FACE, ARM OR LEG, ESPECIALLY ON ONE SIDE OF THE BODY



SUDDEN CONFUSION, TROUBLE SPEAKING OR UNDERSTANDING



SUDDEN TROUBLE SEEING IN ONE OR BOTH EYES



SUDDEN TROUBLE WALKING, DIZZINESS, LOSS OF BALANCE OR COORDINATION



SUDDEN SEVERE HEADACHE WITH NO KNOWN CAUSE

Immediately call 9-1-1 or the emergency medical services (EMS) number so an ambulance (ideally with advanced life support) can be sent for you.

Also, check the time so you'll know when the first symptoms appeared. It's very important to take immediate action. If given within 3 hours of the start of symptoms, a clot-busting drug called tissue plasminogen activator (tPA) may reduce long-term disability for the most common type of stroke.

IN BRIEF:



Your Guide To Physical Activity and Your Heart

Physical Activity



Physical Activity: The Heart Connection

Chances are, you already know that physical activity is good for you. “Sure,” you may say, “When I get out and move around, I know it helps me to look and feel better.” But you may not realize just how important regular physical activity is to your health. Inactive people are nearly twice as likely to develop heart disease as those who are active. Lack of physical activity also leads to more visits to the doctor, more hospitalizations, and more use of medicines for a variety of illnesses. The good news is that physical activity can protect your heart in a number of important ways and keep you healthy overall.

Heart Disease Risk Factors

Risk factors are conditions or habits that make a person more likely to develop a disease. They can also increase the chances that an existing disease will get worse. Certain risk factors for heart disease, such as getting older or having a family history of early heart disease, can't be changed. But **physical inactivity is a major risk factor for heart disease that you can control.**

Other major risk factors for heart disease that you can control are smoking, high blood pressure, high blood cholesterol, overweight, and diabetes. (See the box on page 2, “You Have Control.”)

Every risk factor greatly increases the chances of developing heart disease and having a heart attack. A damaged heart can keep you from doing simple, enjoyable

Physical Activity and Your Health

What does it mean to get “regular physical activity?” To reduce the risk of heart disease, adults only need to do about 30 minutes of moderate activity on most, preferably all, days of the week. This level of activity can also lower your chances of having a stroke, colon cancer, high blood pressure, diabetes, and other medical problems. If you're also trying to manage your weight and prevent gradual, unhealthy weight gain, try to get 60 minutes of moderate- to vigorous-intensity activity on most days of the week. At the same time, watch your calories. Take in only enough calories to maintain your weight. If you're trying to keep weight off, aim a bit higher: Try to get 60–90 minutes of moderate-intensity activity daily, without taking in extra calories.



U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute

You Have **Control**

Physical inactivity is one of several major risk factors for heart disease that you can do something about. The other major risk factors are:

Smoking. People who smoke are up to six times more likely to have a heart attack than nonsmokers. Check with local community groups for free or low-cost programs designed to help people stop smoking.

High blood pressure increases your risk of heart disease, stroke, and other conditions. It can be controlled by getting regular physical activity, losing excess weight, cutting down on alcohol, and changing eating habits, such as using less salt and other forms of sodium. For some people, medication is also needed.

High blood cholesterol can lead to a buildup of plaque in your arteries, which raises your risk for a heart attack. You can lower high blood cholesterol by getting regular physical activity, eating less saturated fat and *trans* fat, and managing your weight. For some people, medication is also needed.

Overweight. If you're overweight or obese, you're more likely to develop heart disease even if you have no other risk factors. However, there is good news: Losing just 5–10 percent of your current weight will help to lower your risk for heart disease and many other medical disorders.

Type 2 diabetes greatly increases your risk for heart disease, stroke, and other serious diseases. Ask your health care provider whether you should be tested for diabetes. Many people at high risk for diabetes can prevent or delay the disease by reducing calories as part of a healthy eating plan and by becoming more physically active.

things, such as taking a walk or climbing steps. But it's important to know that you have a lot of power to protect your heart health. Getting regular physical activity is especially important because it directly reduces your heart disease risk *and* your chances of developing other risk factors for heart disease. Physical activity can also protect your heart by helping to prevent and control diabetes. Finally, physical activity can help you to lose excess weight or to stay at a healthy weight, which will also help to lower your risk of heart disease.

The Benefits Keep Coming

In addition to protecting your heart, staying active:

- May help to prevent cancers of the breast, uterus, and colon
- Strengthens your lungs and helps them to work more efficiently
- Tones and strengthens your muscles
- Builds your stamina
- Keeps your joints in good condition
- Improves your balance
- May slow bone loss

Regular physical activity can also boost the way you feel. It may:

- Give you more energy
- Help you to relax, cope better with stress, and beat the blues
- Build your confidence
- Allow you to fall asleep more quickly and sleep more soundly
- Provide you with an enjoyable way to share time with friends or family

Physical Activity: The Calorie Connection

One way that regular physical activity protects against heart disease is by burning extra calories, which can help you to lose excess weight or stay at your healthy weight. To understand how physical activity affects calories, it's helpful to consider the concept of "energy balance." Energy balance is the amount of calories you take in relative to the amount of calories you burn. If you need to lose weight for your health, eating fewer calories and being more active is the best approach. You're more likely to be successful by combining a healthful, lower calorie diet with physical activity. For example, a 200-pound person who consumes 250 fewer

Go for the Burn!

Some physical activities burn more calories than others. Below is the average number of calories a 154-pound person will burn, per hour, for a variety of activities. (A lighter person will burn fewer

calories; a heavier person will burn more.) As you can see, vigorous-intensity activities burn more calories than moderate-intensity activities.

Moderate-Intensity Physical Activity	Calories Burned per Hour
Hiking	370
Light gardening/ yard work	330
Dancing; golf (walking and carrying clubs)	330
Bicycling (less than 10 mph)	290
Walking (3.5 mph)	280
Weight lifting (light workout)	220
Stretching	180

Vigorous-Intensity Physical Activity	Calories Burned per Hour
Running/jogging; bicycling (more than 10 mph)	590
Swimming (slow freestyle laps)	510
Aerobics	480
Walking (4.5 mph)	460
Heavy yard work (chopping wood, for example)	440
Weight lifting (vigorous workout)	440



If you are just starting or significantly increasing your physical activity, take proper precautions and check with your doctor first.

Source: Adapted from the 2005 Dietary Guidelines Advisory Committee Report

calories per day and walks briskly each day for 1½ miles will lose about 40 pounds in 1 year. Most of the energy you burn each day—about three-quarters of it—goes to activities that your body automatically engages in for survival, such as breathing, sleeping, and digesting food. The part of your energy output that *you* control is daily physical activity. Any activity you take part in beyond your body’s automatic activities will burn extra calories. Even seated activities, such as using the computer or watching TV, will burn calories—but only a very small number. That’s why it’s important to make time each day for moderate- to vigorous-intensity physical activity.

Great Moves

Given the numerous benefits of regular physical activity, you may be ready to get in motion! Three types of activity are important for a complete physical activity program: aerobic activity, resistance training, and flexibility exercises.

Types of Physical Activity

Aerobic activity is any physical activity that uses large muscle groups and causes your body to use more oxygen than it would while resting. Aerobic activity is the type of movement that most benefits the heart.

Examples of aerobic activity are brisk walking, jogging, and bicycling. If you're just starting to be active, try brisk walking for short periods such as 5 or 10 minutes, and build up gradually to 30 to 60 minutes at least 5 days per week. Always start with a 5-minute, slower paced walk to warm up, and end with a 5-minute, slower paced walk to cool down.

Resistance training—also called strength training—can firm, strengthen, and tone your muscles, as well as improve bone strength, balance, and coordination. Examples of resistance training are pushups, lunges, and bicep curls using dumbbells.

Flexibility exercises stretch and lengthen your muscles. These activities help improve joint flexibility and keep muscles limber, thereby preventing injury. An example of a flexibility exercise is sitting cross-legged on the floor and gently pushing down on the tops of your legs to stretch the inner-thigh muscles.

Family Fitness

When it comes to getting in shape, what's good for you is good for your whole family. Children and teenagers should be physically active for at least 60 minutes per day. A great way to pry kids off the couch—and help *you* to stay fit as well—is to do enjoyable activities together. Some ideas include:

- **Kick up your heels.** Take turns picking out your favorite music, and dance up a storm in the living room.
- **Explore the out doors.** Hit your local trail on weekends for some biking or hiking. Pack a healthy lunch, and let the kids choose the picnic spot.
- **Get classy.** Join family members in an active class, such as martial arts, yoga, or aerobics.
- **Play pupil.** Ask one of your children or grandchildren to teach you an active game or sport. Kids love to be the experts, and you'll get a work out learning a new activity!
- **Use online resources.** Check out the We Can! Web site at <http://wecan.nhlbi.nih.gov>. You'll find more family-friendly ideas for making smart food choices, increasing physical activity, and reducing “screen time” in front of the TV and other electronic attractions.

Creating Opportunities

It's easier to stay physically active over time if you take advantage of everyday opportunities to move around. For example:

- Use the stairs—both up and down—instead of the elevator. Start with one flight of stairs and gradually build up to more.
- Park a few blocks from the office or store and walk the rest of the way. If you take public transportation, get off a stop or two early and walk a few blocks.
- While working, take frequent activity breaks. Get up and stretch, walk around, and give your muscles and mind a chance to relax.
- Instead of eating that extra snack, take a brisk stroll around the neighborhood or your office building.
- Do housework, gardening, or yard work at a more vigorous pace.
- When you travel, walk around the train station, bus station, or airport rather than sitting and waiting.

To Learn More

Contact the National Heart, Lung, and Blood Institute (NHLBI) for information on physical activity, heart disease, and heart health.

NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
Phone: 301-592-8573
TTY: 240-629-3255
Fax: 301-592-8563
www.nhlbi.nih.gov



U.S. Department of Health and Human Services
National Institutes of Health



National Heart
Lung and Blood Institute
People Science Health

NIH Publication No. 06-5847
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Facts About Healthy Weight

Why Is a Healthy Weight Important?

Being overweight or obese increases your risk for many diseases and conditions. The more you weigh, the more likely you are to suffer from heart disease, high blood pressure, diabetes, gallbladder disease, sleep apnea, and certain cancers. On the other hand, a healthy weight has many benefits: It helps you lower your risk for developing these problems, helps you feel good about yourself, and gives you more energy to enjoy life.

What Is Your Risk?

Body Mass Index

Do you know your body mass index, or BMI? Your BMI accurately estimates your total body fat. The amount of fat that you carry is a good indicator of your risk for a variety of diseases.

To check your BMI, use the National Heart, Lung, and Blood Institute (NHLBI) BMI calculator at www.nhlbisupport.com/bmi/.

Although BMI can be used for most men and women, it does have some limitations:

- It may *overestimate* body fat in athletes and others who have a muscular build.
- It may *underestimate* body fat in older persons and others who have lost muscle.

Waist Circumference Measurement

Your waist circumference is also an important measurement to help you figure out your overall health risks. If most of your fat is around your waist, then you are more at risk for heart disease and diabetes.

This risk increases with a measurement that is greater than 35 inches for women or greater than 40 inches for men.

How To Lose Weight and Maintain It

Most people who try to lose weight focus on one thing: weight loss. However, if you set goals, eat healthy foods, and are physically active, then you may be more successful at losing weight.

Weight Loss Goals

Setting the right goals is an important first step to losing and maintaining weight.

- Losing just 5–10 percent of your current weight over 6 months will lower your risk for heart disease and other conditions.
- Losing 1–2 pounds per week is a reasonable and safe weight loss.
- Maintaining a modest weight loss over a longer period of time is better than losing a lot of weight and regaining it. You can think about additional weight loss after you've lost 10 percent of your current body weight and have kept it off for 6 months.

Maintaining a healthy weight calls for keeping a balance of energy. You must balance the calories or energy you get from food and beverages with the calories you use to keep your body going and to be physically active.

A Healthy Eating Plan

A healthy eating plan gives your body the nutrients it needs every day and helps you stay within your daily calorie level. Such an eating plan also will lower your risk for heart disease and other conditions.



A healthy eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, *trans* fat, cholesterol, salt (sodium), and added sugars
- Controls portion sizes

Cutting back on calories is also part of a healthy eating plan to lose weight. In general, eating plans that contain 1,000–1,200 calories each day will help most women lose weight safely. Eating plans that contain 1,200–1,600 calories each day are suitable for most men and also may be appropriate for women who weigh 165 pounds or more or who exercise regularly.

Physical Activity—How Much Should You Aim For?

Staying physically active and eating fewer calories will help you lose weight and keep the weight off over time. But people vary greatly in how much physical activity they need to reach their weight goals.

Some people can reach a stable weight by doing 150–300 minutes (2.5–5 hours) a week of moderate-intensity activity. Others need to do more than 300 minutes (5 hours) a week of moderate-intensity

activity to lose more than 5 percent of body weight and keep the weight off.

Either way, you don't have to do physical activity all at once. You can break up your physical activity into periods of at least 10 minutes and spread it throughout the week.

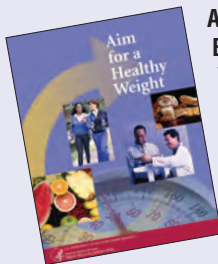
Learn More

More information on maintaining a healthy weight, and on overweight and obesity, is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public) and at the Aim for a Healthy Weight Web site at <http://healthyweight.nhlbi.nih.gov>. Podcasts and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

Information on overweight prevention strategies for children and families can be found on the *We Can!* (Ways to Enhance Children's Activity and Nutrition) Web site at <http://wecan.nhlbi.nih.gov>.

You also can order or download NHLBI materials on overweight and obesity from the NHLBI Web site or by calling the NHLBI Health Information Center at 301–592–8573 (TTY: 240–629–3255).

Want More Information? These NHLBI resources will help you achieve and maintain a healthy weight!



Aim for a Healthy Weight Booklet (#05-5213)

This booklet provides practical, easy-to-use guidance for losing and maintaining weight. It includes portion and serving size information, sample reduced-calorie menus, a weekly food and activity diary, and more. \$3 each

Visit the **Aim for a Healthy Weight** Web site at <http://healthyweight.nhlbi.nih.gov> to find an online BMI calculator and menu planner, as well as additional materials and resources for patients, the public, and health professionals.



Also of interest:

- **Facts About Healthy Weight (#06-5830)**
This fact sheet provides key information for losing and maintaining weight, including weight loss goals and tips on healthy eating and physical activity. \$1.25 each



U.S. Department of Health and Human Services
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**National Heart
Lung and Blood Institute**

NIH Publication No. 09-7428
August 2009

To Order: Visit www.nhlbi.nih.gov or <http://email.nhlbihin.net> or call **301–592–8573**

AT - A - GLANCE :



Healthy Sleep

Sleep is not just a block of time when you are not awake. Thanks to sleep studies done over the past several decades, it is now known that sleep has distinctive stages that cycle throughout the night. Your brain stays active throughout sleep, but different things happen during each stage. For example, certain stages are needed to help you feel rested and energetic the next day, and other stages help you learn and make memories.

A number of vital tasks carried out during sleep help maintain good health and enable people to function at their best. On the other hand, not getting enough sleep can be dangerous for both your mental and physical health.

How Much Sleep Is Enough?

Sleep needs vary from person to person, and they change throughout the lifecycle. Most adults, including older adults, need 7–8 hours of sleep each night. Children have different sleep needs, depending on how old they are.

Why Sleep Is Good for You and Skimping Isn't

Not only does the quantity of your sleep matter, but also the quality is important as well. How well rested you are and how well you function the next day depend on your total sleep time and how much of the various stages of sleep you get each night.

Performance

We need to sleep to think clearly, react quickly, and create memories. In fact, the pathways in the brain that help us learn and remember are very active when we sleep.

Skimping on sleep has a price. Cutting back by even 1 hour can make it tough to focus the next day and slow your response time. Studies have shown that when you lack sleep, you are more likely to make bad decisions and take more risks. This can result in poor performance on the job or at school and a greater risk for an accident or car crash.

Mood

Sleep also affects mood. Insufficient sleep can make you irritable and is linked to poor behavior and trouble with relationships, especially among children and teens. People who chronically lack sleep are also more likely to become depressed.

Health

Sleep also is important for good health. Studies show that not getting enough sleep or getting poor quality sleep on a regular basis increases the risk of high blood pressure, heart disease, and other medical conditions. In addition, during sleep, your body produces valuable hormones. These hormones help children grow and help adults and children build muscle mass, fight infections, and repair cells. Hormones released during sleep also affect how the body uses energy. Studies find that the less people sleep, the more likely they are to be overweight or obese, develop diabetes, and prefer eating foods high in calories and carbohydrates.



Get a Good Night's Sleep

Like eating and being physically active, getting a good night's sleep is vital to your well-being. Here are a few tips to help you:

- Stick to a sleep schedule—Go to bed and wake up at the same time every day.
- Avoid caffeine and nicotine.
- Don't exercise too late in the day.
- Avoid alcoholic drinks before bed.
- Avoid large meals and beverages late at night.
- Don't take a nap after 3 p.m.
- Relax before bed—for example, take a hot bath.
- Create a good sleeping environment. Get rid of distractions such as noises, bright lights, an uncomfortable bed, or a TV or computer in the bedroom.
- See a doctor if you have continued trouble sleeping.

Talk with your doctor if you suspect you have a sleep disorder, such as insomnia, sleep apnea, restless legs syndrome, or narcolepsy.

Learn More

More information on healthy sleep and sleep disorders is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public). Podcasts and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

You also can order or download information on healthy sleep from the NHLBI Web site or by calling the NHLBI Health Information Center at 301-592-8573 (TTY: 240-629-3255).

Want More Information? These NHLBI resources will help you get adequate sleep and manage sleep disorders!



Your Guide to Healthy Sleep (#06-5271)

This easy-to-read booklet provides the latest science-based information about sleep, including common sleep myths and practical tips for getting adequate sleep. \$3.50 each

In Brief: Your Guide to Healthy Sleep (#06-5800)

Critical messages from "Your Guide to Healthy Sleep" are provided in this easy-to-read fact sheet. \$1.25 each



Also of interest:

• **Sleep Disorders Fact Sheets**

The online Diseases and Conditions Index (DCI) has fact sheets on insomnia, narcolepsy, restless legs syndrome, and sleep apnea, as well as information on sleep-related tests and procedures. Download at www.nhlbi.nih.gov/health/dci.

• Visit the **National Center on Sleep Disorders Research**

Web site at <http://www.nhlbi.nih.gov/about/ncsdr/index.htm> for an interactive "sleep IQ" quiz and publications and resources on sleep disorders research.



U.S. Department of Health and Human Services
National Institutes of Health



**National Heart
Lung and Blood Institute**

NIH Publication No. 09-7426
August 2009

To Order: Visit www.nhlbi.nih.gov or <http://email.nhlbihin.net> or call **301-592-8573**



IN BRIEF:

Your Guide to Anemia

Prevent • Treat • Control

Healthy Lifestyle Changes

Iron-Deficiency Anemia
Pernicious Anemia
Aplastic Anemia
Hemolytic Anemia

Anemia

Anemia is a blood disorder. Blood is a vital liquid that your heart constantly pumps through your veins and arteries and all throughout your body. When something goes wrong in your blood, it can affect your health and quality of life.

Many types of anemia exist, such as iron-deficiency anemia, pernicious anemia, aplastic anemia, and hemolytic anemia. The different types of anemia are linked to various diseases and conditions.

Anemia can affect people of all ages, races, and ethnicities. Some types of anemia are very common, and some are very rare. Some are very mild, and others are severe or even life-threatening if not treated aggressively. The good news is that anemia often can be successfully treated and even prevented.

What Causes Anemia?

Anemia occurs if your body makes too few red blood cells (RBCs), destroys too many RBCs, or loses too many RBCs. RBCs contain hemoglobin, a protein that carries oxygen throughout your body. When you don't have enough RBCs or the amount of hemoglobin in your blood is low, your body doesn't get all the oxygen it needs. As a result, you may feel tired or have other symptoms.

In some types of anemia, such as aplastic anemia, your body also doesn't have enough of other types of blood cells, such as white blood cells (WBCs) and platelets. WBCs help your body's immune system fight infections. Platelets help your blood clot, which helps stop bleeding.

Many diseases, conditions, and other factors can cause anemia. For example, anemia may occur during pregnancy if the body can't meet its increased need for RBCs. Certain autoimmune disorders and other conditions may cause your body to make proteins that destroy your RBCs, which can lead to anemia. Heavy internal or external bleeding—from injuries, for example—may cause anemia because your body loses too many RBCs.

The causes of anemia can be acquired or inherited. "Acquired" means you aren't born with the condition, but you develop it. "Inherited" means your parents passed the gene for the condition on to you. Sometimes the cause of anemia is unknown.

Diagnosing Anemia

People find out they have anemia in a variety of ways. You may have symptoms and go to your doctor, who discovers the anemia through blood tests. Or, your doctor might find out you have anemia as a result of tests done for another reason.

Your doctor will likely ask about your medical and family histories, do a physical exam, and recommend tests or procedures to find out whether you have anemia, what is causing it, and how severe it is. This



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National Heart, Lung, and Blood Institute

Possible Signs and Symptoms of Anemia

- Tiredness or weakness
- Pale or yellowish skin
- Faintness or dizziness
- Increased thirst
- Sweating
- Weak and rapid pulse, rapid breathing
- Shortness of breath
- Lower leg cramps
- Heart-related symptoms (abnormal heart rhythms, heart murmur, enlarged heart, heart failure)

information will help your doctor treat the anemia and its underlying cause. Most anemias are treatable, so an accurate diagnosis is important.

Medical and Family Histories

Your doctor will want to know about your signs and symptoms and how long you've had them. He or she also may ask whether you've had an illness that can cause anemia. You also may be asked about your diet, any medicines or supplements you take, and whether you have a family history of anemia or anemia-related conditions.

Physical Exam

A physical exam can confirm signs and symptoms and provide information about what organs or body systems may be involved. As part of a physical exam, your doctor may check the color of your skin, gums, and nail beds and look for signs of bleeding or infection. He or she may listen to your heart and lungs, feel your abdomen, or do a pelvic or rectal exam to check for internal bleeding.

Tests and Procedures

Your doctor will recommend tests to identify the type of anemia you may have and its severity. Often, the first test is a complete blood count (CBC), which provides useful information about your blood. Depending on the CBC results, your doctor may recommend further tests of your blood or bone marrow (the soft tissue inside bones that makes blood cells).

Treating Anemia

Anemia often is easily treated. The treatment your doctor chooses will depend on the type of anemia you have, its cause, and how severe it is.

The main goals of treatment are to:

- Raise your RBC count or hemoglobin level to improve your blood's ability to carry oxygen
- Treat the underlying condition causing your anemia
- Prevent complications of the anemia, such as heart or nerve damage
- Relieve symptoms and improve your quality of life

If you have a mild or moderate anemia with no symptoms—or if your anemia isn't getting worse—you may not need treatment. Some anemias are treated with dietary changes and nutritional supplements. Other anemias are treated with medicines, procedures, surgery, or blood transfusions (for severe anemia).

Preventing or Controlling Anemia

You can take steps to prevent or control anemia. These actions can give you greater energy and improve your health and quality of life. Here are a few simple things you can do.

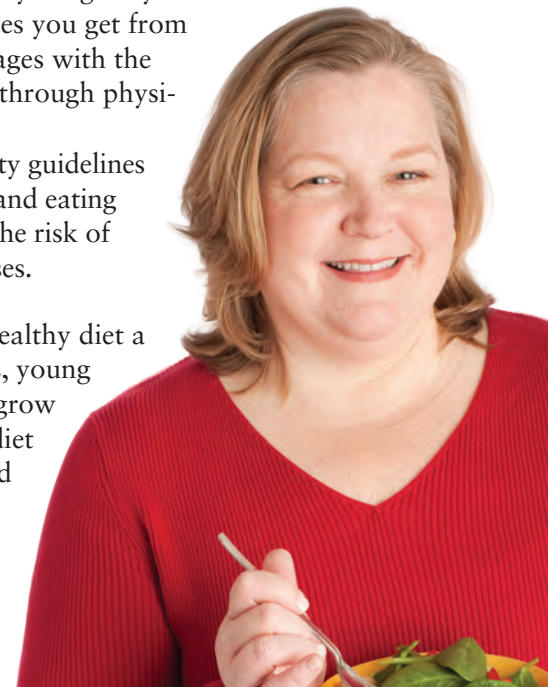
Follow a Healthy Diet

Following a healthy diet ensures that you get enough of the nutrients that your body needs to make healthy blood cells. These nutrients include iron, vitamin B12, folate, and vitamin C. These nutrients are found in a variety of foods. Healthy eating also is good for your overall health.

The basics of healthy eating:

- Focus on nutrient-dense foods and beverages—vegetables, fruits, whole grains, fat-free or low-fat dairy products, seafood, lean meats and poultry, eggs, beans and peas, and nuts and seeds.
- Limit your intake of salt, solid fats, added sugars, and refined grains.
- Maintain a healthy weight by balancing the calories you get from foods and beverages with the calories you use through physical activity.
- Follow food safety guidelines when preparing and eating foods to reduce the risk of foodborne illnesses.

Make following a healthy diet a family goal. Infants, young children, and teens grow rapidly. A healthy diet supports growth and development and can help prevent anemia. Have



Information About

Specific Types of Anemia

Iron-Deficiency Anemia

Your body needs iron to make hemoglobin, the protein in RBCs that carries oxygen. The main way you get iron is from food. At certain times—such as during pregnancy, growth spurts, or blood loss—your body may need to make more RBCs than usual. Thus, your body needs more iron than usual. Iron-deficiency anemia occurs if your body can't keep up with its need for iron.

Groups at risk

- Infants and children, adolescents, and women of childbearing age
- People who have certain diseases and conditions, such as Crohn's disease, celiac disease, or kidney failure
- People who don't get enough iron from the foods they eat
- People who have internal bleeding

Treatment: Iron supplements and dietary changes (eating food rich in iron and vitamin C, which increases iron absorption from food).

Pernicious Anemia

Vitamin B12 and folate (another B vitamin) are needed to make healthy RBCs. Your body absorbs these vitamins from foods. Pernicious anemia occurs if your body can't make enough RBCs because it can't absorb enough vitamin B12 from food.

Groups at risk

- People who have conditions that prevent them from absorbing vitamin B12
- People who don't get enough vitamin B12 in their diets

Treatment: Vitamin B12 supplements and dietary changes (eating foods rich in vitamin B12, such as meat; fish; eggs; dairy products; and breads, cereals, and other foods fortified with vitamin B12).

Aplastic Anemia

The term "anemia" usually refers to a condition in which your blood has a lower than normal number of RBCs. However, some types of anemia, such as aplastic anemia, cause lower than normal numbers of other blood cells, too. Aplastic anemia can occur if your bone marrow is damaged and can't make enough RBCs, WBCs, and platelets. The causes of aplastic anemia can be acquired or inherited.

Groups at risk

- People undergoing radiation or chemotherapy, exposed to toxins, or taking certain medicines
- People who have diseases or conditions that damage the bone marrow

Treatment: Depends on the cause of the anemia. Treatments may include blood transfusions, medicines, blood and marrow stem cell transplants, and lifestyle changes.

Hemolytic Anemia

Normally, RBCs have a lifespan of about 120 days. Your body constantly makes new RBCs to replace ones that die. Sometimes, RBCs are destroyed before their normal lifespan is up. Hemolytic anemia occurs if your body can't make enough RBCs to replace those destroyed. Acquired hemolytic anemia occurs if your body gets a signal to destroy RBCs even though they are normal. Inherited hemolytic anemia is related to problems with the genes that control RBCs.

Groups at risk

- Risk groups differ depending on the cause and type of hemolytic anemia.

Treatment: Depends on the cause of the anemia. Treatments may include blood transfusions, medicines, surgery and procedures, and lifestyle changes.

healthy foods at home, and show your children how to make healthy choices when they're away from home.

Also, help your parents or other older relatives enjoy a healthy, nutrient-rich diet. Anemia is common in older adults because of chronic (ongoing) diseases, lack of iron, and poor diet.

Avoid Substances That Can Cause or Trigger Anemia

Contact with chemicals or toxins in the environment can cause some types of anemia. Others types of anemia are triggered by certain foods or cold temperatures. If you have one of these types of anemia, avoid these triggers if you can.

With some types of anemia, you'll want to reduce your chances of getting an infection. To do this, wash your hands often, avoid people who have colds, and stay away from crowds.

Work With Your Doctor

Visit your doctor if you have signs or symptoms of anemia. If you're diagnosed with anemia, follow your doctor's advice about diet, supplements, medicines, and other treatments.

Visit your doctor regularly for checkups and ongoing care, and tell him or her about any new or changing symptoms.

Older children and teens who have severe anemia may have an increased risk of injury or infection. Talk with your doctor about ways to keep them as healthy as possible and whether they need to avoid certain activities.

Girls and women who have heavy menstrual periods may need regular screenings and followup with their doctors to prevent or control iron-deficiency anemia.

Talk To Your Family

Some types of anemia—such as pernicious anemia, Fanconi anemia, or thalassemia—can be inherited. If you've been diagnosed with one of these kinds of anemia, talk to your family members. Suggest they visit their doctors for a checkup to see whether they also might have anemia.

If you have children or teens who have anemia, talk to them about how they can take an active role in their own care. Encourage them to learn about their condition and make decisions with their doctor. This can help young people feel more in control and have a more positive outlook about their health.

Clinical Trials

The National Heart, Lung, and Blood Institute (NHLBI) supports research aimed at learning more about blood diseases and disorders, including anemia. Common

types of anemia are generally straightforward and easily treated. As a result, the NHLBI's clinical research on anemia focuses on a few specific, rarer types of the disorder. Research on these and other blood disorders continues to be an important priority for the NHLBI.

The NHLBI's research efforts often depend on the willingness of volunteers to take part in clinical trials. Clinical trials test new ways to prevent, diagnose, or treat various diseases and conditions. You can take part in a clinical trial to gain access to new treatments before they're widely available and help add to scientific knowledge.

For more information about clinical trials related to anemia, talk with your doctor. You also can visit the following Web sites to learn more about clinical research and to search for clinical trials:

- www.clinicaltrials.gov
- clinicalresearch.nih.gov
- www.nhlbi.nih.gov/studies/index.htm

To Learn More

The National Heart, Lung, and Blood Institute (NHLBI) provides information about the causes, prevention, diagnosis, and treatment of anemia and other blood diseases. The NHLBI also provides dependable information about heart and lung diseases and conditions and sleep disorders. Resources include numerous publications, tools, and the NHLBI Web site.

NHLBI Health Information Center

P.O. Box 30105

Bethesda, MD 20824-0105

Phone: 301-592-8573

TTY: 240-629-3255

Fax: 301-592-8563

Web site: www.nhlbi.nih.gov/health/infoctr/index.htm

NHLBI Web Site

The NHLBI Web site offers health education materials, health assessment tools, and resources for patients, the public, and health professionals.

www.nhlbi.nih.gov

Diseases and Conditions A-Z Index

The NHLBI's Diseases and Conditions Index (DCI) provides complete, dependable, plain-language information about heart, lung, and blood diseases and sleep disorders. www.nhlbi.nih.gov/health/dci/index.html

USDA ChooseMyPlate.gov

The U.S. Department of Agriculture's (USDA's) ChooseMyPlate.gov Web site has information, tips, and resources to help you learn more about healthy eating. www.choosemyplate.gov



U.S. Department of Health and Human Services
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**National Heart
Lung and Blood Institute**

COPD: Are You at Risk?

DID YOU KNOW?

COPD is the 3rd leading cause of death in the United States. The disease kills more than 120,000 Americans each year—that's 1 death every 4 minutes—and causes serious, long-term disability. The number of people with COPD is increasing. More than 12 million people are diagnosed with COPD and an additional 12 million are likely to have the disease but don't know it.

WHAT IS COPD?

COPD is a serious lung disease that over time makes it hard to breathe. You may have heard COPD called other names, like emphysema or chronic bronchitis.

In people who have COPD, the airways—tubes that carry air in and out of your lungs—are partly blocked, which makes it hard to get air in and out.

WHAT ARE THE SYMPTOMS?

Many people with COPD avoid activities that they used to enjoy because they become short of breath more easily.

Symptoms of COPD include:

- Constant coughing, sometimes called “smoker’s cough”
- Shortness of breath while doing activities you used to be able to do
- Excess sputum production
- Feeling like you can’t breathe
- Not being able to take a deep breath
- Wheezing

When COPD is severe, shortness of breath and other symptoms can get in the way of doing even the most basic tasks, such as doing light housework, taking a walk, and even bathing and getting dressed.

COPD develops slowly, and can worsen over time, so be sure to report any symptoms you might have to your doctor or healthcare provider as soon as possible, no matter how mild they may seem.

ARE YOU AT RISK?

Most people who are at risk for getting COPD have never even heard of it and, in many cases, don't even realize that the condition has a name. Some of the things that put you at risk for COPD include:

Smoking

COPD most often occurs in people age 40 and over with a history of smoking (either current or former smokers), although as many as 1 out of 6 people with COPD never smoked. Smoking is the most common cause of COPD—it accounts for as many as 9 out of 10 COPD-related deaths.

Environmental Exposure

COPD can also occur in people who have had long-term exposure to things that can irritate your lungs, like certain chemicals, dust, or fumes in the workplace. Heavy or long-term exposure to secondhand smoke or other air pollutants may also contribute to COPD.

Genetic Factors

In some people, COPD is caused by a genetic condition known as alpha-1 antitrypsin, or AAT, deficiency. While very few people know they have AAT deficiency, it is estimated that as many as 100,000 Americans have it. People with AAT deficiency can get COPD even if they have never smoked or had long-term exposure to harmful pollutants.



GETTING TESTED

Everyone at risk for COPD who has a cough, sputum production or shortness of breath, should be tested for the disease. The test for COPD is called spirometry.

Spirometry

Spirometry can detect COPD before symptoms become severe. It is a simple, noninvasive breathing test that measures the amount of air a person can blow out of the lungs (volume) and how fast he or she can blow it out (flow). Based on this test, your doctor or healthcare provider can tell if you have COPD, and if so, how severe it is. The spirometry reading can help determine the best course of treatment.

HOW SPIROMETRY WORKS

Spirometry is one of the best and most common lung function tests. The test is done with a spirometer, a machine that measures how well your lungs function, records the results, and displays them on a graph. You will be asked to take a deep breath, then blow out as hard and as fast as you can using a mouthpiece connected to the machine with tubing. The spirometer then measures the total amount of air

exhaled, called the forced vital capacity or FVC, and how much you exhaled in the first second, called the forced expiratory volume in 1 second or FEV₁. Your doctor or healthcare provider will use the results to assess how well your lungs are working and whether or not you have COPD.



TAKING ACTION

There are many things people at risk for COPD can do:

Quit Smoking

If you smoke, the best thing you can do to prevent more damage to your lungs is to quit. To help you quit, there are many online resources and several new aids available from your healthcare provider. Visit www.smokefree.gov; www.lungusa.org; or call 1-800-QUIT NOW for more information.

Avoid Exposure to Pollutants

Try to stay away from other things that could irritate your lungs, like dust and strong fumes. Stay indoors when the outside air quality is poor. You could also stay away from places where there might be cigarette smoke.

Visit Your Healthcare Provider on a Regular Basis

See your doctor or healthcare provider regularly even if you are feeling fine. Make a list of your breathing symptoms and think about any activities that you can no longer do because of shortness of breath. Be sure to bring a list of all the medicines you are taking to each office visit.

Do your best to avoid crowds during flu season. It is also a good idea to get a flu shot every year, since the flu can cause serious problems for people with COPD. You should also ask your provider about the pneumonia vaccine.

LEARN MORE BREATHE BETTER

If you think you might be at risk for COPD, get a simple breathing test. Talk with your doctor or healthcare provider about treatment options. You can take steps to make breathing easier and live a longer and more active life.

For more information, visit <http://COPD.nhlbi.nih.gov>.

Or contact the National Heart, Lung, and Blood Institute at www.nhlbi.nih.gov.

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AT - A - GLANCE :



What You Need To Know About High Blood Cholesterol

Why Is Cholesterol Important?

High blood cholesterol is one of the major risk factors for heart disease. In fact, the higher your blood cholesterol, the greater your risk of developing heart disease or having a heart attack. Heart disease is the #1 killer of men and women in the United States. Each year, more than a million Americans have a heart attack, and about half a million people die of heart disease.

How Does Cholesterol Cause Heart Disease?

When there is too much cholesterol (a fat-like substance) in your blood, it builds up in the walls of your arteries. Over time, this buildup causes “hardening of the arteries” so that arteries become narrowed and blood flow to the heart becomes slowed down or blocked. This may cause chest pain or even a heart attack.

High blood cholesterol itself does not cause symptoms, so many people are unaware when their cholesterol is too high. It is important to find out your cholesterol numbers. Lowering levels that are too high lessens the risk of developing heart disease or dying from it if you already have it.

What Do Your Cholesterol Numbers Mean?

Getting a blood test called a fasting lipoprotein profile will give information about your:

- **Total cholesterol**—It is desirable to have a measurement of less than 200 mg/dL.¹

- **Low-density lipoprotein (LDL, or “bad”) cholesterol**—the main source of cholesterol buildup and blockage in the arteries. It is optimal to have an LDL level lower than 100 mg/dL. (The higher your LDL cholesterol level, the greater your chance of getting heart disease.)
- **High-density lipoprotein (HDL, or “good”) cholesterol**—which helps keep cholesterol from building up in the arteries. An HDL of ≥ 60 mg/dL will help lower your risk for heart disease. (The higher your HDL cholesterol level, the lower your chance of getting heart disease.)
- **Triglycerides**—another form of fat in your blood. Levels that are borderline high (150–199 mg/dL) or high (≥ 200 mg/dL) may need treatment in some people.

What Affects Cholesterol Levels?

A variety of things can affect cholesterol levels. These are things you can do something about:

- **Diet**—Saturated fat and cholesterol in food may increase your cholesterol level.
- **Weight**—Being overweight tends to increase your cholesterol level.
- **Physical activity**—Being inactive is a risk factor for heart disease. Regular physical activity can help lower LDL cholesterol and raise HDL cholesterol.



¹Cholesterol is measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

Things you cannot do anything about also can affect your cholesterol levels. These include:

- **Age and gender**—As people get older, their cholesterol levels rise.
- **Heredity**—High cholesterol can run in families.

Treating High Cholesterol

The main goal of cholesterol-lowering treatment is to lower your LDL level enough to reduce your risk of developing heart disease or having a heart attack. Four risk categories (numbered I–IV) will affect the type of treatment that is right for you. Talk with your doctor to learn your risk category and recommended treatment.

There are two main ways to lower your cholesterol:

- **Therapeutic lifestyle changes (TLC)**—includes a cholesterol lowering diet (called the TLC diet), physical activity, and weight management. TLC is for anyone whose LDL is above goal.

- **Drug therapy**—If cholesterol-lowering drugs are needed, they are used together with TLC treatment to help lower LDL.

To reduce your risk for heart disease or keep it low, it is very important to control any other risk factors you may have, such as high blood pressure and smoking.

Learn More

More information on lowering cholesterol is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public). Podcasts and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

You also can order or download information on lowering cholesterol from the NHLBI Web site or by calling the NHLBI Health Information Center at 301–592–8573 (TTY: 240–629–3255).

Want More Information? These NHLBI publications will help you understand and address high blood cholesterol!



Your Guide to Lowering Your Cholesterol With TLC (#06-5235)

TLC (therapeutic lifestyle changes) is a three-part program that focuses on healthy diet, physical activity, and weight management. This booklet suggests ways to lower your blood cholesterol and reduce your risk for heart disease through healthy lifestyle changes. \$4 each

High Blood Cholesterol: What You Need To Know (#05-3290)

Find out what your cholesterol numbers mean and what lifestyle changes you can make to help lower cholesterol levels. Includes a worksheet to help gauge your risk of developing heart disease or having a heart attack. \$1.25 each



Also of interest:

- **Do You Know Your Cholesterol Levels? (#08-6353)**

Part of the “Healthy Hearts, Healthy Homes” series, this booklet (in English and Spanish) explains the difference between good and bad cholesterol, what constitutes a high level of cholesterol and the risk that carries, and how your family can develop a plan to lower cholesterol. \$3 each

- **On the Move to Better Heart Health for African Americans (#08-5829)**

A culturally appropriate educational booklet for African Americans on heart healthy living. In an easy-to-read format, the booklet provides concise information on heart disease and its risk factors. \$4 each



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To Order: Visit www.nhlbi.nih.gov or <http://email.nhlbihin.net> or call 301–592–8573



Atherosclerosis

Atherosclerosis is a disease in which plaque builds up inside your arteries. Arteries are blood vessels that carry oxygen-rich blood to your heart and other parts of your body.

Plaque is made up of fat, cholesterol, calcium, and other substances found in the blood. Over time, plaque hardens and narrows your arteries, reducing blood flow to your organs (such as your heart) and other parts of your body. This can lead to serious problems, including heart attack, stroke, or even death.

Overview

Atherosclerosis can affect any artery in the body, including arteries in the heart, brain, arms, legs, and pelvis. As a result, different diseases may develop based on which arteries are affected.

Coronary heart disease (CHD), also called coronary artery disease, occurs when plaque builds up in the coronary arteries. These arteries supply oxygen-rich blood to your heart. CHD can lead to angina (chest pain) and heart attack. CHD is the leading cause of death in the United States for both men and women.

Carotid artery disease occurs when plaque builds up in the carotid arteries. These arteries supply oxygen-rich blood to your brain. Carotid artery disease can lead to stroke.

Peripheral arterial disease (PAD) occurs when plaque builds up in the major arteries that supply

oxygen-rich blood to your limbs and pelvis. PAD can lead to numbness and pain and may cause infections.

Causes and Risk Factors

The exact cause of atherosclerosis isn't known. Research suggests that atherosclerosis starts when certain factors damage the inner layers of the arteries. These factors include smoking, high amounts of certain fats and cholesterol in the blood, high blood pressure, and high amounts of sugar in the blood due to insulin resistance or diabetes.

When damage occurs, your body starts a healing process. This process causes plaque to build up where the arteries are damaged. The buildup of plaque in the arteries may start in childhood.

Certain traits, conditions, or habits raise your risk for atherosclerosis. These conditions are known as risk factors. The major risk factors for atherosclerosis include:

- Unhealthy blood cholesterol levels
- High blood pressure
- Smoking
- Insulin resistance
- Diabetes
- Overweight or obesity
- Lack of physical activity
- Age (as you get older, your risk increases)
- Family history of early heart disease

You can control most of these risk factors, which can help delay or prevent atherosclerosis.



Treatment and Prevention

For some people, lifestyle changes may be the only treatment needed. Lifestyle changes include following a heart healthy diet, doing physical activity regularly, maintaining a healthy weight, quitting smoking, and reducing stress.

You may need medicines to treat atherosclerosis if lifestyle changes aren't enough. Medicines can help control atherosclerosis risk factors and may help slow or reverse plaque buildup.

If you have severe atherosclerosis, your doctor may recommend a medical procedure or surgery, such as angioplasty, bypass grafting, or carotid artery surgery.

Improved treatments have reduced the number of deaths from atherosclerosis-related diseases. These treatments also have improved the quality of life for people who have these diseases. Still, the number of people diagnosed with atherosclerosis remains high.

If you've been diagnosed with atherosclerosis, see your doctor for ongoing care. Follow your treatment plan and take all medicines as your doctor prescribes. Call your doctor if you have new or worsening symptoms.

Learn More

More information about atherosclerosis is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public). Podcasts and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

You also can order or download information on heart disease from the NHLBI Web site or by calling the NHLBI Health Information Center at 301-592-8573 (TTY: 240-629-3255).

Want More Information?

These NHLBI publications will help you control atherosclerosis and its related diseases!



Your Guide to Living Well With Heart Disease (#06-5270)

This easy-to-read booklet for people who have heart disease suggests ways to protect and improve heart health—providing information on heart disease screening, risk factors, and treatments. \$4 each

heart attack. Available in English and Spanish, as well as a version tailored for African Americans. \$1.25 each

- **Stay in Circulation: Take Steps To Learn About P.A.D. Wallet Card (#07-6145)**

This handy card is sized perfectly to slip into a wallet and carry to your doctor's office. Provides information about P.A.D., its risk factors, symptoms, and treatment options, plus questions to ask your doctor. \$0.50 each

In Brief: Your Guide to Living Well With Heart Disease (#06-5716)

Critical messages from "Your Guide to Living Well With Heart Disease" are provided in this easy-to-read fact sheet. \$1.25 each



Also of interest:

- **Facts About Peripheral Arterial Disease (P.A.D.) (#06-5837)**

This fact sheet provides easy-to-read information on P.A.D., which raises your risk for stroke and



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Asthma

Asthma is a chronic (long-term) lung disease that inflames and narrows the airways. This makes the airways swollen and very sensitive. They tend to react strongly to certain substances that are breathed in.

When the airways react, the muscles around them tighten. This causes the airways to narrow, and less air flows to your lungs. The swelling also can worsen, making the airways even narrower. Cells in the airways may make more mucus than normal. (Mucus is a sticky, thick liquid that can further narrow your airways.)

This chain reaction can result in asthma symptoms. Symptoms may include wheezing (a whistling sound when you breathe), chest tightness, shortness of breath, and coughing. Symptoms can happen each time the airways are irritated.

Sometimes symptoms are mild and go away on their own or after minimal treatment with an asthma medicine. Other times, symptoms continue to get worse. When symptoms get more intense and/or additional symptoms occur, this is an asthma attack.

It's important to treat symptoms when you first notice them. This will help prevent the symptoms from worsening and causing a severe asthma attack. Severe asthma attacks may require emergency care, and they can cause death.

Causes and Risk Factors

The exact cause of asthma isn't known. Researchers think a combination of factors (family genes and certain environmental exposures) interact to cause asthma. Different factors may be more likely to cause asthma in some people than in others.

Asthma affects people of all ages, but it most often starts in childhood. In the United States, more than 22 million people are known to have asthma. Nearly 6 million of these people are children.

Among children, more boys have asthma than girls. But among adults, more women have the disease than men. It's not clear whether or how gender and sex hormones play a role in causing asthma.

Most, but not all, people who have asthma have allergies.

Living With Asthma

Asthma is a long-term disease that can't be cured. It is treated with two types of medicines: long-term control and quick-relief medicines. Long-term control medicines help reduce airway inflammation and prevent asthma symptoms. Quick-relief, or "rescue," medicines relieve asthma symptoms when they flare up.

Your initial asthma treatment will depend on how severe your disease is. Followup asthma treatment will depend on how well your asthma action plan is working to control your symptoms and prevent asthma attacks.



The goal of asthma treatment is to control the disease and prevent asthma attacks. Good asthma control will:

- Prevent chronic and troublesome symptoms, such as coughing and shortness of breath
- Reduce your need for quick-relief medicines
- Help you maintain good lung function
- Let you maintain your normal activity levels and sleep through the night
- Prevent asthma attacks that could result in your going to the emergency room or being admitted to the hospital for treatment

To reach this goal, you should actively partner with your doctor to manage the disease and create and follow an asthma action plan. An asthma action plan gives guidance on taking your medicines properly, avoiding factors that worsen your asthma, tracking your level of asthma control, responding to worsening

asthma, and seeking emergency care when needed.

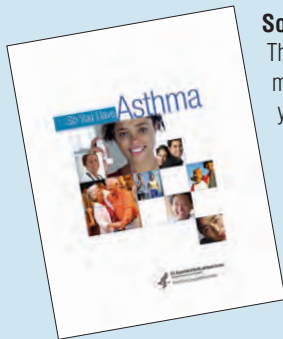
With today's knowledge and treatments, most people who have asthma are able to manage the disease. They have few, if any, symptoms and can live normal, active lives.

Learn More

More information about asthma is available from the National Heart, Lung, and Blood Institute (NHLBI) Web site at www.nhlbi.nih.gov (under Health Information for the Public). Podcasts, videos, and Spanish-language articles also can be found in the online Diseases and Conditions Index at www.nhlbi.nih.gov/health/dci.

You also can order or download information on asthma from the NHLBI Web site or by calling the NHLBI Health Information Center at 301-592-8573 (TTY: 240-629-3255).

Want More Information? These NHLBI publications will help you manage and control asthma!



So You Have Asthma (#07-5248)

This guide offers tools and guidance for making asthma management a part of your everyday life. Includes a symptom diary and asthma action plan template. \$3.50 each

Also of interest:

- **Asthma Action Plan (#07-5251)**

Use this plan to write down how to manage your asthma—on a daily basis and during an attack. \$1.50 each

- **Asthma and Physical Activity in the School (#05-3651)**

Provides guidance tailored for teachers and coaches on managing and controlling asthma, so that students can be active. \$2.50 each

My Asthma Wallet Card (#08-5245)

This handy wallet card for patients lists common warning signs of an asthma attack and what to discuss with your doctor. \$0.25 each



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